

## QUESTIONNAIRE FOR LEGAL ENTITIES

□ Initial	Information Entry	☐ Change of Information	□ Information Update
Section	1 – BASIC INFO	ORMATION ABOUT TH	HE COMPANY
1.	Full registered legal	l name	
2.	Date and Place of Ir	ncorporation	
3.	Registration body		
4.	Legal form		
5.	Tax Identification N	umber (TIN)	
6.	Country of Tax Resi	dence	
7.	Registration Number	er	



8.	Registered Address
9.	Address of HQ or Head Office
10.	LEI code (if applicable)
11.	License number, date of issue of the license, licensing body and country (if applicable)
12.	Center of vital interests (country)
Section	2 – COMPANY'S CONTACT INFORMATION
1.	Telephone Number
2.	Additional telephone number



3.	General e-mail address
4.	Fax number (if applicable)
5.	Website (if applicable)
Section	3 – BUSINESS RELATED INFORMATION
1.	Activity description (please include information about the products and
	services company provide)
2.	Amount of Authorized Capital (\$)
3.	Are your shares listed?
	○ Yes
	○ No
	O Not applicable
	If yes, please note on which stock exchange



4.	Number of Employees	
5.	Number of Branches (if applicable)	
6.	Does the company have subsidiaries and dependent organizations?  If yes, please indicate the names and locations of these organizations	
7.	Name of local regulatory body regulating your activity (if applicable)	
8.	Local/International Ratings (if applicable)	
9.	In your business, do you deal with any individual or entity from the follow countries:	wing
	<ul> <li>Republic of Burundi</li> <li>Turkmenistan</li> <li>Islamic Republic of Iran</li> <li>State of Libya</li> <li>Union of the Comoros</li> <li>Democratic Republic of the Congo</li> </ul>	
	- Democratic Republic of the congo	

• Democratic People's Republic of Korea (North Korea)



Section 4

1.

1.

Republic of Cuba
Republic of Haiti
Republic of Equatorial Guinea
Republic of South Sudan
Republic of the Union of Myanmar
Republic of Yemen
Republic of Nicaragua
Republic of Chad
Syrian Arab Republic
Federal Republic of Somalia
Bolivarian Republic of Venezuela
○ Yes
○ No
4 – OWNERSHIP STRUCTURE
Number of shareholders in the company
Please complete information below about shareholders who directly/indirectly own 20 or more percent of the voting shares or directly/indirectly own 20 or more percent in the legal entity's statutory capital.
First, last name / Legal name



Nation	ality / country of incorporation
Passpo	ort / ID Number
Owner	ship percentage (%)
Nature	of ownership (direct, indirect)
Center	of vital interests (country)
First, I	ast name / Legal name
Nation	ality / country of incorporation
Passpo	ort/ID Number



Nature of ownership (direct, indirect)  Center of vital interests (country)  First, last name / Legal name  Nationality / country of incorporation  Passport / ID Number  Ownership percentage (%)  Nature of ownership (direct, indirect)	
First, last name / Legal name  Nationality / country of incorporation  Passport / ID Number  Ownership percentage (%)	
Nationality / country of incorporation  Passport / ID Number  Ownership percentage (%)	
Passport / ID Number  Ownership percentage (%)	
Ownership percentage (%)	
Nature of ownership (direct, indirect)	
Center of vital interests (country)	



Nationality / country of incorporation  Passport/ID Number  Ownership percentage (%)  Nature of ownership (direct, indirect)  Center of vital interests (country)  First, last name / Legal name  Nationality / country of incorporation	First, la	ast name / Legal name
Ownership percentage (%)  Nature of ownership (direct, indirect)  Center of vital interests (country)  First, last name / Legal name	Nationa	ality / country of incorporation
Nature of ownership (direct, indirect)  Center of vital interests (country)  First, last name / Legal name	Passpo	ort/ID Number
Center of vital interests (country)  First, last name / Legal name	Owners	ship percentage (%)
First, last name / Legal name	Nature	of ownership (direct, indirect)
	Center	of vital interests (country)
Nationality / country of incorporation	First, la	ast name / Legal name
	Nationa	ality / country of incorporation
Passport/ID Number	Passpo	ort/ID Number



Ownership percentage (%)
Nature of ownership (direct, indirect)
Center of vital interests (country)

## Section 5 – Politically exposed person (PEP)

1. Do you have any PEP<sup>1</sup> in your ownership or management structure?

Yes

O No

If yes, please provide a full list, specifying the information about each PEP.

<sup>&</sup>lt;sup>1</sup> Politically exposed person (PEP) is a person who has performed or performs significant functions in a state, political or public, as well as international organization (including a member of his family or a person closely related to him), in particular:

<sup>•</sup> heads of state, heads of government, ministers and deputy ministers,

<sup>•</sup> members of parliament

<sup>•</sup> judges and members of the Supreme Court, the Constitutional Court or other high courts, whose decisions are not subject to appeal, except in cases of appeal due to special circumstances,

<sup>•</sup> the chairman of the central bank, his deputies and members of the board,

<sup>•</sup> ambassadors, chargé d'affaires and senior officers of the armed forces prominent figures of the political party,

political party officials,

<sup>•</sup> members of the administrative, management or control bodies of the state-owned organization

heads of local government bodies,

heads of an international organization, deputy heads, members of the council or members of bodies performing other similar managerial or supervisory functions.



Nationality			
Passport/ID Numb	er		
Ownership percen	tage (%)		
Nature of ownersh	ip (direct, indired	ct)	
First, last name			
Nationality			
Passport/ID Numb	er		



Nature of	ownership (direct, indirect)
	1 \
First, last	name
Nationality	y
Passport/	ID Number
Ownershi	p percentage (%)
Nature of	ownership (direct, indirect)

## Section 6 – MANAGEMENT STRUCTURE

Management comprises principal officers (directors, president, etc.) or management company<sup>2</sup> of the legal entity.

 $^{2}$  In case of management companies please fill in information regarding both the management company and authorized person(s).



## Principal Officers / management company

P	osition in the company
N.	ationality / Country of incorporation
P	assport (ID Number) / Date and Place of Incorporation
Fi	rst, last name / Legal name
P	osition in the company
N	ationality / Country of incorporation



3.	First, last name / Legal name	
	Position in the company	
	Nationality / Country of incorporation	
	Passport (ID Number) / Date and Place of Incorporation	
Section (if appl	7 - INFORMATION ON FATCA STATUS AND licable)	GIIN
FATCA s	status GIIN	
Section	8 - INFORMATION ON AML/CFT POLICIES	
1.	Are there laws or other legal acts aimed at AML / CFT in the courcompany's incorporation?	ntry of
	<ul><li>Yes</li><li>No</li></ul>	



Is money laundering and terrorist financing considered as a crime in accordance with legislation of company's incorporation?
○ Yes
○ No
Have the company developed internal legal acts for AML/CFT prevention (rules, regulations, guidelines, etc.)?
○ Yes
○ No
If you answered YES, please proceed to questions 4 – 11
Does the AML compliance program require approval of the company's board of directors or senior committee?
○ Yes
○ No
Have the company a legal and regulatory compliance program that includes a designated Compliance officer that is responsible for the day-to-day coordination and oversight of the AML program, approved by the company's senior management?
○ Yes
○ No



6.	Have the company developed written policies documenting its for processes for preventing, detecting and reporting suspicious transactions, approved by senior management? If yes, please attach copies of these policies.
	○ Yes
	O No
7.	Have the company a policy prohibiting accounts/relationships with shell banks <sup>3</sup> ?
	○ Yes
	○ No
8.	Does the company carry AML / CFT risk assessment based on a risk-based approach (customer risk, product, service risk, geographical risk)?
	○ Yes
	○ No
9.	Are the company's policies regarding relations with politically exposed persons consistent with industry best practices?
	○ Yes
	○ No
10.	Does the company have appropriate records retention procedures in accordance with applicable law?
	○ Yes
	○ No

<sup>&</sup>lt;sup>3</sup> A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.



11.	Does the company require that its AML policies and practices apply to all company's branches and subsidiaries, both within and outside its home country?
	○ Yes
	O No
	O Not applicable
12.	Does the company's documented policies and procedures prohibit the opening and keeping of anonymous and fictitious accounts?
	○ Yes
	O No
	O Not applicable
Section	9 – KYC & CUSTOMER/CLIENT DUE DILIGENCE
1.	Does the company have procedures ensuring that it will only do business with financial institutions that possess licenses to operate in their countries of origin?
	○ Yes
	○ No
2.	Does the company conduct non-face-to-face business relationship and transactions?
	○ Yes
	○ No



3.	Does the company have policies covering relationships with Politically Exposed Persons (PEPs), their family and close associates?
	○ Yes
	○ No
4.	Does the company carry out an analysis of the business relationship, checking the adequacy of the volume, nature, and level of risk of the transactions made under that relationship?
	○ Yes
	O No
5.	Does the company have procedures requiring due diligence on each new customer/client?
	○ Yes
	○ No
6.	Does the company have procedures that require the collection and verification of identifying information of each new customer/client (both individuals and businesses)?
	○ Yes
	○ No
7.	Does the company have procedures that require a regular review and update of the due diligence information of each customer/client that was conducted at the outset of the customer/client relationship?
	○ Yes



	○ No
8.	Do the company's regulations/directives require the recognition of the true identity of customers/clients and the origin of their funds?
	○ Yes
	○ No
9.	Do the company's AML/CFT policies and procedures cover the identification and verification of all UBOs at the time of counterparty relations establishment?
	○ Yes
	○ No
	O Not applicable
10.	Does the counterparty provide services to offshore registered customers/clients?
	○ Yes
	○ No
	O Not applicable
Section	10 – OTHER INFORMATION
1.	Does the company screen its customers/clients, including beneficial ownership information collected by the FI, during onboarding and regularly thereafter against Sanctions Lists?
	○ Yes
	○ No



If yes, please complete the table below

○ No

	Sanctions Lists	Screening type	If automated, please indicate
			the screening program
2.	• •	ve policies or practices for the required to be reported to	the identification and reporting to the authorities?
	○ Yes		
	○ No		
3.	• •	•	ring transactions structured to
	avoid large cash repo	rting requirements?	
	○ Yes		
	<ul><li>No</li></ul>		
	O NO		
4.	Does the company ha	ve a designated officer that	is responsible for coordinating
т.	and overseeing the Al		is responsible for coordinating
	3		
	○ Yes		



Position	
Telephone n	umber/email
E-mail addre	ess
Does the res	sponsible officer have international qualification?
○ Yes	
○ No	
If yes, please	e indicate:



7.	Are the company's documented policies and procedures consistent with applicable ABC regulations and requirements to prevent, detect and report bribery and corruption?
	<ul><li>Yes</li><li>No</li></ul>
	11 – AUTHORISED PERSONNEL FOR MANAGING ODY ACCOUNT
1.	Name
	Position
	Ground for exercising the authority (charter, power of attorney, etc.)
	E-mail address
	Telephone number
2.	Name
	Position



[	E-mail address
_ [	Telephone number
	Name
	Position
[	Ground for exercising the authority (charter, power of attorney, e
	E-mail address
	Telephone number
	Name
	Position



		E-mail address
		Telephone number
Se	ection	12 – ACKNOWLEDGEMENTS AND DECLARATIONS
	compl this ap contra	ereby declare that the particulars given hereinabove are true, correct and ete to the best of my knowledge and belief, the documents submitted along with oplication are genuine and I am not making this application for the purpose of vention of any Acts, Rules, Regulations or statute or legislation or any ations, Directions issued by any governmental or statutory authority from time e.
	inform or res	ereby undertake to promptly inform "Dimension" CJSC of any changes to the nation provided hereinabove and agree/accept "Dimension" CJSC that is not liable ponsible for any losses, costs, damages arising out of any actions undertaken or es performed on the basis of the information provided by me as also due to my timating / delay in intimating such changes.
		reby confirm that funds to be used for the replenishment of custody account and ming custody transactions have a legal origin.
		nderstand that it may be necessary for "Dimension" CJSC to request further nentation and information in order to complete the onboarding process of the any.
	1.	Name of the legal entity
	2.	Authorized signatory's full name



Position			
Signature	e and date		