

Customer Questionnaire

for natural person

TRASTA KOMERCBANKA

TKB

Dear Customer!

In order to start cooperation with the Bank, please fill in this Customer Query Form as precisely and concretely as possible, including all the required information. In compliance with Banking Law of the Republic of Cyprus the Bank's obligation is to guarantee confidentiality of the information given in the Customer Query Form. Thank you for co-operation and understanding!

Your TRASTA KOMERCBANKA Cyprus Branch

Customer No. (completed by Bank officer)

Name, surname

Date of birth

Actual residential address

Correspondence address (if different from residential address)

Contact numbers

Fax number

E-mail

Purpose for account opening with "TRASTA KOMERCBANKA"

Bank products and services which you are planning to use:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Cash operations | <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 (specify) | | | |

Occupation of the Customer

- employee (specify)
- sole trader pensioner student
- self-employed person (natural person who is involved in business activity and registered as a self-employed person)
- other (specify)

Are you a licensed Securities broker (manage third party's funds)?

- No Yes

Average amount of annual income (amount and currency: EUR)

Information in compliance with the agreement between the Government of Cyprus and USA (FATCA)¹

- | | | |
|--|------------------------------|-----------------------------|
| 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 |

¹FATCA – 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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Planned volumes of activity¹

Transaction types	Currency (EUR)	Maximum monthly turnover (amount)	Number of transactions per month	Maximum volume of a transaction (amount)
Incoming non-cash payments				
Outgoing non-cash 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.)

I hereby certify that beneficial owners of the account funds are as follows²:

Politically exposed persons³

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).

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. On request of a Bank officer I undertake to present 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

Date

(Signature, printed name, surname)

Accepted by

(Bank officer's signature, printed name, surname, date)

¹After opening a current account you will be notified of the Thresholds set by the Bank. If the initially declared volume of transactions or Thresholds set by the Bank are significantly exceeded (at least by 30%), please immediately notify the Bank of the causes of such changes and fill out the Appendix to the

²Identification 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.

³Persons 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 owns share capital in a commercial company, or a natural person who is the only owner of such legal establishment, which is known as actually founded for the benefit of the person performing politically significant functions.

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Appendix*

Customer No.

Changes in the initially declared information are related to:

Further planned activities and services (complete the fields where changes are planned)¹:

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

Transaction types	Currency (EUR)	Maximum monthly turnover (amount)	Number of transactions per month	Maximum volume of a transaction (amount)
Incoming non-cash payments				
Outgoing non-cash 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.)

Please provide grounds for the necessity of cash operations if the maximum volume of a planned transaction exceeds EUR 15,000 (to be completed if any cash turnover is planned)²:

Customer

Date

(Signature, printed name, surname)

Accepted by

(Bank officer's signature, printed name, surname, date)

* To be completed if actual activity materially (30%) differs from initially declared.

¹² incl. payment cards transactions