Аppendix №5а Individual Questionnaire

JSB «CLEARING HOUSE» (hereinafter - the Bank) to fulfill the requirements for customer identification, established by the Law of Ukraine "On Prevention and Counteraction to Legalization (Laundering) of Income, Terrorism Financing and Financing for the Proliferation of Weapons of Mass Destruction", kindly asks you to answer questions and provide relevant information.

JSB «CLEARING HOUSE» guarantees confidentiality of your information.

*Thank you for understanding.* *We look forward to fruitful cooperation!!*

**Individual Questionnaire**

Warning! All fields must be filled in the form! For example: "no", "activity was not carried out for the period \_\_\_\_\_".

|  |  |  |
| --- | --- | --- |
| Name, Surname (middle name, if fit) |  | |
| Date of birth |  | |
| The series and number passport, if fit, or other document certifying a person |  | |
| TAX ID |  | |
| Country of birth | – USA\*\* | –Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Citizenship | – USA\* | –Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Country of residence (according to registration documents) | – USA\* | –Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of residence (according to registration documents): |  | |
| Location |  | |
| Address of location in Ukraine (for non-resident, if fit) |  | |
| Tax residence in another country (except Ukraine, USA) | –Yes,  –Nj,  if the answer is "Yes", the CRS Individual Self-Assessment Document Form must be filled in | |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile phone | – Ukraine | – USA\*\* | –Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| email address |  | | |

**Information of work activity and / or individual entrepreneur and / or autonomous professional activity**

|  |  |
| --- | --- |
| Job and place of work  Position |  |

1. Are you registered as an individual entrepreneur?

–Yes,  –No

If "Yes", please indicate the date of state registration and type/kind of business:

|  |
| --- |
|  |
|  |

1. Are you an individual who carries out an autonomous professional activity [[1]](#footnote-1)?

–Yes,  –No

|  |
| --- |
|  |
|  |

If "Yes", please indicate the date of registration in the controlling body and the type of autonomous professional activity:

**"Politically exposed person" (PEP)**

If you need the list of person who are referred to the PEP, do not hesitate to contact the manager who provided you with this questionnaire.

1. You, or the person who opens an account for your name, or your authorized person are related to PEP??

–Yes,  –No

If "Yes" - please fill the form bellow:

|  |  |
| --- | --- |
| Name, Surname (middle name, if fit) |  |
| Position |  |
| Term of office |  |
| Name, Surname (middle name, if fit) |  |
| Position |  |
| Term of office |  |

1. You, or the person opening the account for you, or your representative, are related to relatives or persons connected with PEP; persons who have business or personal relations with public figures; persons acting on behalf of PEP??

–Yes,  –No

If "Yes" - please fill the form bellow:

|  |  |
| --- | --- |
| Name, Surname (middle name, if fit) |  |
| What kind of ties with PEP (for example, a son) |  |
| Info about PEP (name, position, term) |  |
| Name, Surname (middle name, if fit) |  |
| What kind of ties with PEP (for example, a son) |  |
| Info about PEP (name, position, term) |  |

1. If you answer "Yes" in p. 3 or p. 4 to complete the application questionnaire for each these person.

**Additional information and financial status data**

1. Indicate the average monthly amount of total income (including Earnings per primary place of work, interest on deposits, social benefits, other income):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Availability of own movable and immovable property:

 – Private house;  – Apartment;  – Car;  – Deposits;

 – Amount of investments in securities (types of securities, issuer, cost): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 – Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 – None.

1. Are you the owner of a valid migration card?

–Yes\*,  –No

1. Do you have accounts opened with other banks?

–Yes,  –No

If "Yes" - please fill the form bellow:

|  |  |  |
| --- | --- | --- |
| The name of the bank | Account currency | Account type (card, current, etc.) or account number |
|  |  |  |
|  |  |  |

If "No" and before the application to JSB "CLEARING HOUSE" were serviced in another bank, please note where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the person opening the account on behalf of the client / client representative**

**(if available)**

|  |  |  |
| --- | --- | --- |
| Name, Surname (middle name, if fit) |  | |
| TAX ID |  | |
| Citizenship | – USA\*\* | –Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of residence (according to registration documents): |  | |
| Address of location in Ukraine, if fit |  | |
| The document under which the representative acts |  | |

If you have identified themselves as belonging to the US and put a mark in the selected field:

referring \* - please complete a W-9 given to you by manager who provided you with this questionnaire;

referring \*\* - please fill out the W-8BEN, given to you by manager who provided you with this questionnaire.

**Information that is filled only by new customers**

1. Approximate volume of operations to be carried out in the Bank (note the amount and, period (quarter, year):

|  |
| --- |
|  |

1. Banking services (products) that you plan to use:

 – Сash and settlement services;  – Credit operations;  – Deposits;

 – Payment card transactions;  – Safe Boxes;  – Transfers;

 – Transactions without opening an account;

 – Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pls, indicate a sources of funds and accounts (origin of funds for transactions without opening accounts):

 Salary \_\_\_\_\_\_\_\_\_\_\_\_\_   Retirement benefits / other social benefits; \_\_\_\_\_\_  Income from business\_\_\_\_

 Personally accumulated \_\_\_\_\_\_\_\_\_\_  Loans \_\_\_\_\_\_\_\_\_\_\_\_  Financial Aid \_\_\_\_\_\_\_\_\_\_

 Interest of deposits \_\_\_\_\_\_\_\_\_\_\_  Autonomous professional activity\_\_\_\_\_\_  Receipts to the account\_\_\_

 Sale of securities \_\_\_\_\_\_\_\_\_  Sale or assignment of the right to a monetary claim \_\_\_\_\_\_\_\_\_\_\_\_

 From the conclusion of term contracts or the use of other derivative financial instruments and derivatives\_\_\_\_\_\_\_

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| I, |  |  |
|  | Name, Surname (middle name, if fit) |  |

certify that:

1) this information is true and I am responsible for the truthfulness of the information provided. In case of change of any identification data, I inform the Bank within 5 (five) business days from the date of the specified changes and provide supporting documents.

2) informed that JSB "CLEARING HOUSE", as a subject of primary financial monitoring, during the identification is obliged to process my personal data for the purposes of preventing and combating legalization (laundering) of proceeds from crime, in accordance with the Law of Ukraine "On Prevention and Counteraction to Legalization (Laundering) of Income, Terrorism Financing and Financing for the Proliferation of Weapons of Mass Destruction" № 361-IX of December 6, 2019 (as amended).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

«\_\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

**Filled in by the Bank manager**

Date:

«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.

Signature of responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Surname (middle name, if fit)

Appendix to the Questionnaire

|  |
| --- |
|  |
| (Surname, name and patronymic physical person) |

is the beneficial owner (controller)[[2]](#footnote-2):

|  |  |  |
| --- | --- | --- |
| № | The company name: | TAX ID |
|  |  |  |
|  |  |  |

1. Autonomous professional activity means the participation of an individual in scientific, literary, artistic, artistic, educational or teaching activities, the activities of doctors, private notaries, lawyers, auditors, accountants, appraisers, engineers or architects, persons employed by religious (missionary) activity, other similar activity, provided that such person is not an employee or an individual entrepreneur and uses hired labor no more than four physical persons [↑](#footnote-ref-1)
2. **Final Beneficiary Owner (Controller)-** an individual who, regardless of formal ownership, has the opportunity to exercise decisive influence over the management or economic activity of a legal entity, directly or through other persons, carried out, in particular:

   1. by exercising the right to own or use all the assets or their significant share;
   2. through the realization of the right of decisive influence on the formation of the composition, the results of voting, as well as the commission of transactions, which make it possible to determine the conditions of economic activity, to give binding instructions to perform or serve as a management body;
   3. the ability to exercise influence through the direct or indirect (by another physical or legal person) possession of one person alone or in association with related natural and / or legal persons **in the legal entity in the amount of 25 percent or more** **of the authorized capital** or voting rights in the legal person.

   At the same time, the ultimate beneficiary owner (controller) can not be a person who has a formal right to 25 or more percent of the authorized capital or voting rights in a legal entity, but is an agent, nominee holder (nominal owner) or is only an intermediary for such a right. [↑](#footnote-ref-2)