**Application in respect of the Customer's Controller, submitted in accordance with the requirements of the standard for automatic exchange of information on financial accounts**

**Dear Customer!**

In order to carry out your self-certification in accordance with the requirements of the legislation of the Russian Federation: article 20.1 Russian Tax Code, Federal Law from 27.11.2017 № 340-FZ « On amendments to Part One of the Tax Code of the Russian Federation in connection with the implementation of international automatic exchange of information and documentation on international groups of companies», Russian Government Decrees from 16.06.2018 № 693 « On implementation of international automatic exchange of financial information with competent authorities of foreign states (territories)» You need to fill in this form.

**The Customer's Controller** (a person that has direct or indirect control over the customer) – a natural person who ultimately, directly or indirectly (through third parties), owns (has a majority stake in the capital of more than 25 percent) the Customer or has the ability to control the Customer's actions.

Please use only CAPITAL letters to fill in the form.

|  |
| --- |
| **Section 1. IDENTIFICATION** |
| Surname  |   |
| Name |   |
| Patronymic (father’s name) (unless otherwise provided by law or national tradition) |   |
| Date of birth (in the form of DD.ММ.YYYY) |   |
| *Place of birth:* |
| Country |   |
| City/ other administrative region |   |
| *Actual residence address:* |
| Country |   |
| City/ other administrative region |   |
| Street, a number of the house, buildings, apartments |   |
| Index/analog (if available) |   |
| *Postal address (is filled in if it differs from the residence address)* |
| Country |   |
| City/ other administrative region |   |
| Street, a number of the house, buildings, apartments |   |
| Index/analog (if available) |   |
| Please indicate the names of the legal entities for which you are a controlling party: |   |
| **Section 2. COUNTRY (JURISDICTION) TAX RESIDENCY and foreign tax identification number, conferred by a foreign State (a territory) equivalent of it (following – TIN)** |
| Country/tax residency jurisdiction | TIN, if TIN not provided, then give the reason (reasons A, B and C are given below). |
| 1. |   |
| 2. |   |
| 3. |   |
| ***Reason A*** *– country/tax residency jurisdiction of the account holder does not give TIN.****Reason B*** *– the account holder can‘t get TIN or its equivalent for other reasons (please write below a reason).****Reason С*** *– providing of TIN not required (if the law in your jurisdiction does not require collection of TIN data or prohibits the disclosure of TINs to their residents).* |
| Please provide an exact explanation if you are unable to provide the TIN because of reason B: |
|  |
|  |
|  |
|  |
|  |
| **Section 3. TYPE OF THE CONTROLLER** |
| Please indicate the status of the controlling person by ticking | Legal entity 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Legal entity 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Legal entity 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Control over a legal entity through ownership |   |   |   |
| Control over a legal entity through management as a person in a leading position  |   |   |   |
| Control over a legal entity on other bases  |   |   |   |
| Control of the trust as a settlor |   |   |   |
| Control of the trust as trustee |   |   |   |
| Control of the trust as a protector |   |   |   |
| Control of the trust as a beneficiary |   |   |   |
| Control of the trust for other reasons |   |   |   |
| Control by a person similar to the founder over another structure without establishing a legal entity |   |   |   |
| Control by a person similar to a trustee over another structure without establishing a legal entity |   |   |   |
| Control by the person similar to the protector over other structure without formation of the legal person |   |   |   |
| Control by a person similar to the beneficiary over another structure without establishing a legal entity |   |   |   |
| Control over another structure without establishing a legal entity on other bases |   |   |   |
| **Section 4. DECLARATIONS AND SIGNATURE** |
| * I confirm that the information in the Application is complete and correct.
* I understand that I am responsible for providing false and incomplete information in accordance with a law.
* I agree that the details of the account holder and the financial information on the financial accounts provided in this form to which this form applies (for example account balances, value of assets held in accounts, amount of income received or gross revenue received), can be reported to the tax authorities of countries, where these accounts are opened, and transferred to the tax authorities of other countries, tax resident of which the account holder can be an account holder under agreements on automatic information exchange on financial accounts between the competent authorities of those countries, in accordance with the financial account information exchange standard.
* I am aware that in the event of my refusal to provide the Bank with information on my tax residency, related to the implementation of measures in accordance with the provisions of Chapter 20.1 of the Tax Code of the Russian Federation, Federal Law of 27.11.2017 № 340-FZ, or if incomplete information is provided (for example, failure to provide TIN or its equivalent) or incorrect information, the Bank has the right to refuse to conclude a new agreement with the Customer or refuse to operate, to the benefit or on behalf of the Customer under an existing contract or to unilaterally terminate an existing contract in accordance with the Federal Law.
* I undertake to provide to the Bank with documents and/or information confirming the data provided in the Application and to inform on any changes to the information contained in this document within 30 days from the date of the change.
 |
|   |  |  |   |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | CEO/DirectorFull name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Stamp (if available)Date «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_. |   |
| Contact Mobile phone |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |  |   |
| If it is not the account holder who signs the Form, please indicate your authority below. |
| Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |   |   |   |