

___/___/20___

Complete in BLOCK CAPITALS

Customer _____
(full name)

Do you have a license to undertake business operations subject to licensing?

No Yes

License number _____

License issued on ___/___/_____ License is valid until ___/___/_____

Issued by _____

Regulatory authorities (specify name, country of registration, www) _____

Information about the Company structure and its market position

Management bodies of the Company (name, structure and concise description) _____

Names and addresses of representative offices, branches, divisions, sales points and other separate subdivisions

The Company's share of turnover in the indicated business area _____ %

The Company's market share in the indicated business area _____ %

The Company's basic core competitors in the indicated business area _____

Does the Company have membership in organisations or associations related to the indicated business area?

No Yes (specify name(s), www) _____

Description of the Company's customer base and its structure _____

Information about anti-money laundering measures

What anti-money laundering measures does the Company take?
(explain in detail)

Does the Company have relevant structural divisions and individuals appointed to be in charge of taking anti-money laundering measures?

No

Yes _____
(specify names of structural divisions, surnames, names and contact details of the individuals in charge)

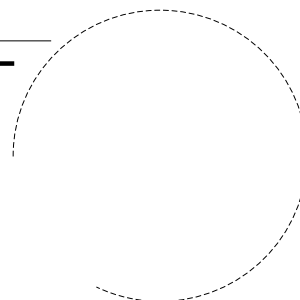
Please, name titles of the documents effective in the Company's country of registration, which provide basis for taking anti-money laundering measures.

1. _____
2. _____
3. _____
4. _____

Additional information _____

Customer _____
(name, surname)

Signature X _____



Customer's seal

FOR BANK USE ONLY

I confirm the identity and signature of the Customer or the Customer's authorised representative.

The Bank's officer _____
(name, surname)

Signature _____ ____/____/20____