



The First MicroFinanceBank

АВВАЛИН БОНКИ МОЛИЯВИИ ХУРД

To Branch Manager in _____

Request (for legal entity)

(Applicant's name as per the state registration document)

Kindly request you to open the following accounts in accordance to the confirmed order:

Demand deposit / current	TJS	<input type="checkbox"/>	USD	<input type="checkbox"/>	EUR	<input type="checkbox"/>	RUR	<input type="checkbox"/>
Term Deposit <i>term (days)</i>	TJS	<input type="checkbox"/>	USD	<input type="checkbox"/>	EUR	<input type="checkbox"/>	RUR	<input type="checkbox"/>

Client General Information

Date of registration: _____	Country of registration: _____	(For US companies FATCA info is required)
Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>		
For Non-resident, please specify the reason of opening an account _____		

Keyword (used to identify the account holder).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Please kindly connect me to SMS Notification service. I will notify the Bank immediately in written in case my phone number has been changed.

Mobile Phone Number for SMS Notification: code of the country _____ Number _____

I have read, understood the rules, terms, conditions and tariffs of the CJSC "The First Microfinance Bank" and agree to perform them.

Applicant signature

--

Date ____/____/____y.

----- Bank's notes -----

	Position	Name and surname	Signature
Application received by			
Accounts opened by			
Verified by	Head of customer service unit or Accountant		
Approved by	Branch Manager		

Accounts numbers

Stamp	

**Application
for the identification of customer and beneficial owner
(for legal entities)**

Customer full name _____	
Short name _____	
Information on state registration: No. _____ Date «____» _____	
Name of registration authority _____	
Place of registration: _____	
Postal address of the organization: Country _____	
Postcode _____	Region _____ City(district) _____
Address _____	
Phone number _____	Email address _____
Website _____	
Address (If the actual address does not match the registration):	
Country _____	Postcode _____ Region _____
City(district) _____	Address _____
Phone number _____	Email address _____
Organizational and legal form of a legal entity	
<input type="checkbox"/> Closed Joint-Stock Company (CJSC)	<input type="checkbox"/> Trust partnership
<input type="checkbox"/> Open Joint Stock Company (OJSC)	<input type="checkbox"/> Public association (religious organization)
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Institution
<input type="checkbox"/> Additional liability company (ALC)	<input type="checkbox"/> Foundation
<input type="checkbox"/> Cooperative firm	<input type="checkbox"/> Association of legal entities
<input type="checkbox"/> General partnership	<input type="checkbox"/> Other _____
Information on license availability:	
<input type="checkbox"/> - Yes If the answer is "Yes" please fill in the following form <input type="checkbox"/> - No	
Type of license _____	
Issuing date of license «____» _____	License number _____
License issued by _____	
License validity _____	
Type of activity:	
<input type="checkbox"/> Industry	<input type="checkbox"/> - Trade
<input type="checkbox"/> Agriculture	<input type="checkbox"/> - Construction
<input type="checkbox"/> Financial organization	<input type="checkbox"/> - Processing
<input type="checkbox"/> Communication	<input type="checkbox"/> - Consumer services
<input type="checkbox"/> Transport	<input type="checkbox"/> Other (with specification) _____
Income sources:	
<input type="checkbox"/> - income from operating activities	
<input type="checkbox"/> - other sources, specify which _____	
Authorized capital: _____ somoni	

Information about shareholders and beneficial owner:¹1. Information on 1st level participant:

1.1. Information about legal entity shareholders owning above 10% shares and having voting rights in your organization:

#	Name	Address	TIN	Country of registration	Share in capital
1					
2					
3					
4					

1.2. Information about individual person owning above 10% shares and having voting rights in your organization:

#	Name	Date of birth	National ID No or TIN	Citizenship	Share in capital	Is it Politically Exposed Person ² (yes / no)
1						
2						
3						
4						

2. Beneficial owners:

#	Name	Date of birth	National ID No or TIN	Citizenship	Share in capital	Is it Politically Exposed Person ³ (yes / no)
1						
2						
3						
4						

Information on the Board of Directors

#	Name	Date and place of Birth	Citizenship	National ID No or TIN

Information about Sole Executive Body (Head, General Director, Chairmen):

¹ Beneficial owner – means the individual or several individuals, who eventually possess the rights of ownership (25 % portion in capital) and actually control the client and/or the person, in whose interests the deal is implemented.

² **Politically exposed persons** - Heads of State or Government, government officials, high-ranking politicians, courts, armed forces, law enforcement and fiscal bodies, CEOs of the governmental owned organizations, leaders and figures of political parties and religious associations; officials of international organizations, persons who are entrusted with important state functions, persons who carried out activities in these positions, close relatives of such persons.

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.

Full name: _____
 Date and place of birth: _____ Citizenship: _____
 TIN: _____ Phone number: _____

What type of business does the client do?

Category		Category	
<input type="checkbox"/>	Jewelry trade	<input type="checkbox"/>	Trade in cars (Refurbished machines / secondary market)
<input type="checkbox"/>	Currency exchange / Courier service	<input type="checkbox"/>	Financial / Leasing company
<input type="checkbox"/>	Real estate agency	<input type="checkbox"/>	Chartering / Shipment / Cargo Agency
<input type="checkbox"/>	Promoter of construction projects	<input type="checkbox"/>	Insurance / brokerage agency
<input type="checkbox"/>	Offshore Corporation	<input type="checkbox"/>	Religious Institution / Organization
<input type="checkbox"/>	Politically Exposed Persons (domestic)	<input type="checkbox"/>	Park / Organization of entertainment
<input type="checkbox"/>	Foreign politically exposed persons	<input type="checkbox"/>	Car spare part trade
<input type="checkbox"/>	Trade in art / antiques	<input type="checkbox"/>	Tobacco and cigarette business
<input type="checkbox"/>	The owner of the restaurant / bar / night club / hotel	<input type="checkbox"/>	Primary trade in cars (new cars)
<input type="checkbox"/>	Export / Import Agency	<input type="checkbox"/>	The owner of the store (retail)
<input type="checkbox"/>	Investor of funds (Monthly monetary investments more than 2 million somoni)	<input type="checkbox"/>	Business Agency
<input type="checkbox"/>	Stock Broker	<input type="checkbox"/>	Small trade (Annual turnover of less than 5 million somoni)
<input type="checkbox"/>	Business for export of labor	<input type="checkbox"/>	Individual entrepreneur
<input type="checkbox"/>	Operations in multiple locations	<input type="checkbox"/>	Corporate client
<input type="checkbox"/>	Producer agency / distribution of movies	<input type="checkbox"/>	Trade in construction equipment / materials
<input type="checkbox"/>	Arms Trade	<input type="checkbox"/>	Trade in computer equipment / mobile phones
<input type="checkbox"/>	Mobile Operator	<input type="checkbox"/>	Activity in the field of software
<input type="checkbox"/>	Trade (Annual turnover of more than 10 million somoni)	<input type="checkbox"/>	Manufacture (except weapons)
<input type="checkbox"/>	Tourist agency	<input type="checkbox"/>	Farmer
<input type="checkbox"/>	Transport operator	<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:

Total amount (in million somoni)	
<input type="checkbox"/>	0 – 10
<input type="checkbox"/>	10 – 50
<input type="checkbox"/>	More than 50

Expected total number of monthly transactions:

Total	
<input type="checkbox"/>	0 – 100
<input type="checkbox"/>	101 – 250
<input type="checkbox"/>	More than 250

Expected total amount of cash transactions:

in millions of somoni	
<input type="checkbox"/>	0 – 10
<input type="checkbox"/>	10 – 25
<input type="checkbox"/>	More than 25

Expected total number of monthly cash transactions:

Number of cash transactions	
<input type="checkbox"/>	0 – 15
<input type="checkbox"/>	16 – 30
<input type="checkbox"/>	More than 30

Does the Company conduct any activities in favor of a third party (beneficiary) (or is it planning to do)

- No If - Yes, please give details about these activities: _____

Does the Company have any mutual settlement with companies which are registered in off-shore zones or countries that are under UN sanctions?

- No, If - Yes, Yes. Give details on which kind of mutual settlement of accounts you have _____

When and by which institute there was conducted audit of the Organization?

No audit conducted Audit report is available

Auditor name: _____

Date of last audit: _____

Total number of workers of the Company: _____

Is the Company a member of any Association or Alliance? No Yes.

Please state the name of the Association or Alliance in which the Company has a membership: _____

Does the Company export /import goods and products or render any services (or is it planning to do)? Yes No

Does the Company have bank account (s) with any other banks?

Yes No

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;
- Bank has got a very good reputation;
- a very fast implementation of banking activities;
- other banks denied our request in opening a bank account.

The signature of the Head of the Organization _____

Stamp

Date of completion «___» _____ 20__

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

Information on the degree (level) of risk

- High - Low

Account Name: _____

Account type: _____

Account number or serial number: _____

Was the address of the account holder checked? Yes No

If yes, how? _____

Has the manager's approval been received to open a bank account to a politically exposed person?

-Yes / - No

Prepared by _____ (Full name) _____ (Signature)

Approved by _____ (Full name) _____ (Signature)

Date of completion «___» _____ 20__

Date of update «___» _____ 20__