

## Questionnaire

### 1. Main information

Name, Surname	
Date of birth, place (country)	
Personal number, ID issuing country	
Legal address	
Actual address	
Telephone	
Mobile phone*	
Email address*	
Expected annual turnover	
In which currencies are you planning transactions	
Citizenship (in case of double citizenship indicate all countries)	
Organization where you work / connected to the business (detailed description)	
Specify the name of the bank (s) where you have an account opened	

\*filling this line is mandatory for access to online services.

### 2. Organization, company, any area of activity where you own 25% and more

Name of organization	Occupied position	Legal address	Your share	Identification Code

3. Introducer agent to IFSPAY (if applicable) \_\_\_\_\_

4. Are you a family member of a politically active person?

Yes     No

In case of a positive answer to the question, please indicate the identity, position and relation of the politically active person:

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- Spouse/wife
  - Mother/father
  - Son/daughter
  - Sister/brother

5. Are you or have being a person in a direct business relationship with a politically active person or are you holding or controlling a share of a legal entity or a right to vote, and have you a close business relationship with such a person?

Yes  No

In a case of a positive answer, please indicate the identity and position of the politically active person and your connection to politically active person:

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6. Whether you have a direct or indirect connection with legal or / and physical persons or your activities are related to these legal and / or physical persons or you act in the name of this legal and / or physical person who is indicated under the list of the OFAC (US State Treasury Department's Structural Unit), UN (United Nations), EU (Euro Union)?

Yes  No

In case of positive answer, please indicate the form of the mentioned relationship and the identity / name of such person:

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7. If the registration is provided on a base of an attorney, please fill out the data of the person with the power of attorney

Name, Surname	
Personal number	
Identity country	
Legal address	
Actual address	
Telephone	
Email address	
Date of birth, place (country)	
Citizenship (in case of double citizenship indicate all countries)	
Issuing date and validity of the attorney	
Country issuing the attorney	
Type of activity	

The foreign Account Tax Compliance Act is USA Law, that aims to provide USA citizen (USA citizens and USA residents, also those who live outside the USA) related to the financial accounts outside the USA, for FINCEN fulfillment of the obligation of annual declaration.



The Law requires from all non USA financial institution to provide records about identity and information about their assets who represents USA status and to deliver above required information to Treasury Department of USA.

**8. Are you a US citizen as a natural person? (Indicate whether you have double or more citizenship)?**

Yes     No

**Please indicate in case of a positive answer SSN/ITIN \***

- \* SSN- Social Security Number
- \* ITIN- Individual Taxpayer Identification Number

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**9. Do you have a permanent home address / postcode in the US?**

Yes     No

**Please indicate in case of a positive answer SSN/ITIN \***

- \* SSN- Social Security Number
- \* ITIN- Individual Taxpayer Identification Number

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**10. Do you have a contact phone number or fax number registered on the US territory?**

Yes     No

**Please indicate in case of a positive answer SSN/ITIN \***

- \* SSN- Social Security Number
- \* ITIN- Individual Taxpayer Identification Number

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**11. Are you making money transfers in the United States or the United States by making some money transfer?**

Yes     No

12. Do you have a trust or signature to a person who has a legal or actual address in the US?

Yes     No

Please indicate in case of a positive answer SSN/ITIN \*

- \* SSN- Social Security Number
- \* ITIN- Individual Taxpayer Identification Number

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In case the LTD “**International Financial Services**” has a reasonable doubt in the accuracy of the above-mentioned information, the Microfinance Organization has the right to refuse client registration. By signing this document, I confirm that I am responsible for the correctness and completeness of the completed questionnaire. I confirm that fulfilled information by me under this questionnaire is complete and meets the truth. In a case of any modification of the information filled under the questionnaire I am in charge immediately to inform LTD “**International Financial Services**” over about the changes.

Name, Surname of the authorized person: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_