

# Customer Questionnaire

for legal person

TRASTA KOMERCBANKA 

Dear Customer!

Please complete this questionnaire providing your answers to the questions which are required according to the legislation of the Republic of Cyprus. These answers will enable us to understand better your company, its needs and to offer the most appropriate range of services. Please answer as accurately as possible specifying all the required information. The Bank guarantees privacy of the data provided in the questionnaire. Thank you for your understanding and cooperation!

Your TRASTA KOMERCBANKA Cyprus Branch

Customer No. *(completed by Bank officer)* \_\_\_\_\_

Company name \_\_\_\_\_ Registration Country \_\_\_\_\_

Actual address \_\_\_\_\_  
*(place of performing business activity (specify country and address))*

Contact person \_\_\_\_\_  
*(name, surname, position in the company)*

Contact numbers \_\_\_\_\_ Fax number \_\_\_\_\_

E- mail \_\_\_\_\_ Company's home page in the Internet: \_\_\_\_\_

Purpose for account opening with "TRASTA KOMERCBANKA" \_\_\_\_\_

Do you have accounts with other banks?

No  Yes \_\_\_\_\_  
*(please specify banks, countries)*

Bank products and services which you are planning to use:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Transfers              | <input type="checkbox"/> Currency exchange            | <input type="checkbox"/> Deposits         | <input type="checkbox"/> Loans, leasing |
| <input type="checkbox"/> Trade finance          | <input type="checkbox"/> Securities operations        | <input type="checkbox"/> Trust operations | <input type="checkbox"/> Payment cards  |
| <input type="checkbox"/> Precious metal account | <input type="checkbox"/> Other <i>(specify)</i> _____ |   |   |

## Information in compliance with the agreement between the Government of Cyprus and USA (FATCA)<sup>1</sup>

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have USA citizenship?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been assigned to USA permanent resident status (including Green Card)?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your permanent residence located in USA?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is USA your birthplace?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been assigned to a TIN number (Tax Identification Number)?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If the answer is yes, please, specify, the TIN number  |                              |                             |
| Is your correspondence address located in USA (including U.S. PO Box)?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the person, who is authorized to operate with the account have an address in USA?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the company or its shareholders registered in USA?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the UBO, director or authorized signatory have USA citizenship or is a taxpayer in USA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

<sup>1</sup>FATCA – Foreign Account Tax Compliance Act.

Please be informed, that if the client answers contain information or indications of affiliation to a U.S. tax resident status, the Bank in accordance with applicable laws and regulations will transfer customer information to the State authorities.

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Information about business activity, mark the business industry and specify the type (mark all appropriate)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Agriculture, forestry and fishing  | <input type="checkbox"/> Mining and quarrying                                    | <input type="checkbox"/> Manufacturing industry                        |
| <input type="checkbox"/> Electricity, gas, steam and air conditioning supply  |  | <input type="checkbox"/> Construction                                  |
| <input type="checkbox"/> Water supply, sewerage, waste management and remediation activities  |  | <input type="checkbox"/> Transportation and storage                    |
| <input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles and motorcycles   |  | <input type="checkbox"/> Accommodation and food service activities     |
| <input type="checkbox"/> Information and communication  | <input type="checkbox"/> Financial and insurance activities                      | <input type="checkbox"/> Real estate activities                        |
| <input type="checkbox"/> Professional, scientific and technical services  |  | <input type="checkbox"/> Administrative and support service activities |
| <input type="checkbox"/> Public administration and defence; compulsory social security  | <input type="checkbox"/> Education   |  |
| <input type="checkbox"/> Human health and social work activities  | <input type="checkbox"/> Activities of extraterritorial organizations and bodies |  |
| <input type="checkbox"/> Activities of households as employers of domestic personnel, undifferentiated goods- and services-producing activities of private households for own use |  |  |
| <input type="checkbox"/> Arts, entertainment, recreation  | <input type="checkbox"/> Other service activities                                |  |

**Explanation of business activity** (describe your industry, main types of goods/services): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The main business activities and financial information (annual income) on the Group in which the legal entity is part of, country of incorporation of the parent company, subsidiary companies and associate companies** (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long has your company worked in this industry?**  has just started the activity \_\_\_\_\_ years  
**Size of Company** \_\_\_\_\_ employees \_\_\_\_\_ annual net turnover and/or balance sheet assets in EUR  
**Does the industry of your business activity require a special permission (license)?**  
 No  Yes \_\_\_\_\_  
*(specify license type and provide a copy)*

**Main business partners of the company** (name, registration country, cooperation form – supplier, seller/buyer and information about them, where possible web-sites):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned sources of incoming payments** (specify all appropriate boxes):  
 Income from goods  Income from services  Income from interest in other companies  
 Owners' investments  Loans  Other (specify) \_\_\_\_\_  
**Planned purposes of outgoing payments** (specify all appropriate boxes):  
 Payment for goods  Payment for services  Salary payment  Administrative costs  
 Compulsory state duties / taxes payments  Repayment of loans  
 Investments (specify the sphere) \_\_\_\_\_  Other (specify) \_\_\_\_\_

**From which countries and partners incoming payments will be received?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To which countries and partners outgoing payments will be sent?

## Planned volumes of activities

Planned average monthly turnover of the current account, except such turnovers which will not constitute regular monthly turnover:

Transaction types	Currency	Expected monthly turnover	Number of transactions per month	Maximum volume of a transaction (amount)
Incoming payments				
Outgoing payments				

Please specify planned financial transactions, which will not constitute regular monthly turnover, specify the purpose, planned period and volume (e.g. loan, deposit, property sale and etc.)

Does the company have seasonal changes of turnover?

No  Yes

(specify reason, time, period and volume)

I hereby certify that the proceeds which will be transferred to the current account are legally acquired. The account and bank services will not be used for any unlawful purposes, including I undertake not to perform any activities aimed at laundering of proceeds derived from criminal activity and terrorist finance. On request of a Bank officer I undertake to present to the Bank documents confirming the legal origin of the proceeds.

Yes  No

If you have commenced an activity which materially differs from the planned activity, please notify the Bank of such changes and their motives by filling in the appended Questionnaire.

I hereby certify that beneficial owners of the account funds are as follows\*:

## Functions of politically exposed persons\*\*

Has the owner of this account, his/her authorized persons, beneficial owners and their family members or other close associates performed any functions of politically exposed persons abroad during the last year?

No  Yes (specify – name, surname, date of birth, personal identity document number, issue date, issuing country and the authority which issued the document, hold position)

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By my signature I certify that all the information provided in the Questionnaire is true and complete and I undertake to notify the Bank in writing forthwith of any essential changes in the above mentioned information.

I also certify that the funds that will be transferred to the account are legally acquired. The account and bank services will not be used for any unlawful purposes, including I undertake not to make any transactions aimed at laundering of proceeds derived from crime and terrorism financing and my activity cannot be deemed as a shell bank\*\*\* activity. On request of a Bank officer I undertake to present all documents confirming the legal origin of the proceeds.

I also confirm that I am/ I am not (delete as appropriate) a citizen of USA or USA tax resident.

Customer \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_  
*(signature, typed name, surname)*

Accepted by \_\_\_\_\_  
*(Bank officer's signature, typed name, surname, date)*

\*) **Identification data for a natural person:** Name, surname, date of birth, personal identity document number, issue date, issuing country and the authority which issued the document.

\*\*) **Persons that perform politically significant functions:** leader of the state, prime minister, minister or deputy minister, or deputy of deputy minister, state secretary, High Court judge, Constitutional Court judge, High Audit establishment's Council or Board Members, Central Bank's Council or Board Members, ambassador, authorized desk-officer, supreme commander-in-chief of armed forces, officers that take the above mentioned positions in the European Union or other international organizations or State capital company's Council or Board Members. Family members are: spouses, mates, children and their spouses and their children and parents. **Close associates are:** natural persons who are publicly known as persons having business relations with the person performing politically significant functions, or with whom or who with this person jointly has share capital in a commercial company, or a natural person who is the only owner of such legal establishment, which is known as actually made on behalf of the persons who perform politically significant functions.

\*\*\*) **Shell bank:** a bank, whose management, staff or place of provision of financial service are not located in the country of its registration and which has no supervisory authority overseeing its activity (a shell bank is also a commercial company, which conducts non-cash transfers on behalf of third parties, except for cases, where such transfers are carried out by an electronic money institution or they are conducted among companies (participants) of a single concern registered in accordance with the procedures prescribed by the law).

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TRASTA KOMERCBANKA

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*\*To be completed if actual activity materially differs from initially declared*

Customer №. \_\_\_\_\_

Changes in the initially declared information are related to:

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**Further planned activities and services** *(complete the fields where changes are planned)*

**Planned average monthly turnover of the current account, except such turnovers which will not constitute regular monthly turnover:**

Transaction types	Currency	Expected monthly turnover	Number of transactions per month	Maximum volume of a transaction (amount)
Incoming payments				
Outgoing payments				

**Please specify planned financial transactions, which will not constitute regular monthly turnover, specify the purpose, planned period and volume** *(e.g. loan, deposit, property sale and etc.)*

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Customer \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_  
*(signature, typed name, surname)*

Accepted by \_\_\_\_\_  
*(Bank officer's signature, typed name, surname, date)*