

FATCA Questionnaire for clients - legal entities

Name of the client: _____

Tax number: _____

Please select one of the offered answers for each question:

| | | |
|--|------------|-----------|
| 1/ Does the legal entity possesses any U.S. indication? | YES | NO |
|--|------------|-----------|

U.S. indications: (mark the indication which is possessed by the legal entity)

- Legal entity established/registered in the United States of America (USA)
- Legal entity with address in the USA
- Legal entity with contact address in the USA

| | | |
|--|------------|-----------|
| 2/ Is the client a financial institution? | YES | NO |
|--|------------|-----------|

If the answer is **YES**, information's about registered FATCA status to be provided:

Adjusted

- PFFI - Participating FFI
- RDCFFI – Registered Deemed Compliant FFI
- CDCFFI – Certified Deemed Compliant FFI

Non-adjusted

- LFFI - Limited FFI
- NPFFI – Non Participating FFI

GIIN _____

| | | |
|---|------------|-----------|
| 3/ Is the legal entity a passive entity? (according the codes for activities for passive entity) | YES | NO |
|---|------------|-----------|

| | | |
|---|------------|-----------|
| 4/ Does at least one of the beneficial owners possess U.S. indication? | YES | NO |
|---|------------|-----------|

U.S. indications: (mark the indication which is possessed by the private individual)

- citizenship of the United States of America (USA)
- dual citizenship, one of which is of the USA
- permission for residence in the USA (green card)
- place of birth in the USA, Puerto Rico, Guam and U.S. Virgin Islands
- residential address in the USA
- contact address in the USA
- phone number from the USA

If any answer is YES, it is MANDATORY to perform the following actions:

- **New customer with proven U.S. indications – it is not allowed to establish business relationship beginning from 01.07.2014**
- **New customer with relevant documentation submitted with which it is proved that U.S. indications are unfounded – please contact Compliance department, AML**

Organizational unit: _____

Signature of the authorized person
of the client:

Signature of the Bank official: _____

Name and surname of the Bank official: _____

Place and date: _____, _____.____ year