|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUESTIONNAIRE FOR AUTHORIZED REPRESENTATIVE – LEGAL ENTITY**  ***(including non-residents*, foreign structures without the formation of a legal entity)**  ***PLEASE NOTE! According to paragraph 1.1. Chapter 1 of Regulation No. 444-P dated 12.12.2014., identification of a legal entity that is a representative of the client is carried out in the amount provided for clients - legal entities, with the exception of the information specified in subparagraphs 2.4-2.8 of paragraph 2 of Annex 2 to the Regulation.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Depositor:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNIT 1** | | | | **INFORMATION ON AUTHORIZED REPRESENTATIVE - LEGAL PERSON** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Operator** | | | | | | | |  | **Trustee** | | | | | | | | | | | | |  | | **Authorised representative** | | |
| **Document confirming the powers:** | | | | | Document name | | | | | | | | |  | | | | | | | | | | | | | |
| Document number | | | | | | | | |  | | | | | | | | | | | | | |
| Date of issue | | | | | | | | |  | | | | | | | | | | | | | |
| Validity period | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name** (*in accordance with the Articles of Association)***:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Abbreviated name** *(if available)* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Organizational and legal form** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Name of the company in foreign languages** *(if available)***:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **State of registration (country)** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Primary State Registration Number (PSRN)** | | | | | | Document type, PSRN number | | | | | | | | | | | | | |  | | | | | | | |
| Series and number of the document | | | | | | | | | | | | | |  | | | | | | | |
| Name of the registration authority | | | | | | | | | | | | | |  | | | | | | | |
| Date and place of registration | | | | | | | | | | | | | |  | | | | | | | |
| **Number of the record on accreditation of the branch, representative office of the foreign legal entity:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Registration number of the legal entity at the place of incorporation and registration** (for non-residents) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Location address:** *(legal address):* | | | | | | | | |  | | | | | |  | |  | | | | | | | | | | |
| *Postal code* | | | | | |  | | *Address* | | | | | | | | | | |
| **Actual address** | | | | | | | | |  | | | | | |  | |  | | | | | | | | | | |
| *Postal code* | | | | | |  | | *Address* | | | | | | | | | | |
| **Postal address (for correspondence):** | | | | | | | | |  | | | | | |  | |  | | | | | | | | | | |
| *Postal code* | | | | | |  | | *Address* | | | | | | | | | | |
| **Information on the license for the right to carry out activities subject to licensing** | | | | | | | License type | | | | | | | | | | | | | |  | | | | | | |
| License No. | | | | | | | | | | | | | |  | | | | | | |
| Date of issue of the license | | | | | | | | | | | | | |  | | | | | | |
| Licensing authority | | | | | | | | | | | | | |  | | | | | | |
| Validity period | | | | | | | | | | | | | |  | | | | | | |
| List of licensed activities | | | | | | | | | | | | | |  | | | | | | |
| **Method of delivery of correspondence**  **(reports, statements, etc.):** | | | | | | | | | | |  | | through an authorized representative | | | | | | | | | | | | | | |
|  | | by post | | | | | | | | | | | | | | |
| **ITN / FCC** | | |  | | | | | | | | | | | | | | | | | | | **IEC** | | | |  | |
| **OKPO** | | |  | | | | | | | | | | | | | | | | | | | **OKVED** | | | |  | |
| **OKATO** | | |  | | | | | | | | | | | | | | | | | | | **BIC** | | | |  | |
| **Phone number(s), fax number** *(if available)* | | | | | |  | | | | | | | | | | | | | | | | **E-mail:** | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information on shareholders (members) owning more than 5% of shares (equity stakes) in the authorized capital** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **% of shares (equity stake)** | | | | **Full name** | | | | **State of registration (country)** | | | | | | | | **TIN (Taxpayer Identification Number)** (if available) **/ FCC (Foreign Company Code)** | | | | | | | | **ID document details / Primary State Registration Number (OGRN)** | | | |
|  | | | |  | | | |  | | | | | | | |  | | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | | |  | | | | | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Structure and membership of the management bodies of the legal entity** (in particular: Board of Directors, Supervisory Board, Collegial Executive Body, other) | | | |
| **Name of the management body** | **Full name** | **TIN (Taxpayer Identification Number)** *(if available)* **/ FCC (Foreign Company Code)** | **ID document details / Primary State Registration Number (OGRN)** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **INFORMATION ON THE AUTHORIZED REPRESENTATIVE - FOREIGN STRUCTURE WITHOUT THE FORMATION OF THE LEGAL ENTITY:** | | |
|  | | |
| **Registration number (numbers) assigned in the state (in the territory) of registration (incorporation):** | |  |
| **Code (codes) in the state (on the territory) of registration (incorporation) as a taxpayer (or equivalents thereof):** | |  |
| **Location of main activities:** |  | |
|  | | |
| **Structure of the property (assets) under management (in ownership)** *(to be completed for trusts and other unincorporated foreign institutions with similar structure or function):* | | |
|  | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Information on the founders and the trustee (manager)** *(to be completed for trusts and other unincorporated foreign institutions with similar structure or function)***:** | | |
| **Status** | **Surname, name, patronymic** *(if patronymic available)* **/ Business name** | **Address of residence**  **(location)** |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION ON THE PERSON PERFORMING THE FUNCTIONS OF THE SOLE EXECUTIVE BODY, ACTING UNDER THE ARTICLES OF ASSOCIATION OR ANY OTHER AUTHORITY:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Surname, name, patronymic** *(if patronymic available)* | | | | | |  | | | | | | | | | | |
| **Position** | | | | | |  | | | | | | | | | | |
| **Source of authority** | | | | | |  | | | | | | | | | | |
| **Identification document** | | | | | | Document type, series, number | | | | |  | | | | | |
| Document issuer, subdivision code | | | | |  | | | | | |
| Date of issue | | | |  | | | | | | |
| **Phone number** | | | | | |  | | | | | | **E-mail:** | | |  | |
| **,** | | | | | | | | | | | | | | | | |
| **UNIT 2** | | | | | | **INFORMATION ON THE BENEFICIARIES OF THE AUTHORIZED REPRESENTATIVE - LEGAL ENTITY** | | | | | | | | | | | |
| Beneficiary is a person to whose benefit the depositor acts, including based on the agency agreement, engagement agreements, commission agreement, and trust agreement, when committing transactions with funds and other property | | | | | | | | | | | | | | | | | |
| **Information on beneficiaries** **SHALL NOT BE SUBMITTED in the following cases**  *(check whichever applies)*: | | | | | | | | | | | | | | | | | |
|  | | | | If the legal entity is an institution committing transactions with funds or other property referred to in [Article 5](consultantplus://offline/ref=559A53099790BF66BA8EE6C79FEE63714AEC69AC4BA82EA3A3064A94A53D5A3622AFE4FAAAA013A4xE5FI) of the Federal Law (institutions committing transactions with funds or other property), and beneficiaries are the clients of such legal entity. | | | | | | | | | | | | | |
|  | | | | If the legal entity or its beneficiaries are the governmental authorities of the Russian Federation, governmental authorities of a constituent entity of the Russian Federation, local self-governing authorities, governmental authorities of a foreign state, the Bank of Russia. | | | | | | | | | | | | | |
|  | | | | **There are no beneficiaries**  *(the institution makes all transactions and payments to its own benefit and for its own account)*  *(Unit 2 shall be left blank)* | | | | | | | | | | | | | |
|  | | | | | **There are beneficiaries**  *The company operates, inter alia, based on:* | | |  | surety agreements | | | | |  | trust agreements | | |
|  | commission agreements | | | | |  | agency agreements | | |
|  | | other civil contracts in favor of third parties *(please specify)*: | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **!** | | | ***If there is a mark in the line “There are beneficiaries”, this Unit shall be completed,***  ***If there are several beneficiaries, the information shall be provided in respect of each beneficiary*** | | | | | | | | | | | | | | **!** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section № 2.1** | | | **Information on the beneficiary**  ***(to be completed in respect of natural persons)*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | *Resident of the Russian Federation* | | | | |  | | | *Non-resident of the Russian Federation* | | | | |  | *Resident of the special economic zone***[[1]](#footnote-1)\*** | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **The beneficiary is registered or carries out activities in the state or in the territory that grants preferential tax treatment and (or) not providing for disclosure of the information when committing financial transactions (in the offshore jurisdiction):** | | | | | | | | | | | | | | | | | | | |
|  | **YES** | | | | | |  | | | **NO** | | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Surname, name, patronymic** *(if patronymic available)* | | | | | | | |  | | | | | | | | | | | |
| **Nationality/stateless** | | | | | |  | | | | | | | | **TIN (Taxpayer Identification Number)** *(if available)* | | |  | |
| **Place of birth** | | | | | |  | | | | | | | | **Date of birth** | | |  | |
| **Identification document** | | | | | | Document type, series *(if available)*, number | | | | | | | |  | | | | |
| Document issuer, subdivision code *(if available)* | | | | | | | |  | | | | |
| Date of issue | | | | | |  | | | | | | |
| **Migration card/a document confirming the right to stay (accommodation) in Russia** | | | | | | Series *(if available)* and number | | | | | | |  | | | | | | |
| Start date of the period of stay/the term of the stay authorization | | | | | | | | | | | |  | |
| End date of the period of stay/the term of the stay authorization | | | | | | | | | | | |  | |
| **Address of the place of residence:** | | | | | |  | | |  | |  | | | | | | | |
| *Postal code* | | |  | | *Address* | | | | | | | |
| **Address of residence/stay** | | | | | |  | | |  | |  | | | | | | | |
| *Postal code* | | |  | | *Address* | | | | | | | |
| **Phone number(s), fax number** *(if available)* | | | | | |  | | | | | | | | | | | | |
| **Relevance of the beneficiary to the categories of persons** | | | |  | Is a foreign public official (FPO) \*/wife (husband), close relative | | | | | | | | | | | | | | |
|  | Is a public international organization official (PIOO) \* | | | | | | | | | | | | | | |
|  | Is the Russian public official (RPO) \* | | | | | | | | | | | | | | |
| ***\* – see definition of the specified term in Unit 3 of this Questionnaire***  ***In case of affirmative answer, Unit 3 of this Questionnaire must be completed in respect of beneficiaries (natural persons) and submitted to the Depository*** | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section № 2.2** | | | **Information on the beneficiary *(to be completed in respect of legal entities (including non-residents), unincorporated foreign institutions)*** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | *Resident of the Russian Federation* | | | |  | | | *Non-resident of the Russian Federation* | | | | | |  | | *Resident of the special economic zone* | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Availability of the state-owned equity stake in the authorized capital of the beneficiary:** | | | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **The beneficiary is registered or carries out activities in the state or in the territory that grants preferential tax treatment and (or) not providing for disclosure of the information when committing financial transactions (in the offshore jurisdiction)** | | | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **Beneficiary is a participant of the federal target programs or national-level projects:** | | | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Full name** *(in accordance with the Articles of Association)* | | | | | | | | | | |  | | | | | | | | | | |
| **Name of the company in foreign languages** *(if available)***:** | | | | | | | | | | | | |  | | | | | | | | |
| **Abbreviated name:** | | | |  | | | | | | | | | | | | | | | | | |
| **Form of Incorporation:** | | | |  | | | | | | | | | | | | | | | | | |
| **Location address:** | | | |  | | |  | |  | | | | | | | | | | | | |
| *Postal code* | | |  | | *Address* | | | | | | | | | | | | |
| **Place of the state registration (location)** | | | | | | | | | |  | | | | | | | | | | | |
| **Primary State Registration Number (OGRN)** | | | | | | | | | | | |  | | | | | | | | | |
| **Number of the record on accreditation of the branch, representative office of the foreign legal entity** | | | | | | | | | | | | | | | | |  | | | | |
| **Registration number of the legal entity at the place of incorporation and registration** *(for non-residents)* | | | | | | | | | | | | | | | | |  | | | | |
| **INN** | |  | | | | **OKATO** *(if available)* | | | | | | | | |  | | | | | | |
| **FCC** | |  | | | | **BIC** *(for credit institutions)* | | | | | | | | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional information on the beneficiary**  ***- unincorporated foreign institution:*** | | | | |
|  | | | | |
| **Registration number (numbers) assigned in the state (territory) of registration (incorporation):** | | |  | |
| **Code (codes) in the state (territory) of registration (incorporation) as the taxpayer (or equivalents thereof):** | | |  | |
| **Location of main activities:** | |  | | |
|  | | | | |
| **Structure of the property (assets) under management (in ownership)** *(to be completed for trusts and other unincorporated foreign institutions with similar structure or function):* | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Information on the founders and the trustee (manager)** *(to be completed for trusts and other unincorporated foreign institutions with similar structure or function)***:** | | | | |
| **Status** | **Surname, name, patronymic** *(if patronymic available)* **/ Business name** | | | **Address of residence**  **(location)** |
|  |  | | |  |
|  |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNIT 3** | | | **INFORMATION ON BENEFICIARIES BEING FOREIGN PUBLIC OFFICIALS (FPO) (THEIR SPOUSES AND CLOSE RELATIVES), PUBLIC INTERNATIONAL ORGANIZATION OFFICIALS (PIOO), RUSSIAN PUBLIC OFFICIALS (RPO)** | | | | | | | | | | | | | | | | | | |
| ***Unit 3 shall be completed*** ***only***  ***in case of affirmative answer on the above-mentioned persons relevance to one of the categories - FPO, RPO, PIOO, or their spouses and close relatives.*** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Foreign public official (FPO)** is any person to be appointed or elected and holding this position in a legislative, executive, administrative or judicial authority of a foreign state, and any person who performs a public function for a foreign state, including for a public agency or a public enterprise. | | | | | | | | | | | | | | | | | | | | | |
| **Public international organization official (PIOO)** isan international civil officer or a natural person - official who performs a public function for a foreign public authority or a government-owned enterprise on their behalf. | | | | | | | | | | | | | | | | | | | | | |
| **Russian public official (RPO)** isaperson filling (holding) a public office of the Russian Federation, a position of the member of the Board of Directors of the Central Bank of the Russian Federation, a position in the federal state service appointment to and dismissal from which is carried out by the President of the Russian Federation or the Government of the Russian Federation, a position in the Central Bank of the Russian Federation, in the state corporation and other organization established by the Russian Federation on the basis of federal laws, and included in the list of positions which list is subject to determination by the President of the Russian Federation. | | | | | | | | | | | | | | | | | | | | | |
| **Surname, name, patronymic of the person related to one of the categories - FPO, RPO, PIOO** | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | **Specify relevance of the specified person to FPOs holding the positions listed below:** | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **If YES, tick the appropriate fields:** | | | | | | | | | | | | |  |  | | | | | | | |
|  | Heads of the states or governments (regardless of the form of government) | | | | | | | | | | | | | | | | | | | | |
|  | Ministers, their alternates and assistants | | | | | | | | | | | | | | | | | | | | |
|  | Officials holding positions in judicial authorities, final judicial authorities (Supreme Court, Constitutional Court) | | | | | | | | | | | | | | | | | | | | |
|  | Senior government officials | | | | | | | | | | | | | | | | | | | | |
|  | Public Prosecutor and his/her deputies | | | | | | | | | | | | | | | | | | | | |
|  | Senior military officials | | | | | | | | | | | | | | | | | | | | |
|  | Heads and members of the Boards of Directors of national banks | | | | | | | | | | | | | | | | | | | | |
|  | Leaders of legally registered political parties, movements, and their alternates | | | | | | | | | | | | | | | | | | | | |
|  | Heads of state corporations | | | | | | | | | | | | | | | | | | | | |
|  | Heads of religious organizations (performing governmental administrative functions) and their alternates | | | | | | | | | | | | | | | | | | | | |
|  | Ambassadors | | | | | | | | | | | | | | | | | | | | |
|  | Other *(specify the position / title / rank / office)*: | | | | | | | | | | | | | | | | | | | | |
| **Position** | | | | | | | |  | | | | | | | | | | | | | |
| **Name of the employer** | | | | | | | |  | | | | | | | | | | | | | |
| **Address of the employer** | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **2.** | | **Specify the main sources of income of the person related to FPO:** | | | | | | | | | | | | | | | | | | | |
|  | | Income from the primary place of employment, including income from secondary employment | | | | | | | | | |  | | | Income from securities and participating interests in commercial organizations | | | | | | |
|  | | Pension | | | | | | | | | |  | | | Personal savings | | | | | | |
|  | | Income from deposits | | | | | | | | | |  | | | Inherited assets | | | | | | |
|  | | Other income *(specify below the type of income)*: | | | | | | | | | |  | | | Income from entrepreneurial activities | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | **Specify whether there is a kinship with a person holding the positions referred to in Paragraph 1?** | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **If YES, please fill in the following fields:** | | | | | | | | | | | | |  |  | | | | | | | |
| **Surname, name, patronymic of the related person** | | | | | | | | | |  | | | | | | | | | | | |
| **His/her position** | | | | | | |  | | | | | | | | | | | | | | |
| **Name of the company where he/she works** | | | | | | | | |  | | | | | | | | | | | | |
| **Degree of kinship** | | | |  | Husband / wife | | | | | | | | | | |  | Grandson / granddaughter | | | | |
|  | Father / mother | | | | | | | | | | |  | Brother / sister (including half-blood) | | | | |
|  | Son / daughter | | | | | | | | | | |  | Stepfather / stepmother | | | | |
|  | Grandfather / grandmother | | | | | | | | | | |  | Stepson / stepdaughter | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | **Specify relevance to PIOOs holding the positions listed below:** | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **If YES, tick the appropriate fields:** | | | | | | | | | | | | |  |  | | | | | | | |
|  | | Heads, Deputy Heads of international organizations (UN, OECD, OPEC, the Olympic Committee, the World Bank, etc.), members of the European Parliament | | | | | | | | | | | | | | | | | | | |
|  | | Heads and members of international judicial institutions (the Human Rights Court, the Hague Tribunal, etc.) | | | | | | | | | | | | | | | | | | | |
|  | | Other *(specify in the table below the position / title / rank / office)*: | | | | | | | | | | | | | | | | | | | |
| **Position** | | | | | |  | | | | | | | | | | | | | | | |
| **Name of the company where he/she works** | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | **Specify relevance to RPOs holding the positions listed below:** | | | | | | | | | | | | | | | |  | **YES** |  | **NO** |
| **If YES, tick the appropriate fields:** | | | | | | | | | | | | |  |  | | | | | | | |
|  | Public offices of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Positions of members of the Board of Directors of the Central Bank of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Positions in the federal state service appointment to and dismissal from which is carried out by the President of the Russian Federation and the Government of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Positions in the Central Bank of the Russian Federation included in the lists of positions that are subject to determination by the President of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Positions in the state corporations established by the Russian Federation on the basis of federal laws and included in the lists of positions that are subject to determination by the President of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Positions in other organizations established by the Russian Federation on the basis of federal laws and included in the lists of positions that are subject to determination by the President of the Russian Federation | | | | | | | | | | | | | | | | | | | | |
|  | Other *(specify the position / title / rank / office)*: | | | | | | | | | | | | | | | | | | | | |
| **Position** | | | | | |  | | | | | | | | | | | | | | | |
| **Name of the company where he/she works** | | | | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I hereby confirm accuracy of all the information specified in this Appendix.**  **I UNDERTAKE TO NOTIFY SDC Sirius, LLC on any amendments made to the specified information according to the procedure established by the current legislation of the Russian Federation, as well as to update/confirm the identification information at least once a year.**  **PLEASE NOTE! In case of non-receipt of the information so amended, SDC Sirius, LLC reserves the right to consider that no amendments and supplements have been made to the information and documents previously submitted.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname, name, patronymic** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Position** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Powers granted by** | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  |  | | | | | | | | | | | | | | | | |
| **Signature of the depositor/authorized representative** | | | | | | | | | |  | | **Filled in on (date):** | | | | | | | | | | | | |
|  |  | | | | | |  |  | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  | |  | |  |  | | | | | | | | | |  |
|  |  |  |  | **L.S.** | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |

1. \*Data shall be specified in respect of individual entrepreneur [↑](#footnote-ref-1)