Appendix No. 6

QUESTIONNAIRE OF THE CLIENT – AN INDIVIDUAL / CLIENT'S REPRESENTATIVE / BENEFICIARY OWNER

|  |  |  |
| --- | --- | --- |
| Surname, first name, patronymic (if any) | |  |
| Date of birth | |  |
| Place of birth | |  |
| Citizenship | |  |
| Address of residence (registration) | |  |
| Address of place of stay | |  |
| Information about the person opening an account for an individual (making a deposit in favor of an individual) (in case of opening an account (making a deposit) not by an individual) | |  |
| Details of the identity document: series (if any) and number of the document, date of issue of the document, name of the issuing authority and subdivision code (if any) | |  |
| Data of the document confirming the right of a foreign citizen or stateless person to stay (residence) in the Russian Federation (data of the migration card in the absence of other documents): series (if available) and number of the document, date of the beginning of the period of validity of the right to stay (residence), date of the end of the period of validity of the right to stay (residence) | |  |
| Place of work and position held | |  |
| Are you a beneficial owner, i.e. a natural person who ultimately owns directly or indirectly (has a predominant participation of more than 25% in the capital) legal entities - clients of the bank, - or has the ability to control the actions of the client. If yes, indicate these legal entities | |  |
| TIN number, SNILS (Insurance individual account number) (if available) | |  |
| Indicate, if you are: | 1. a foreign public official |  |
| 2. an official of public international organizations |  |
| 3. a person holding (occupying) state positions of the Russian Federation, positions of members of the Board of Directors of the Central Bank of the Russian Federation, positions of federal public service, appointment to which and dismissal from which is carried out by the President of the Russian Federation or the Government of the Russian Federation, positions in the Central Bank of the Russian Federation, state corporations and other organizations established by the Russian Federation on the basis of federal laws, included in the lists of positions determined by the President of the Russian Federation or the Government of the Russian Federation |  |
| Indicate, if you are a spouse, close relative of: | 1. a foreign public official |  |
| 2. an official of public international organizations |  |
| 3. a person holding (occupying) state positions of the Russian Federation, positions of members of the Board of Directors of the Central Bank of the Russian Federation, positions of federal public service, appointment to which and dismissal from which is carried out by the President of the Russian Federation or the Government of the Russian Federation, positions in the Central Bank of the Russian Federation, state corporations and other organizations established by the Russian Federation on the basis of federal laws, included in the lists of positions determined by the President of the Russian Federation or the Government of the Russian Federation |  |
| Position of the client who is a person specified in subparagraph 1 of paragraph 1 of Article 7.3 of Federal Law N 115-FZ dated August 7, 2001, the name and address of his/her employer. | |  |
| Degree of kinship or status (spouse) of the client (in relation to the person specified in subparagraph 1 of paragraph 1 of Article 7.3 of Federal Law N 115-FZ dated August 7, 2001). | |  |
| Indicate if you plan to perform banking operations and transactions for the benefit of other persons, in particular based on agency agreement, commission agreement, assignment agreement, trust management agreement, make payments for third parties. | |  Yes (in this case it is necessary to fill in the beneficiary questionnaire)   No |
| Beneficial owner (This is a natural person, unless there is reason to believe that the beneficial owner is another natural person) | |  |
| Information on the client's beneficial owner, including the credit organization's decision to recognize another individual as the client's beneficial owner with the justification of the decision (if such a beneficial owner is identified). | |  |
| Information confirming the person's authorization to represent the client - name, date of issue, expiration date, number of the document on which the authorization of the client's representative is based | |  |
| Contact information (phone number, fax number, e-mail address, postal address (if available) | |  |
| Information on the purposes of establishing relations with the bank[[1]](#footnote-1) | |  |
| What banking products/services do you intend to use\*: | |  Clearing settlements in rubles   Clearing settlements in foreign currency   Transactions without opening an account   Operations on purchase/sale of foreign currency   Operations with plastic cards   Placement of monetary funds in a deposit  Security transactions  Loans  Other(specify) |
| The purpose of financial and economic activities\* | |  |
| Financial reputation (solid, poor)[[2]](#footnote-2)\* | |  |
| Business reputation (positive, negative, none) | |  |
| Information on sources of monetary fund’s origin (or) other assets | |  |
| Date of completion of Questionnaire: | |  |

Signature of the Client (Client's representative) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

The data has been entered into an electronic database:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(position) (signature) Full name

|  |  |
| --- | --- |
| Date of account opening |  |
| Surname, first name, patronymic, position of the person responsible for the decision to accept the client for service |  |

Account is opened by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(position) (signature) Full name

The results of verification of the presence (absence) in relation to the client of information about his involvement in extremist activities or terrorism, his connection with terrorist organizations and terrorists or proliferation of weapons of mass destruction:

|  |  |
| --- | --- |
| Verification date |  |
| Verification result |  |
| Number and date of the list of organizations and individuals in respect of which there is information about their involvement in extremist activities or terrorism, numbers (if any and dates) of lists of organizations and individuals associated with terrorist organizations and terrorists or proliferation of weapons of mass destruction, compiled by the UN Security Council or bodies specially created by decisions of the UN Security Council, containing information about the client, or number and date of the decision of the interagency coordination body carrying out the client's activities performing functions to counter terrorism financing, on freezing (blocking) of funds or other property of the client. |  |

|  |  |
| --- | --- |
| Risk level |  |
| Justification of risk level assessment |  |
| Retention period of the questionnaire |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(position) (signature) Full name

Date of updating the questionnaire «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(position) (signature) Full name

Date of relationship termination with the client «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(position) (signature) Full name

1. Information is established **once** at the time of admission to service and is updated when there are doubts about its accuracy [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)