

## DUE DILIGENCE QUESTIONNAIRE (INDIVIDUAL ENTREPRENEUR)

Date of filling out the questionnaire:

### 1. The individual entrepreneur

Full name of the individual entrepreneur			
Country of incorporation			
Registration number			
Date of registration			
Individual entrepreneur business (physical) address (if any):			
Individual entrepreneur website <sup>1</sup> :			
Type of business carried out on the territory of the Russian Federation			
<b>Individual entrepreneur registered address:</b>			
Street	build.	Zip code	City/town
Country			
Date of birth		Place of birth	
Proof of identity ( <i>passport</i> )			
Type of document		Document №	
Date issued		Valid till	
Issued by (also division code - if any)			
Citizenship			
Telephone		Email:	
Document confirming the right to stay on the territory of the Russian Federation <sup>2</sup> (indicated when staying on the territory of the Russian Federation).		Type of document: Series (if any) and number: Start date of stay: End date of stay:	
Contact person:			
Telephone:			
Email:			

### DOES THE INDIVIDUAL ENTREPRENEUR ACCEPT VISA AND MASTERCARD?

- Yes, the Merchant Category Code (MCC): \_\_\_\_\_
- No

### INFORMATION ON ULTIMATE BENEFICIAL OWNERS OF THE RIGHT TO CONTROL

An ultimate beneficial owner is the individual entrepreneur himself.

Otherwise, fill in the information below.

PLEASE FILL IN ALL SECTIONS OF THIS QUESTIONNAIRE.

### 2. ULTIMATE BENEFICIAL OWNERS

THE BELOW MUST BE FILLED IN AND PROVIDED IN AS MANY SPECIMENS AS THERE ARE ULTIMATE BENEFICIAL OWNERS.

SUBSTANTIATION OF RIGHTS TO CONTROL			
First name(s)			
Surname			
Street	build.	Zip code	City/town
Country			
Date of birth		Place of birth	
Shareholder for [ <i>please enter a number</i> ] % and/or with [ <i>please enter a number</i> ] % of the voting rights in [ <i>name of the Company</i> ]			
Proof of identity ( <i>passport</i> )			
Type of document		Document №	
Date issued		Valid till	
Issued by (also division code - if any)			
Citizenship			
Are you or any of your close relatives a politically exposed person?		<b>Not a PEP and has no family ties.</b> Otherwise fill in the information: Full name (if the relative is a PEP): _____ Relationship Degree (if the PEP is a relative): _____	

<sup>1</sup> Indicate sites (domain name, index of a website page on the Internet) containing information about the activities of the individual entrepreneur, including but not limited to the official one, as well as the services provided and / or the sale of goods.

<sup>2</sup> visa, migration card, residence permit, etc.

	PEP position: _____ PEP's employer name and address _____
Telephone	Email:
Document confirming the right to stay on the territory of the Russian Federation <sup>3</sup> (indicated when staying on the territory of the Russian Federation).	Type of document: Series (if any) and number: Start date of stay: End date of stay:

### 3. LICENSE DETAILS

LICENSE NO.	ISSUE DATE	EXPIRY DATE	SEGMENTS-ACTIVITIES	NAME OF THE LICENSING AUTHORITY

Individual entrepreneur's activities are not subject of the license.

### 4. ATTORNEY (IF APPLICABLE )

First name(s)			
Surname			
Street	build.	Zip code	City/town
Country			
Date of birth		Place of birth	
Proof of identity ( <i>passport</i> )			
Type of document		Document №	
Date issued		Valid till	
Issued by (also division code - if any)			
Citizenship			
Telephone		Email:	
Document confirming the right to stay on the territory of the Russian Federation <sup>4</sup> (indicated when staying on the territory of the Russian Federation).		Type of document: Series (if any) and number: Start date of stay: End date of stay:	
Information about the powers of the attorney		Type of document: Document Number: Date of issue of the document: Validity:	

<sup>3</sup> visa, migration card, residence permit or etc.

<sup>4</sup> visa, migration card, residence permit, etc.