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| **Identification Form of a depository (a foreign depository)** | |
| GENERAL INFORMATION | |
| Company`s Full Name |  |
| Company`s Short Name |  |
| Company`s Full Name in English |  |
| Organizational and legal form |  |
| Payer identification number of the depository or similar number of the non-resident depository assigned in the country of registration of this non-resident depositary for tax purposes | Payer account number:  Name of the tax authority at the place of registration of the depository:  Location of the tax authority: |
| Bank details | Bank BIC:  Name of the bank (its branches, if any):  Bank's PIN:  Bank account and alphabetic currency code: |
| Registration Number and State Registration Date (if any exist)  Name of the Registration Authority (if any exist) |  |
| Number, date of issue and validity period of the license to carry out depositary activities 1 |  |
| Location (Place of Residence) |  |
| Postal Address |  |
| Method of transferring primary and other depository documents (select the one you need) 2 | - e-flow of the securities market of the Republic of Belarus;  - SWIFT;  - another way (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Information | Phone #:  Fax #:  e-mail address: |
| Website address |  |
| Information about the head of the structural unit carrying out depository activities | Job title:  Last name, first name, patronymic (if any):  Contact phone number in international format:  e-mail address: |
| ADDITIONAL INFORMATION  ABOUT THE DEPOSITORY (FOREIGN DEPOSITARY) | |
| Structure of governing bodies  (select one) | * General Meeting of Shareholders * General meeting of participants * Supervisory Board * Board of Directors * Governing body * Sole executive body   Other (please, list) |
| Personnel of the governing body3 |  |
| Full Name of the Head4: | |
| * Job title |  |
| * Full name |  |
| * Citizenship |  |
| * Date and place of birth | Date (DD, MM, YYYY):  Place of birth: |
| * Place of permanent and (or) temporary residence |  |
| * Personal Identification Document Details\* |  |
| Full Name of the Person, exercising accounting control |  |
| Job title |  |
| Full name |  |
| Citizenship |  |
| Date and place of birth | Date (DD, MM, YYYY):  Place of birth: |
| Place of permanent and (or) temporary residence |  |
| Personal Identification Document Details\* |  |
| Data on the founders (participants, members) owning at least 10 percent of the shares (stakes in the authorized capital, shares) of the organization5 |  |
| Data on beneficial owners6 (surname, first name, patronymic (if available) |  |
| Size of the share in the authorized capital, shares of the organization |  |
| Information about financial position, business reputation |  |
| Information on the implementation by the depository of measures to combat the legalization (laundering) of proceeds from crime, including the identification of its clients 7 |  |
| Information about the official responsible for compliance with the internal control rules 8 |  |
| Business Activities |  |

1 - If the legislation of the state where the non-resident depository is registered does not provide for licensing of depository activities, the regulatory legal act is indicated in accordance with which the non-resident depository carries out depository activities

2 - Mandatory for non-resident depositories

3 - The name, payer identification number or similar number assigned in the country of registration for tax purposes and location (for legal entities) or surname, first name, patronymic (if any), place of residence or place of stay (for individuals)

4 - Information on the person authorized in accordance with the constituent documents to act on behalf of the depositary (depository-non-resident) is indicated.

5 – If a natural person acts as a founder (participant, member), the Identification Questionnaire of the depositor (client) – natural person is filled in for each.

In the event that a legal entity acts as a founder (participant, member), the Identification Questionnaire of the depositor (client) - organization is filled out for each, taking into account the amount of data that the client-organization has in relation to the founder (participant, member) and which uniquely identify founder (participant, member).

6 - For each beneficial owner - an individual, a completed questionnaire "Data on the beneficiary (beneficial owner) - an individual" must be attached.

If the beneficiary owner is not reliably identified, information about the person who performs the functions of the sole executive body of the depository (depository-non-resident), or the person who heads its collegial executive body, is indicated.

Data on the beneficial owners of the depository are not established if these depositories are: state bodies, including republican government bodies, other organizations whose property is owned by the Republic of Belarus and (or) its administrative-territorial units, as well as business companies, in statutory funds in which more than 90 percent of shares (shares) are owned by the Republic of Belarus and (or) its administrative-territorial units.

7 - The name, date of adoption and numbers of the main current regulatory legal acts in the field of AML / CFT, including documents of the depositary (depository-non-resident) (policies, rules, procedures, regulations, orders, decisions, orders, methods, job descriptions and others)

8- The position and the legal act conferring powers are indicated

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(the position title of the head)

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(manager's signature) (manager's full name)

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