

**Application
for the identification of customer and beneficial owner
(For individuals)**

Full name _____
Citizenship _____ **Date of birth** « ____ » _____
Place of birth _____ **TIN** _____

Identification document _____
 Series and number _____ Issued on « ____ » _____ Expires on « ____ » _____
 Issued by _____ ID of Unit _____
For non-residents: the title of an approved document that confirms the legitimacy of the natural person's temporary arrival in the Republic of Tajikistan. Please state the issuance and expiry date of the document.
 Issued on « ____ » _____ Expires on « ____ » _____
 No visa is required

Postal address (at the place of registration)
 Country _____ City _____
 Address _____ Phone number _____
 Cell phone _____ Email address _____

Address at the place of actual residence (if differs from the place of registration)
 Country _____ City _____
 Address _____ Phone number _____
 Cell phone _____ Email address _____

Information about the place of work or business activity:
 Country _____ Region _____
 City (district) _____ Address _____
 Phone number _____ Cell phone _____ Website _____

What type of business does the client do?

	Category		Category
<input type="checkbox"/>	Jewelry trade	<input type="checkbox"/>	Chartering / Shipment / Cargo Agency
<input type="checkbox"/>	Currency exchange / Courier service	<input type="checkbox"/>	Insurance / brokerage agency
<input type="checkbox"/>	Real estate agency	<input type="checkbox"/>	Religious Institution / Organization
<input type="checkbox"/>	Promoter of construction projects	<input type="checkbox"/>	Park / Organization of entertainment
<input type="checkbox"/>	Offshore Corporation	<input type="checkbox"/>	Car spare part trade
<input type="checkbox"/>	Politically Exposed Persons (domestic)	<input type="checkbox"/>	Tobacco and cigarette business
<input type="checkbox"/>	Foreign politically exposed persons	<input type="checkbox"/>	Primary trade in cars (new cars)
<input type="checkbox"/>	Trade in art / antiques	<input type="checkbox"/>	The owner of the store (retail)
<input type="checkbox"/>	The owner of the restaurant / bar / night club / hotel	<input type="checkbox"/>	Business Agency
<input type="checkbox"/>	Export / Import Agency	<input type="checkbox"/>	Small trade (Annual turnover of less than 5 million somoni)
<input type="checkbox"/>	Investor of funds (Monthly monetary investments more than 2 million somoni)	<input type="checkbox"/>	Individual entrepreneur
<input type="checkbox"/>	Stock Broker	<input type="checkbox"/>	Corporate client
<input type="checkbox"/>	Business for export of labor	<input type="checkbox"/>	Trade in construction equipment / materials
<input type="checkbox"/>	Operations in multiple locations	<input type="checkbox"/>	Trade in computer equipment / mobile phones
<input type="checkbox"/>	Producer agency / distribution of movies	<input type="checkbox"/>	Activity in the field of software
<input type="checkbox"/>	Arms Trade	<input type="checkbox"/>	Manufacture (except weapons)
<input type="checkbox"/>	Mobile Operator	<input type="checkbox"/>	Pensioner

<input type="checkbox"/>	Trade (Annual turnover of more than 10 million somoni)	<input type="checkbox"/>	Service
<input type="checkbox"/>	Tourist agency	<input type="checkbox"/>	Student
<input type="checkbox"/>	Transport operator	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Trade in cars (Refurbished machines / secondary market)	<input type="checkbox"/>	Farmer
<input type="checkbox"/>	Financial / Leasing company	<input type="checkbox"/>	Other _____

What is the net value / trade turnover of the Customer?

	Amount (in million somoni)
<input type="checkbox"/>	0 – 5
<input type="checkbox"/>	5 – 20
<input type="checkbox"/>	More than 20

Method of opening an account:

	Form
<input type="checkbox"/>	By a customer service officer / branch manager
<input type="checkbox"/>	By a direct sales agent
<input type="checkbox"/>	Via the Internet
<input type="checkbox"/>	Personal visit / on own initiative

Total expected amount of monthly transactions:

	in million somoni
<input type="checkbox"/>	0 – 5
<input type="checkbox"/>	5 – 20
<input type="checkbox"/>	More than 20

Expected total number of monthly transactions:

	Total
<input type="checkbox"/>	0 – 20
<input type="checkbox"/>	21 – 50
<input type="checkbox"/>	More than 50

Expected total amount of cash transactions:

	in millions of somoni
<input type="checkbox"/>	0 – 2
<input type="checkbox"/>	2 – 7
<input type="checkbox"/>	More than 7

Expected total number of monthly cash transactions:

	Number of cash transactions
<input type="checkbox"/>	0 – 5
<input type="checkbox"/>	6 – 10
<input type="checkbox"/>	More than 10

Availability of connection with CJSC "The First Microfinance Bank":

- No

- Yes

- Member of the Supervisory Board
- Executives – the Chief Executive Officer and his deputies, the Chief Accountant of the Bank as well as the Manager and the Chief Accountant of the Branches
- Managers of the structural units of the bank, who are responsible for the development of internal policies and procedures of the credit operations and members of the credit committees as well as Member of the Credit Committee
- member of the family of a connected person of the bank *

* Family members of the connected person of the bank: - wife (husband), children, parents, brothers, sisters;

Are you politically Exposed persons? No - Yes

<input type="checkbox"/> - Heads of State or Government	<input type="checkbox"/> - leaders and figures of political parties
<input type="checkbox"/> - High-ranking politicians	<input type="checkbox"/> - leaders and figures of religious associations
<input type="checkbox"/> - High-ranking government officials	<input type="checkbox"/> - persons who are entrusted with important state functions
<input type="checkbox"/> - High-ranking officials of the Courts	<input type="checkbox"/> - officials of international organizations
<input type="checkbox"/> - High-ranking officials of the armed forces	<input type="checkbox"/> - Heads of the governmental owned organizations
<input type="checkbox"/> - High-ranking law enforcement officials	<input type="checkbox"/> persons who carried out activities in these positions
<input type="checkbox"/> - High-ranking officials of fiscal bodies	<input type="checkbox"/> - family members (close relatives) of such persons

For information: Close relatives - the wife (husband), children, father, mother, brothers, sister, as well as the father, mother, brothers, sister and children of the wife (husband), matchmakers, as well as other persons living together and leading a common household with a person authorized to perform public functions, or an equivalent person, adopters and adopted persons) or on behalf of the mentioned persons in case they are on service with the Bank.

Do you have ultimate beneficiary - Yes - No

If yes, please provide full name of the ultimate beneficiary

Ultimate beneficiary is the individual on whose behalf you are conducting the transaction.

The main sources of income:

- salary at work consulting services remittances revenue gained from entrepreneurial activities
- Other sources of income. Name them.

Why did you chose CJSC “The First Microfinance Bank” to open an account with?

- the location of the Bank is favorable for the Company;
- service tariffs are satisfactory for the Company;
- the Bank has got a very good reputation;
- a very fast implementation of banking activities;
- other banks denied our request in opening a bank account.

Client’s signature _____ date « ____ » _____ 20 ____

Bank notes (to be filled in by the Bank's employees):

Information on the degree (level) of risk <input type="checkbox"/> - High <input type="checkbox"/> - Low _____
Account Name: _____ Account type: _____ Account number or serial number: _____ Was the address of the account holder checked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____ Has the manager's approval been received to open a bank account to a politically exposed person? <input type="checkbox"/> -Yes / <input type="checkbox"/> - No
Prepared by _____ (Full name) _____ (Signature) Approved by _____ (Full name) _____ (Signature) Date of completion « ____ » _____ 20 ____ Date of update « ____ » _____ 20 ____