CLIENT QUESTIONNAIRE

Legal Person - resident



Dear company representative!

According to Estonian Money Laundering and Terrorist Financing Prevention Act of the Republic of Estonia and international legislation the Bank is obligated to collect information based on this questionnaire. The Bank ensures the confidentiality of Client's personal data, accounts, deposits and transactions in accordance with law.

Company's	basic information		
1. Name of th	e company:		
2. Registration	n code:	3. LEI code:	(for legal persons who have the right to provide investment services
4. Legal form	(e.g. Ltd., JSC):		(tot legal persons who have the right to provide investment services
5. Date of reg	istration:		
6. Legal addre	ess:		
	(street, house/block N	No., apartment No., district, city or town (d	county, parish), zip code, country)
Company c	ontact data		
7. Actual addı	ress (if different from legal	address, p. 6)	
	(street, house/block N	No., apartment No., district, city or town (c	county, parish), zip code, country)
8. Postal addr	ress (if different from legal	address, p. 6)	
9. Telephones		No., apartment No., district, city or town (d	county, parish), zip code, country)
Office:	Country code	Number	
Mobile:	Country code		
Company re	epresentative (que	estionnaire filler)	
11. Name and	surname:		
	•		
13. Residentia	l address:		
	(street, house/blo	ck No., apartment No., city or town (coun	ty, parish), zip code, country)
14. Telephone	2S		
Work:	Country code	Number	
Home:	Country code	Number	
Mobile:	Country code	Number	
15. E-mail:		Skype	5.
Which bank	king services/prod	lucts do you plan to use?	
☐ Current ac	counts□Bank guarantees	☐ Payment cards ☐ Safety bo	oxes 🗆 Deposits 🗆 Securities accounts
☐ Loan or lea	asing 🗆 Currency transac	tions 🗌 Online banking 🗌 Letters o	f credit 🗌 Factoring 🔲 Precious metal transactions
Other (plea	ase specify):		

Information on tax residence of the company

Tax residence means belonging to a country under legislation of which the Client is considered to be the tax resident of that country on the basis of location of the management of the Client, place of registration or foundation of the Client or any other criteria which, under the legislation of the country concerned, serves as the basis for considering the Client to be the tax resident of that country.

16.	Client's	country/	countries '	of residence	for tax	purposes:
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	Country	Taxpayer identification number
Pleas	se make a mark in the box if the company	is one of the following legal persons
17.	☐ Public authority or a company wholly owned by a public a	authority
18.	☐ Central bank	
19.	☐ Limited liability company whose shares are regularly trade	ed on regulated financial instruments market
20.	☐ Intergovernmental / international organisation which has Republic of Estonia and whose activity does not generate	
Com	pany representative confirmation regardi	ng the type of activity and owners
21. [Does the company provide any of the following services in the	he course of their business activity:
		nking or similar business activity; change, derivatives, certificates of deposit etc.), interest rate and ts, transferable securities, commodity futures which are traded or
	management of individual and/or collective portfolios perfo	
	other investments, management or administration of financinsurance of savings which quarantees the validity of li	cial assets on behalf of third persons; fe insurance upon accumulation of savings, including making
	investments on behalf of clients and the obligation of disbu	rsement of the capital accrued;
6)	custody of financial assets of third persons (in the case Clie of related financial services is at least 20% from the gross in	ent's gross income from the custody of such assets and provision ncome of the Client).
	21.1. No 21.2. Yes (submit form W8-BEN-E or GIIN-num	mber which certifies that the company fulfills FATCA requirements)
22.	Does the company have beneficial owners who are not tax r	esidents of the Republic of Estonia?
	interest, benefit or on whose behalf the transaction or act is performed. Where company shall be a natural person whose direct or indirect holding or the sum of	therwise control, has the ultimate controlling influence over the legal entity or in whose the beneficial owner cannot be identified as described above, the beneficial owner of a fall direct and indirect holdings in the company exceeds 25%, including holdings in beare onal participation in the company. Indirect participation means that a natural person has
	=	ne country concerned, for example on the basis of permanent residence, duration of stay ons or other criteria applied as a basis for taxation of income in the country concerned (e permit (green card) is considered to be the State's resident for tax purposes).
	22.1. No 22.2. Yes	
If "Y	es", specify the country where the beneficial owner is a tax residual.	dent.
	Name of the country	Name of the beneficial owner

Company's relation to Estonia Please fill in only if beneficiary owners are non-residents ☐ Members of the board have ☐ Estonian taxpayer ☐ Member of the management board is a resident e-residency ☐ Office, warehouse in Estonia ☐ Transport of goods through Estonia ☐ Provision of services in Estonia or targeted at Estonia ☐ Company has partners in Estonia ☐ Jobs created in Estonia ☐ Company has an owner / BO from Estonia ☐ Real Estate in Estonia (specify address) ☐ Other (please specify) Company's activity areas for which the relevant banking services will be used If the activity requires licence or authorisation, please specify: 23. Number of activity licence / authorisation: 24. Issuing authority: 25. Number of activity licence / authorisation: 26. Issuing authority: Short description of the company business activity in the course of which the relevant banking services will be used and payments will be made: Accounts in other banks No ☐ Yes (specify the banks and countries where you have opened accounts): Bank Country The actual activity period and number of employees of the company 27. Actual activity period of the company (years and months). 28. Number of employees:

 ☐ Internet advertising
 ☐ The press
 ☐ Recommendations by other people

 ☐ Social Networking
 ☐ Media
 ☐ Other (please specify):

Where did you hear about services of TBB bank AS?

Information on status of a Politically Exposed Person

Does the Client have a beneficial owner who is currently or has previously, during last 12 months, been a politically exposed person or a family member or a close associate of a politically exposed person?

Politically exposed person means a natural person who is or who has been entrusted in the Republic of Estonia or in a foreign country with prominent public functions including a head of State or head of government, minister and deputy or assistant minister, member of legislative body, member of a governing body of a political party, member of a supreme court, member of a court of auditors or member of the management or supervisory body of a central bank, an ambassador, a chargé d'affaires, high-ranking officer in the armed forces, member of the board of directors and administrative or supervisory body of a company controlled by the state, head of state administrative unit (local government, city), mayor, deputy mayor or chairman of council, the head of an international organization, a deputy head and a member of the governing body, or a person performing equivalent duties, who is not a middle or lower level official. A politically exposed person is also considered to be a person who, according to the list published by the European Commission, is considered to perform important public authority tasks by a Member State of the European Union, the European Commission or an international organization accredited in the European Union.

Family member of a politically exposed person means the spouse or a person considered to be equivalent to a spouse, a child and child's spouse or a person considered to be equivalent to a spouse, a parent of a politically exposed person.

A close associate of a politically exposed person is a natural person who is known to be the beneficial owner of a legal person or trust with a politically exposed person; he has a close business relationship with a politically exposed person; he is the beneficial owner of a legal person or trust established for the benefit of a politically exposed person.

29.		Yes (pleas	e fill o	ut the I	Beneficial	Owner	Questionnaire)	30. 🗌	No
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Place of business is only the country of registration:

31. Yes	32. No (specify country/countries where the activity is conducted):	
Branches, rep	resentative offices in other countries	
33. No	34. Yes (specify the actual address):	
	(street house/block No. apartment No. city or town (county parish) zin code country)	

Planned incoming payments (EUR)

35. Total incoming payments per month	

36. Number of transactions per month (fill out in the case the amount specified above is less than 100,000 EUR)

Please fill out the sections "Monthly transactions on accounts" and "Planned maximum amount of one transaction" in the following cases:

- the amount of planned incoming payments or cash turnover exceeds 100 000 euros
- the legal form of a legal entity is a foundation or a non-profit organization
- at least one beneficial owner of your company is non-resident
- the legal entity holding shares of your company has nominee shareholders or bearer shares
- the field of activity of your company is or transactions of your company is related to:
 - operation of gambling,
 - credit collection services,
 - real estate brokerage,
 - trade in precious metals or stones or jewel or artistic assets,
 - · ivory and protected species,
 - cultural artefacts and other items of archaeological, historical, cultural and religious importance or of rare scientific value,
 - trade in arms and ammunition or crude oil or tobacco products,
 - insurance services brokerage (outside EU),
 - financial services, provision of trust fund or business association services,
 - auditing or accounting services or consultation services in taxation,
 - provision of currency exchange service,
 - trade in luxury goods.

Planned incoming payments on bank accounts

	6 Pa/ 1110 011 13 a				
	37. Sources of payments:				
	38. Revenue from buyers of goods or service	s 39. Revenue from shareholding in other companies			
	40. 🗌 Investments in the companies of owners	41. 🗌 Re	epayment of granted loan	S	
	42. Other (please specify):				
	43. From which partners will the payments be r	eceived?			
	Name / title	Registration number	Country of registration	Target country of payments	
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
P	anned outgoing payments on bar 44. Purpose and regularity of payments 45. Payments for goods and services 47. Repayment of loans 49. Wages (specify the period):	46. □ Si 48. □ A	tatutory national paymen dministrative expenses		
	50. Investments (specify investment area)				
	51. Other (specify)				
	52. Which partners do you make payments to?				
	Name / title	Registration number	Country of registration	Target country of payments	
	1.				
	2.				
	3.				
	4.				
	5.				

Monthly transactions on accounts (EUR):

6. 7.

Transaction type	Quantity of transactions	Average turnover of transactions
53. Incoming payments		
54. Cash deposits		
55. Outgoing payments		
56. Cash withdrawals		
57. Card payments (payments for goods and services)		
58. Cash withdrawal by card		

Planned maximum amount of one transaction (EUR):

Transaction type		Amount (EUR)					
59. Cashless transaction, incl. payment	t cards						
60. Cash transaction							
ho did recommend to you	AS TBB bank?						
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I hereby confirm that the origin of fund:	s managed by the legal persor	n is lawful and its origin is:					
_	☐ loans	To law at and its origin is.					
	owner's, beneficiary owner	r's capital					
other (specify)							
I hereby confirm that:							
	tivities. I am aware of the liabili	the necessary information, and if necessary, documents about lity for breaching the obligations and I inform the Bank immediately					
☐ I give my consent to the Bank and	other companies belonging to	o the same group to send me offers for financing, newsletters and					
advertising materials about banking	g products.						
Additional information and remarks:							
Additional information and remarks:							
Name and surname of the representative	ve of the Client	Bank official accepting the questionnaire					
		(name and surname)					
Signature		Signature, stamp					
Date		Date					