

Client Questionnaire
(Individuals)

General client information	First name	
	Last name	
	Country of main residence	
	Address	
	Contact number	
	e-mail	
	IIN (if applicable)	
	Type of identification document document number issue date expiration date issuing authority	
	Citizenship	
	Date of birth	
Personal declaration	<p>Are (were) you or your spouse or your close relatives Politically exposed person¹ (PEP)</p> <p><input type="checkbox"/> I am (was) PEP</p> <p><input type="checkbox"/> Yes, my spouse or/and my close relatives are (were) PEP</p> <p><input type="checkbox"/> No, neither me nor my spouse nor close relatives are (were) PEP</p>	
Taxpayer data	Tax residence	
	Taxpayer ID	
	Are you the U.S. tax resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><i>* An individual, a sole trader and a private practitioner are recognised as the US tax residents if the following conditions are met:</i></p> <ul style="list-style-type: none"> • <i>US citizenship;</i> • <i>permanent residence permit in the US (Form I551 (Green Card));</i> • <i>meeting substantial presence criterion.</i> 	
What is the purpose and nature of the business relationship with the Company?	<input type="checkbox"/> Services on securities market <input type="checkbox"/> Other _____	
What is the typical goal of your investments?	<input type="checkbox"/> Provision for old age <input type="checkbox"/> My family's safety <input type="checkbox"/> Saving for future purchases <input type="checkbox"/> Speculative trading <input type="checkbox"/> Regular income (e.g., annual interest income or dividends) <input type="checkbox"/> Value increase (equities, investment funds)	

¹ Please, read the Note 1 at the end of this document

Source of income (funds)	<input type="checkbox"/> Salary <input type="checkbox"/> Job title _____ <input type="checkbox"/> Employer _____ <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Investments, please specify _____ <input type="checkbox"/> Other, please specify _____				
Occupation/employment	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Pensioner <input type="checkbox"/> Unemployed <input type="checkbox"/> Other, please specify _____				
Knowledge and Experience	Type of investment	Frequency	Experience (since your first investment)		
			Date of the first investment	Invested amount (in USD)	Number of transactions
	Security				
	Unit				
	Derivative				
	Structured products				
	Other				
Please provide information about your experience in working with investments _____ _____ _____					
Information on education	<input type="checkbox"/> University education (Master's degree or PhD) – Economics or Finance field <input type="checkbox"/> University education (Bachelor's degree) – Economics or Finance field <input type="checkbox"/> University education – Other than Economics or Finance field <input type="checkbox"/> Secondary education – Economics or Finance field <input type="checkbox"/> Primary education <input type="checkbox"/> Professional certificate in Finance field				
Estimated duration of Investment	<input type="checkbox"/> Intraday trading <input type="checkbox"/> Less than a year <input type="checkbox"/> More than a year				
Estimated amount of trades	<input type="checkbox"/> Less than \$10,000 per year <input type="checkbox"/> \$10,000 - \$50,000 per year <input type="checkbox"/> \$50,000 - \$100,000 per year <input type="checkbox"/> Over \$100,000				

Financial position	Regular monthly income and income sources			
	Regular monthly income and income resources	Net amount below \$1,000	Net amount \$1,000 - \$5,000	Net amount above \$5,000
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Income from business activities/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Income from investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please indicate those assets that you currently own and their respective approximate share in your portfolio			
	Assets owned and their breakdown	Value below \$50,000	Value amount \$50,000 - \$100,000	Value above \$100,000
	Liquid assets (cash, deposits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real estate property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other/ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular monthly expenditures and their breakdown				
Regular monthly expenditures and their breakdown	Net amount below \$1,000	Net amount \$1,000 - \$5,000	Net amount above \$5,000	
Living expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loan repayment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have regular financial obligations <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* if "Yes", please provide information</i>				
Financial commitments or liabilities	Value below \$50,000	Value amount \$50,000 - \$100,000	Value above \$100,000	
Mortgage loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bank loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk profile and tolerance	Please check from the risk appetite and loss tolerance statements below that would most fit you. Please check one answer only. (Fluctuations in value arising from exchange rate risk were not taken into account in the answers.) Our objective is to assess your attitude towards risks in order to help us identify the product group(s) that are most appropriate for you. <input type="checkbox"/> My primary goal is to protect capital. I would not like to lose any of the value of my investments but wish to achieve some solid yield. I am aware that low-risk products usually have lower yields. <input type="checkbox"/> I am aware that purchasing financial instruments might entail some degree of risk. However, in the hope of higher profits, I am willing to assume some degree of risk and tolerate a slight decrease in the value of my portfolio.			

	<input type="checkbox"/> I am aware that purchasing financial instruments might entail some degree of risk. However, in the hope of higher profits, I am willing to assume risks and tolerate a decrease in the value of some parts of my portfolio.	
	<input type="checkbox"/> In the hope of a long-term higher profit I am willing to risk the total amount invested.	
	<input type="checkbox"/> In the hope of a long-term higher profit I consciously take the risk that in adverse cases, I might be obliged to pay further amounts in addition to losing the total amount invested.	
Additional information on Individual – Foreign citizen/	Do you have valid visa in the Republic of Kazakhstan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>* If “Yes”, please, provide the following information:</i> <ul style="list-style-type: none"> • <i>Visa number</i> • <i>Issue date</i> • <i>Validity term of visa</i> 	
	Do you have a valid migration card in the Republic of Kazakhstan? <i>(for citizens of countries entering the Republic of Kazakhstan in a visa-free manner)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>* If “Yes”, please, provide the following information:</i> <ul style="list-style-type: none"> • <i>Migration card number</i> • <i>issue date</i> • <i>validity term of migration card</i> 	

Acceding to the Terms of Business of the Company on the Securities Market, the client declares that the client/

- understood all questions contained in this Schedule to the Agreement, and that all information provided therein is true and accurate;
- shall inform the Company (including via his/her personal consultant at the Company) as soon as any change occurs in his/her personal or financial situation that makes it necessary to change his/her answers to the questions contained in this Annex to the Agreement;
- understands that in case his/her answers do not reflect his/her actual situation, or if the client fails to inform the Company (including via his/her personal consultant at the Company) of any change that might occur in his/her personal or financial situation, the client may be exposed to the risks that exceed his/her risk tolerance or his/her financial capabilities.

Note 1:

“Politically exposed person” means a natural person who is or has been entrusted with prominent public functions in the Republic of Kazakhstan or any other country, their family members and persons known to be close associates of such persons. Politically exposed person includes the following:

- a) heads of State, heads of government, ministers and deputy or assistant ministers;
- b) members of parliament or of similar legislative bodies;
- c) members of the governing bodies of political parties;
- d) members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
- e) members of courts of auditors or of the boards of central banks;
- f) ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- g) members of the administrative, management or supervisory bodies of State-owned enterprises;
- h) directors, deputy directors and members of the board or equivalent function of an international organization;
- i) mayors.

No public function referred to in points (a) to (i) above shall be understood as covering middle-ranking or more junior officials.

An individual cease to be regarded as PEP after he has left the respective office for 12 months.

Client Questionnaire
(Legal entities)

General information about the legal entity	Full name	
	Trading or short name (if any)	
	Organizational legal form	
	Business identification number	
	Registration number	
	Legal address (country, postal code, town, street / district, building number)	
	Address of the actual location (country, postal code, town, street / district, building number)	
	Country of incorporation/registration	
	Type of document confirming registration, date of issue, registration number	
	Name of registering authority	
	Contact phone number	
	Email address (if any)	
	Website (if any)/Сайт (если есть)	
	Number, date of issue, license validity period (if the type of activity being carried out is licensed)	
	The name of the authority that issued the license	
	LEI (if any)	
Type (s) of activities carried out and the code of the general classifier of types of economic activities (OKED) (if any)		
Information about tax	Country of tax residence	

payer	Taxpayer registration number				
	Global Intermediary Identification Number (GIIN)				
	Are you the U.S. tax resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	The structure and name of bodies (supreme body, executive body, other bodies) in accordance with the constituent documents		The name of the supreme governing body		
			Name of the management body (Board of Directors, etc.)		
			Name of the executive body		
	Name of other bodies (if any)				
Date of the last revision of the constituent documents on the basis of which the structure of the bodies of the legal entity was established					

Information about the personal composition of the supreme governing body

Individuals	No	Full Name	Position	Taxpayer registration number (INN/TIN)	Identity document (name, number, series, date, validity period, issuing authority)	Date and place of birth	Citizenship	Address of the place of residence (registration) and (or) place of stay	Contact phone number	Number and date of the document on the basis of which the person performs the functions
	1									
	2									
	3									
	4									
	5									
Legal entities	No	Full name	Organizational legal form	Taxpayer registration number (BIN/TIN)	Registration number in the country of registration	Date of registration	Country of registration	Registration address/Actual Address	Authorisation document	Country of tax residence

	1										
	2										
	3										
	4										
	5										
Information about the personal composition of the management body	№	Full Name	Position	Taxpayer registration number (INN/TIN)	Identity document (name, number, series, date, validity period, issuing authority)	Date and place of birth	Citizenship	Address of the place of residence (registration) and (or) place of stay	Contact phone number	Number and date of the document on the basis of which the person performs the functions	
	1										
	2										
	3										
	4										
	5										
Information about the composition of the executive body	1										
	2										
	3										
	4										
	5										
Information about the composition of other management bodies (if any)	1										
	2										
	3										
	4										
	5										
Information about the beneficial owner	№	Full Name	Citizenship	Taxpayer registration number (INN/TIN)	Identity document (name, number,	Date and place of birth	Tax residency country	Contact phone number	Address of the place of residence (registration)	Share of participation	Affiliation of the beneficial owner to

				series, date, validity period, issuing authority)				and (or) place of stay	%	politically exposed persons or relate persons (family members)
1										<input type="checkbox"/> Yes <input type="checkbox"/> No
2										<input type="checkbox"/> Yes <input type="checkbox"/> No
3										<input type="checkbox"/> Yes <input type="checkbox"/> No
4										<input type="checkbox"/> Yes <input type="checkbox"/> No
5										<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the representative of the legal entity	Surname, name, patronymic (if any)	
	Date and place of birth	
	Citizenship	
	Taxpayer registration number	
	Type of identity document, number, series	
	The name of the authority that issued the identity document, the date of its issue and the validity period	
	Address of the place of residence	
	Contact phone number	
Number, date of issue, validity of the visa (if a foreign passport is presented as an identity document) (except for citizens of states entering the Republic of Kazakhstan without a visa)		

	Number, date of issue, validity period of the migration card (in case of presentation of a foreign passport as an identity document)	
Activity	<p> <input type="checkbox"/> a national or regional government <input type="checkbox"/> a public body that manages public debt <input type="checkbox"/> an international or supranational institution (such as the World Bank, the International Monetary Fund, or the European Investment Bank) or other similar international organisation <input type="checkbox"/> an Authorised Firm (in the AIFC), or any other authorised or regulated financial institution, including a bank, securities firm or insurance company <input type="checkbox"/> an Authorised Market Institution (in AIFC), or any other authorised or regulated exchange, trading facility, central securities depository, or clearing house <input type="checkbox"/> a Collective Investment Scheme or its management company, or any other authorised or regulated collective investment undertaking or the management company of such an undertaking <input type="checkbox"/> a pension fund or the management company of a pension fund <input type="checkbox"/> a commodity dealer or a commodity derivatives dealer <input type="checkbox"/> a Body Corporate whose shares are listed or admitted to trading on any exchange of an IOSCO member country <input type="checkbox"/> a trustee of a trust which has, or had during the previous 12 months, assets of at least USD 10 million <input type="checkbox"/> any other institutional investor whose main activity is to invest in financial instruments, including an entity dedicated to the securitisation of assets or other financial transactions <input type="checkbox"/> other, please specify _____ </p> <hr/> <p>Is the Client a Large Undertaking as specified in COB 2.4.2*? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In accordance with COB 2.4.2:</p> <p><i>* A Person is a Large Undertaking for the purposes of COB 2.4.1(j) if it met, as at the date of its most recent financial statements, at least two of the following requirements:</i></p> <p><i>(a) it has total assets of at least USD 20 million on its balance sheet;</i> <i>(b) it has a net annual turnover of at least USD 40 million; or</i> <i>(c) it has own funds of at least USD 2 million.</i></p>	

Knowledge and experience with investments	Legal entity's experience with financial instrument	Length <input type="checkbox"/> more than 5 years <input type="checkbox"/> from 2 to 5 years <input type="checkbox"/> less than 2 years <input type="checkbox"/> No experience																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type of investment</th> <th style="width: 25%;">Investment amount (for the last 3 years) in USD</th> <th style="width: 25%;">Number of transactions (over the last 3 years)</th> <th style="width: 25%;">Date of first transaction</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Security</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Derivative</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Structured products</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of investment	Investment amount (for the last 3 years) in USD	Number of transactions (over the last 3 years)	Date of first transaction	<input type="checkbox"/> Security				<input type="checkbox"/> Unit				<input type="checkbox"/> Derivative				<input type="checkbox"/> Structured products				<input type="checkbox"/> Other						
	Type of investment	Investment amount (for the last 3 years) in USD	Number of transactions (over the last 3 years)	Date of first transaction																								
	<input type="checkbox"/> Security																											
	<input type="checkbox"/> Unit																											
	<input type="checkbox"/> Derivative																											
	<input type="checkbox"/> Structured products																											
	<input type="checkbox"/> Other																											
	Does the client have officers authorised to make investment decisions on behalf of the client who have experience with investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please, specify: Full name of the person _____ Position of the person _____																										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type of investment</th> <th style="width: 25%;">Investment amount (for the last 3 years) in USD</th> <th style="width: 25%;">Number of transactions (over the last 3 years)</th> <th style="width: 25%;">Date of first transaction</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of investment	Investment amount (for the last 3 years) in USD	Number of transactions (over the last 3 years)	Date of first transaction	1)				2)				3)				4)				5)					
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1)																												
2)																												
3)																												
4)																												
5)																												
	Please provide some information on his educational level and professional experience: <input type="checkbox"/> University education (Master's degree or PhD) – Economics or Finance field <input type="checkbox"/> University education (Bachelor's degree) – Economics or Finance field <input type="checkbox"/> University education – Other than Economics or Finance field <input type="checkbox"/> Secondary education – Economics or Finance field																											

		<input type="checkbox"/> Primary education <input type="checkbox"/> Professional certificate in Finance field Have this person held any position related to financial instruments or requiring financial expertise over the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
The purpose and nature of the business relationship	Target financial instruments	please specify / пожалуйста, уточните _____
	Services	<input type="checkbox"/> Services in the securities market <input type="checkbox"/> Other: please specify _____
	Target investment duration	<input type="checkbox"/> more than 3 years <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> less than 1 year <input type="checkbox"/> Daily trading

	Investment goals ^{2/}	<input type="checkbox"/> Capital protection <input type="checkbox"/> Capital growth <input type="checkbox"/> Speculation <input type="checkbox"/> Income generation <input type="checkbox"/> Income generation + Capital growth <input type="checkbox"/> Other (please specify) _____	
Financial performance according to the latest financial statements	Total assets, in USD		
	Net annual turnover in USD		
	Equity capital in USD		
	Reporting date		
Source of funds	<input type="checkbox"/> own funds <input type="checkbox"/> borrowed funds <input type="checkbox"/> other (please specify) _____		
Source of income	<input type="checkbox"/> From core business activity <input type="checkbox"/> Dividends <input type="checkbox"/> Other (please specify) _____		
Personal declaration	Have any of the directors / shareholders / beneficial owners / authorized signatories / representatives held any significant public function in the past 3 years that falls under the definition of politically exposed persons (PEP ³)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, please specify that person	
	Is any of family members or close associates of the above persons such a	If “Yes”, please specify that person	

² Please, read Note 1 at the end of this document / Пожалуйста, прочитайте Примечание 1 в конце настоящего Документа

³ Please, read Note 2 at the end of this document / Пожалуйста, прочитайте Примечание 2 в конце настоящего документа

	<p>person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Information for Financial monitoring (for financial organisations)	<p>Does the country of registration of your financial institution have binding regulatory legal acts on countering the legalization (laundering) of proceeds from crime and the financing of terrorism (AML / CFT)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If “Yes”, please, indicate the name, date, number of the relevant regulatory legal acts, as well as the name of the authorized state body in the field of AML / CFT (if any)</p>
	<p>Please indicate the name and location of the supervisory authority of the state of registration of your financial institution</p>	
	<p>Please indicate the date and results of the most recent AML / CFT audit (if any)</p>	
	<p>Were there any facts of investigations in relation to your financial institution, as well as penalties (sanctions, measures of influence) of a criminal or administrative nature, applied to your foreign financial institution and (or) its executives over the past five years, for violation of AML / CFT legislation? / <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If “Yes”, please, indicate the date of the decision and the name of the authority that made the decision (if any)</p>
	<p>Does your financial institution have internal AML / CFT documents?</p>	<p>If “Yes”, please indicate the date of their adoption and the date of the last changes</p>
	<p>Do internal AML / CFT documents apply to foreign subsidiaries and affiliates, branches (representative offices) of a foreign financial institution (if any)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have</p>	<p>If “Yes” please, indicate the date and results of the last audit</p>

	<p>procedures for assessing the effectiveness of internal AML / CFT documents by the internal audit unit and external audit organization?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have subdivisions that perform AML / CFT functions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If “Yes”, please, indicate the name of such subdivision (if any)</p>
	<p>Does your financial institution have an AML / CFT officer at the level of an executive officer or member of a governing body?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If “Yes”, please, then indicate his last name, first name, patronymic (if any), position, contact phone number and email address</p>
	<p>Does your financial institution have procedures for managing the risks of money laundering and terrorist financing, taking into account risk factors (risk by customer type, country (geographic) risk, service (product) risk)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures for identifying, assessing risks and determining the source of origin of clients' funds?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures for establishing business relationships with politically exposed persons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

	<p>Does your financial institution have anonymous accounts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures to prevent the opening of anonymous accounts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures for monitoring transactions and detecting suspicious activity (transactions) of clients, including special software (automated information systems)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures aimed at preventing terrorists and persons involved with terrorist financing from accessing financial and other resources (freezing transactions with money and (or) other property)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Does your financial institution have procedures for training and educating employees on AML / CFT issues?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If “Yes”, please, indicate the frequency of the training and the date of the last training</p>
	<p>Does your financial institution have branches (representative offices) located in states (territories) that do not comply with the recommendations of the Financial Action Task Force on Money Laundering (FATF)?</p>	<p>If “Yes”, please, indicate the names of such branches(representative offices) and their locations</p>

	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<p>Does your financial institution have existing correspondent relations (provision of services) with banks or other financial institutions registered in states(territories) that do not comply with the recommendations of the Financial Action Task Force on Money Laundering (FATF)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If “Yes”, please provide the names of such banks and financial institutions (if any)</p>
	<p>Does your financial institution have existing correspondent relations (provision of services) with banks or other financial institutions registered in countries with preferential taxation and (or) that do not provide for disclosure and provision of information when conducting financial transactions?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If “Yes”, please, provide the names of such banks and financial institutions (if any)</p>
	<p>Does your financial institution have active correspondent relations (provision of services) with shell banks or other financial institutions that do not have a physical presence in the state of their registration?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If “Yes”, please, indicate the names of such shell banks, financial institutions(if any)</p>
	<p>Does your financial institution have procedures that prevent the establishment of correspondent relations with shell banks and other financial institutions that do not have a physical presence in the state of their registration?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Does your financial institution have the relevant requirements of the legislation of the state of registration of procedures, allowing you to provide, at the request of a professional participant, information on due diligence of clients of a foreign financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Specify the name of the external audit organization that audits the reliability of the financial statements, indicating the date of the last audit	
	Indicate the rating assigned by the international rating agency (Moody's Investors Service, Standard & Poor's or Fitch Ratings) (if any)	
	Indicate the names and locations of subsidiaries and affiliates	
	Indicate the names of the main partners	
	Indicate the names and locations of branches (representative offices) in other states (if any)	
	Indicate the name and location of the financial group / holding to which the foreign financial institution belongs (if any)	
Bank account details	Beneficiary	
	IBAN of Beneficiary	
	Beneficiary's bank	
	BIC	
	Beneficiary code	

Note 1

- a) Capital Protection: Preserve capital while seeking growth at rate linked to a stockmarket Index. Recommended investment period is 3-5 years.
- b) Capital Growth: Maximize capital appreciation or the increase in value of a portfolio over the long term. Investments targeted for capital growth tend to have more risk than assets chosen for capital protection and income generation. Recommended investment period is over 5 years.
- c) Income Generation: Investment income earned from interest, dividends etc as opposed to that derived from increases in asset value. Risk is usually less than investments targeted for capital growth.
- d) Income Generation + Capital Growth: Combination of (b) and (c).
- e) Speculation: This type of investments does not promise safety of the initial investment along with the return on the principal amount. Speculators usually select investments with higher risk in order to profit from an anticipated price movement. Speculation involves a significant risk of the loss of the principal investment.