



CLIENT'S QUESTIONNAIRE CRS

In this form, you must complete all the items one by one, unless otherwise indicated in the comments to the items.

Organization name: _____

TIN/FCC _____

Address in the country of registration

Address in the country of operation _____

Postal address _____

(on demand in a foreign state)

Identification number: TIN/SSN/ITIN/FCC _____

PART 1: CRS FEATURES

1.1. Details of beneficial owners

If an individual who ultimately directly or indirectly (through third parties) owns (has a predominant participation of more than 25 percent in the capital of your organization) or has the ability to control the actions of your organization/ unincorporated structure) - the beneficial owner is a tax resident of a foreign state/several foreign states

YES

NO

or is not a tax resident of any of the states or any of the territories,

YES

NO

Please answer the questions below (if "Yes")

1	Surname, name and patronymic (if any)	
2	Address of stay:	
3	Postal address:	
4	Date of birth:	
5	Place of birth:	
6	Contact telephone and/or fax number in the territory of a foreign state:	
7 Country/jurisdiction of tax residence and corresponding TIN (or equivalent)		
	Country/jurisdiction of tax residence	TIN (or equivalent) If the TIN is not provided, please provide a reason (A, B, or C).
A		
B		
C		

Reason A - the country/jurisdiction of tax residence does not assign TIN.



Reason B - the account holder is otherwise unable to obtain a TIN or equivalent (please write an exact explanation below if you are unable to provide a TIN _____).

Reason C - The provision of TIN is optional (if the laws of your jurisdiction does not require the collection of data on TIN).

8. Please indicate the status of the beneficial owner by checking the appropriate box		
	Status of the controlling person	Mark on status availability
1	Controlling entity of a legal entity – control over property (through management)	
2	Controlling entity of a legal entity – for other reasons	
3	Controlling entity of a legal entity – as a head	
4	Controlling person of a trust – founder	
5	Controlling person of a trust – trust manager	
6	Controlling person of a trust – trustee	
7	Controlling person of a trust – beneficiary	
8	Controlling person of a trust – other	
9	Controlling person of a legal entity (non-trust) - equivalent to the founder	
10	Controlling person of a legal entity (non-trust) – equivalent to a trust manager	
11	Controlling person of a legal entity (non-trust) – equivalent to a trustee	
12	Controlling person of a legal entity (non-trust) – equivalent to a beneficiary	
13	Controlling person of a legal entity (non-trust) – equivalent to other	

1.2. Information on beneficiaries

If the person for whose benefit your organization/ unincorporated structure (beneficiary) acts, when establishing legal relations with the Non-Bank Settlement and Credit Authority (NSCA), is a tax resident of a foreign state/ several foreign states:

YES

NO

is not a tax resident of any of the states or any of the territories,

YES

NO

Please answer the questions below (if “Yes”):

Please indicate the type and status of the beneficiary by checking the appropriate box:

Type of beneficiary	Type mark
Legal entity	<input type="checkbox"/>
Foreign unincorporated structure	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Individual entrepreneur	<input type="checkbox"/>
Individual	<input type="checkbox"/>
Individual engaged in private practice in accordance with the procedure established by the laws of the Russian Federation	<input type="checkbox"/>

Beneficiary status	Type mark	Contract details
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Trustor		<input type="checkbox"/>	
Consignor		<input type="checkbox"/>	
Principal		<input type="checkbox"/>	
Settlor		<input type="checkbox"/>	
Other beneficiary (specify in detail)		<input type="checkbox"/>	
		<input type="checkbox"/>	

Please provide details of the beneficiary		
1	Name of the organization/Surname, name and patronymic (if any)	
2	Identification number: TIN/SSN/ITIN/FCC	
3	Address in the country of registration:	
4	Address in the country of operation (actual location address)/address of stay:	
5	Postal address (on demand in a foreign state):	
6	Date of registration/date of birth:	
7	Contact telephone and/or fax number in the territory of a foreign state:	
For a trust and other unincorporated foreign structure with a similar structure or function, please specify:		
9	Information about the founders (surname, name, patronymic (name) and address of the place of residence (location)):	
10	Information about the trustee (manager) (surname, name, patronymic (name) and address of the place of residence (location)):	

Country/jurisdiction of tax residence and corresponding TIN (or equivalent)		
Country/jurisdiction of tax residence	TIN (or equivalent)	If the TIN is not provided, please provide a reason (A, B, or C).
A		
B		
C		

Reason A - the country/jurisdiction of tax residence does not assign TIN.

Reason B - the account holder is otherwise unable to obtain a TIN or equivalent (please write an exact explanation below if you are unable to provide a TIN _____).

Reason C - The provision of TIN is optional (if the laws of your jurisdiction does not require the collection of data on TIN).

PART 2. MISCELLANEOUS



2. SELF-CERTIFICATION OF THE ORGANIZATION FOR THE PURPOSE OF IMPLEMENTATION OF LAW NO. 340-Φ3	
2.1 does the organization belong to government agencies, the central bank and other state and international organizations in respect of which the requirements of law No. 340-Φ3 do not apply	<input type="checkbox"/> YES (go to Part 3) <input type="checkbox"/> NO (go to Clause 2.2)
2.2 does the organization belong to one of the following organizations	<input type="checkbox"/> YES (specify the category and go to Clause 6.3) <ul style="list-style-type: none"><input type="checkbox"/> organization, the shares of which are traded at organized trading in the Russian Federation or on a foreign exchange<input type="checkbox"/> an organization that is directly or indirectly controlled by an organization whose shares are traded at organized trading in the Russian Federation or on a foreign exchange, or controls such an organization itself<input type="checkbox"/> an organization that is directly or indirectly controlled by another organization that simultaneously directly or indirectly controls an organization whose shares are traded at organized trading in the Russian Federation or on a foreign exchange <input type="checkbox"/> NO (go to Clause 2.3)
2.3 does the organization belong to the organization of the financial market** **organization of the financial market is a credit institution, an insurer operating in voluntary life insurance, a professional participant in the securities market, carrying out brokerage activities, and (or) securities management activities, and (or) depository activities, a manager under a property trust management agreement, non-state pension fund, joint-stock investment fund, management company of an investment fund, mutual investment fund or non-state pension fund, central counterparty, managing partner of an investment partnership, other organization or unincorporated structure, which, as part of its activities, accepts funds from clients or other financial assets for storage, management, investment and (or) other transactions in the interests of the client or directly or indirectly at the expense of the client.	<input type="checkbox"/> YES (specify the status): <ul style="list-style-type: none"><input type="checkbox"/> the organization is registered in a foreign state that is not included in the list of states (territories) with which the automatic exchange of financial information is carried out, posted on the official website of the authorized body in the Internet information and telecommunications network, if such an organization receives the main income from investment operations or trading in financial assets and is managed by another financial market entity (go to Clause 6.5)<input type="checkbox"/> Other financial market organization (go to Part 3) <input type="checkbox"/> NO (go to Clause 2.4)
2.4 the organization is a non-financial institution (specify only one option)	<input type="checkbox"/> ACTIVE (if you choose this option, go to Part 3) <input type="checkbox"/> PASSIVE ***(go to Clause 2.5) ***Income from passive activities means: <ul style="list-style-type: none">• dividends,• interest income (or other similar income),



	<ul style="list-style-type: none"> • income from lease or sublease of property, • periodic insurance payments (annuities), • excess income over expenses as a result of transactions with securities and derivative financial instruments (except for income received as a result of core activities), • excess income from operations with foreign currency (positive exchange rate differences) over expenses from operations with foreign currency (negative exchange rate differences), • income received under a voluntary life insurance contract, • other similar income.
<p>2.5 are there tax residents of a foreign state (not of the Russian Federation) among the controlling persons of the organization</p>	<p><input type="checkbox"/> YES (answer the questions below, all the controlling persons of the organization shall be listed, then go to Clause 6.6)</p> <p><input type="checkbox"/> NO (go to Part 3)</p>

PART 3. CONFIRMATION AND SIGNATURE

I confirm that the information provided in this form is correct.

I understand that I am liable for providing false and erroneous information on the organization in accordance with the applicable laws.

If the identification information provided in this Questionnaire changes, the organization shall provide updated information to NSCA not later than thirty (30) days from the date of the information change.

In the event of a change in circumstances affecting the status of tax residence, inform KHOLMSK NSCA, JSC within 90 days from the date of the circumstances change.

KHOLMSK NSCA, JSC may be guided by this Form to make a decision on the classification of the Organization in accordance with Law No. 340-ФЗ.

Date			
<i>(Date in the DDMMYYYY format)</i>			

(Full name of the sole executive body/authorized person, signature)

Company seal (if any)



PHKO HOJIMCK

АКЦИОНЕРНОЕ ОБЩЕСТВО РАСЧЕТНАЯ НЕБАНКОВСКАЯ
КРЕДИТНАЯ ОРГАНИЗАЦИЯ «ХОЛМСК»

STATUS ASSIGNED

YES

NO

Full name of the employee

(signature)

(date)