**QUESTIONNAIRE**

**for Customers - legal entities, foreign entities without legal personality for the purpose of implementing the requirements of FATCA Law**

**Dear Customer!**

In order to carry out your self-certification in accordance with the requirements of the Federal Law from 28.06.2014 № 173-FZ «On peculiarities of financial transactions with foreign citizens and legal entities, on introduction of amendments to the Code of the Russian Federation on Administrative Offences and on annulment of certain provisions of legislative acts of the Russian Federation», The U.S. Law «Foreign Account Tax Compliance Act/FATCA» you need to fill out this form. All items must be completed in order in this form, unless otherwise indicated in the comments on the items.

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| Name of the company: |
| TIN/The taxpayer’s identification number |  |

**PART 1: TYPE OF THE COMPANY ACTIVITY**

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| 1. Indicate if your company is licensed (or authorized) to engage in any of the following activities:[ ]  depository activities [ ]  specialized depository[ ]  brokering[ ]  securities management [ ]  management of investment funds, unit investment funds and non-governmental pension fund [ ]  non-governmental pension fund[ ]  life insurance[ ]  clearing activity[ ]  dealer activity[ ]  none of the above licences2. If you have at least 1 of the licenses listed in Question 1, please indicate whether your organization is operating under the license granted:[ ]  YES, the organization carries out its activities in accordance with a issued license[ ]  NO, the organization does not carry out its activities in accordance with a license issued Go to Question 3. |

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| 2. Is your organization a financial institution for FATCA purposes?Please read carefully the description of the organizations that are classified as financial institutions for FATCA purposes in the Appendix to this form. If you have any questions regarding the classification of your organisation, please contact the legal department of your organisation.[ ]  **NO**[ ]  **YES**:Indicate type of financial institution:[ ]  Banking institution (including a microfinance institution)[ ]  Depository institution [ ]  Investment company[ ]  Holding company[ ]  Treasury Center[ ]  Insurance institutionIf the answer to the question is "NO", go to the PART 3 of this form. If the answer to the question is "YES", go to the PART 2 of this form.  |

**PART 2: FINANCIAL ACTIVITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Indicate if your organization has a Global Intermediary Identification Number (GIIN) for the purpose of FATCA: [ ]  **YES**1. Indicate the number of GIIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For sponsored financial institutions, please indicate sponsor’s GIIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the status of the organization for FATCA:1. [ ]  Participating FFI (foreign financial institutions) not covered by IGA;2. [ ]  Reporting Model 1 FFI 3. [ ]  Reporting Model 2 FFI;4. [ ]  Registered deemed compliant FFI;5. [ ]  Sponsored Investment Entity.Indicate the name of the organization in English on the FATCA registration form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Sponsored Investment Entity indicate the name of the sponsoring organization in English on the FATCA registration form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Indicate FATCA Responsible officer data and Point of Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Position | Contact telephone and fax numbers  | E-mail |
|  |  |  |  |
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| [ ]  NO, indicate a reason:6. [ ]  Non-participating FFI7. [ ]  The organization is a financial institution (FI) and is exempt from FATCA (Exempt beneficial owner)8. [ ]  The organization is a FI and registered, GIIN has been requested and will be provided to the Bank within 90 days9. [ ]  U.S. FI10. [ ]  The organization is a certified conditionally participating FI, indicate the type:

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| --- | --- | --- | --- |
| [ ]  | Nonregistering Local Bank | [ ]  | Sponsored, Closely Held Investment Vehicle |
| [ ]  | FFI with only Low-value Accounts | [ ]  | Limited Life Debt Investment Entity |
| [ ]  | Investment advisors and managers |

Go to the PART 5 of this form. |

**PART 3: USA RELATED INDICATORS**

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| 1. Is the country of registration/institution of your organization the U.S. territory? | [ ]  **YES** [ ]  **NO** |
| If the answer to the question 1 is "NO", go to the PART 4 of this form. If the answer to the question 1 is "YES", answer the question 2 below: |
| 2. Indicate relates to your organization to the category of legal entities excluded from designated U.S. tax residents (The list is given in the Appendix)? | [ ]  **YES,** the organization is excluded from specially specified U.S. tax residents (indicate category):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  **NO,** the organization is excluded from specially specified US tax residents (Specified U.S. Person) indicate EIN of organization (if available) (EIN - Employer Identification Number for the U.S. legal entities)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the organization in English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Go to the the PART 5 of this form. |

**PART 4. OTHER**

1. Indicate the type of your organization. Please ensure that you carefully read the descriptions of the different types of organisation. If you have any questions related to the classification of your organization, please contact the legal service of your organization.

[ ]  The Central Bank, state institution, government department and agency, international organization and organization which is 100% owned by the specified persons. Go to the PART 5 of this form.

[ ]  An organization which shares are traded on an organized securities market (see definition in the Appendix). Go to the PART 5 of this form.

[ ]  Non-profit organization satisfied the requirements specified in the Appendix. Go to the PART 5 of this form.

[ ]  Other. Go to the question 2 below:

2. Indicate if one of the following persons is a member of the controlling persons (beneficiaries) of your organization which directly or indirectly owns more than 10% of the share in the (see Appendix for the procedure for determining the share of indirect ownership):

* Specified U.S. Person (see definition in the Appendix);
* Legal entities registered/instituted in the United States that are not specifically tax residents of the United States (Specified U.S. Person) (The list is given in the Appendix).

[ ]  **YES**. Go to the question 3 below.

[ ]  **NO**. Go to the PART 5 of this form.

3. Indicate whether the following income ("passive income") exceeds 50% (individually or in aggregate) of your organization's total income for the previous year, and whether assets generating such income exceed 50%, individually or in aggregate, of your organization's weighted average assets (at the end of the quarter):

* Dividends;
* Interest ;
* Income received from the insurance contract pool, provided that the amounts received depend entirely or partially on the profitability of the pool;
* Rent and royalties (excluding rent and royalties received in the course of active operations);
* Annuities;
* Profit from the sale or exchange of property that generates one of the abovementioned types of income;
* Profit from transactions in exchange commodities (including futures, forwards and similar transactions), except for transactions that are hedged, provided that transactions in such commodities are the main activity of your organization;
* Profit from foreign currency transactions (foreign exchange gains and losses);
* Contracts which value is linked to the underlying asset (par value), e.g. derivatives (foreign exchange swap, interest rate swap, options, etc.);
* Redemption amount under the insurance contract or the loan amount secured by the insurance contract;
* Amounts received by the insurance company from reserves for insurance activities and annuities.

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| [ ]  **YES**, these types of income/assets (individually or in aggregate) are **more than 50%**. *If you answered «Yes», go to the question 4 below.* | [ ]  **NO**, these types of income (individually or in aggregate) are **less than 50%** of the total income of the organization for the previous year. Go to the PART 5 of this form. |

4. Does your organization independently provide information about supervisors to the U.S. Internal Revenue Service (IRS) as a «Direct Reporting NFFE»:

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| --- | --- |
| [ ]  **YES**, indicate GIIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Go to the PART 5 of this form. | [ ]  NoIf you answered «No» go to the question 5 below. |

5. Provide the following information about each controller (beneficiary) of your organization as indicate in paragraph 2 of the PART 4. After you fill out PART 5, please go to tht PART 5 of this form:

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| --- |
| Name of the organization in English:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/surname, first name and (if any) patronymic (father’s name) in English according to identity documents issued by U.S. official bodies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN/ITIN/EIN№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_«SSN» - U.S. Citizen Social Security Number. If an individual is not assigned a social security number, it is necessary to specify «ITIN» (U.S. Individual Taxpayer Identification Number). |
| Address of residence/registration (Street, a number of the house, buildings, room/apartment/office):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | Region/Area/State: |
| Country (please indicate post index): |  |
| 5а) Indicate if the controller has the citizenship of a foreign country (other than the Customs Union countries) in addition to the Russian Federation. А) [ ]  yes, indicate the name foreign country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provide a copy of your passport  B) [ ]  no C) [ ]  not applicable, the controller is not a Russian citizen  |

**PART 5. CONFIRMATION AND SIGNATURE**

I confirm that the information in the Application is complete and correct.

I understand that I am responsible for providing false and incomplete information in accordance with a law.

I undertake to provide to the Bank with information on any changes to the information contained as part of this FATCA questionnaire within 30 days from the date of the change.

I confirm that the organization is fully compliant with the requirements under U.S. law for FATCA status as specified in Part 2 of this form..

I confirm that the PJSCB "Derzhava" can use this form to make a decision on the need for reporting and deduction taxes in accordance with Chapter 4 of the U.S. Tax Code.

I give my consent to the PJSCB "Derzhava" to provide the U.S. Internal Revenue Service (IRS)/person performing the functions of a tax agent under the FATCA legislation with the data on the organization necessary for filling in the reporting forms established by the U.S. Internal Revenue Service (IRS) and for deduction taxes under Chapter 4 of the U.S. Tax Code.

I confirm that I received the consent from the controllers (beneficiaries) of the organization to provide the PJSCB "Derzhava" to the U.S. Internal Revenue Service (IRS) of the data required to complete the reporting forms established by the U.S. Taxation Authority (IRS).

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(CEO/DirectorFull name Full name/ (signature)

Authorized person)

Stamp (if available)

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 (date in DD.ММ.YYYY)