

Occupation:

- Salaried employee
- Entrepreneur
- Self-employed
- Official, employee of public or local government institution
- Unemployed
- Pensioner
- Pupil, student
- Other (*indicate*) _____

Employer

The name of the enterprise	_____
The main business activity of the enterprise	_____ _____
Position	_____
Average salary per month <small>(after taxes)</small>	_____ <small>(sum and currency)</small>

Do you have (or expect to have) any other income?

No Yes (*specify sources of income, volume and frequency*) _____

If you are self-employed please indicate whether account transactions will be related to your business

No Yes (*specify type of business*) _____

Accounts with other financial institutions

Have not Have (*indicate*) _____

Information about financial assets and cash flows of the Client

The account is planned to use:

for receiving income for personal expenditures
(including payment for services/goods, public services, taxes, etc.)

for the performing of financial transactions (*loans, investments, deposits*) for receiving pensions and benefits

other (*list*) _____

Type of transaction	Expected number of transactions per month	Expected maximum monthly turnover
Outcoming payments	<input type="checkbox"/> up to 5 <input type="checkbox"/> up to 20 <input type="checkbox"/> up to 50 <input type="checkbox"/> more than 50	_____ <small>(sum and currency)</small>
Incoming payments	<input type="checkbox"/> up to 5 <input type="checkbox"/> up to 20 <input type="checkbox"/> up to 50 <input type="checkbox"/> more than 50	_____ <small>(sum and currency)</small>
Cash paid in	<input type="checkbox"/> up to 5 <input type="checkbox"/> up to 20 <input type="checkbox"/> up to 50 <input type="checkbox"/> more than 50	_____ <small>(sum and currency)</small>
Cash withdrawals	<input type="checkbox"/> up to 5 <input type="checkbox"/> up to 20 <input type="checkbox"/> up to 50 <input type="checkbox"/> more than 50	_____ <small>(sum and currency)</small>

Purpose of the cash transactions _____

Expected maximum volume of one transaction _____ (sum and currency)

Which countries will transfers be sent to/ received from

Required services:

- | | |
|--|---|
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Currency conversion |
| <input type="checkbox"/> Cash transactions | <input type="checkbox"/> Payment cards |
| <input type="checkbox"/> Loans, leasing | <input type="checkbox"/> Remote banking (Internet Banking, Home banking etc.) |
| <input type="checkbox"/> Deposits | <input type="checkbox"/> Documentary payments |
| <input type="checkbox"/> Securities transactions | <input type="checkbox"/> Trust operations |
| <input type="checkbox"/> other _____ | |

Reasons for opening the account exactly with JSC "SMP Bank"

Confirmation of the actual beneficial owner* of the account

Herewith I certify that

- I am the actual beneficial owner of the money on the account
- the actual beneficial owner of the money on the account is the third person *(fill in the identification card of actual beneficiary)*

Confirmation of Politically exposed person **

Herewith I certify that

- I am not politically exposed person
- I am politically exposed person *(fill in below)*

(name, surname)

(name of institution and country)

(position)

Confirmation of legal origin of funds

Herewith I certify that the funds coming to the account are of legal origin. Account and services provided by Bank shall not be used for any illegal purpose. I also undertake to accomplish no activity/transaction for the purpose of laundering of proceeds derived from criminal activity and financing of terrorism. On request of Bank's employees I undertake to provide the documents confirming legality of an origin of funds.

- Yes No

* **Beneficial owner** – natural person(s) who ultimately owns or control the Client and/or person on the behalf a transaction is being conducted. It also incorporates those persons who exercise ultimate effective control over a legal person or arrangement.

****Politically Exposed Persons** – are individuals who are or have been entrusted with prominent public functions in a foreign country, for example Head of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. Family members of persons mentioned also are politically Exposed Persons.

I hereby certify with my signature that all the information provided above is true and I shall immediately inform Bank in the written form about any essential changes in the above-mentioned information.

The Client agrees, that for the purposes of establishment and execution of the legal relationship between Bank and the Client, Bank performs Client's personal data processing, including request and receipt of personal data from any third party in correspondence with the legal acts.

The Client agrees, that the Bank can furnish the information contained in this Form to other credit institution on receipt of a relevant request.

Client's signature

/Signature/

/Name, surname/

Date

. .

Bank's employee signature

/Signature/

/Name, surname/

Date

. .

