



BENEDIXUS OÜ
 Registry code N 14733195
 Estonia, Harju maakond, Tallinn, Lasnamäe linnaosa, Peterburi tee
 53-008, 11415 | +3726028445 | info@benedixus.com |
 www.benedixus.com

2-AML-Q-L

form		
1.2	04.01.2021	EN
Version N	Date of version	language

IDENTIFICATION QUESTIONNAIRE FOR BUSINESS ENTITY

Name of customer	Country of customer	PIF code of customer
Type of questionnaire <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Correction of previous *		Date of questionnaire*
*- indicate date of previous questionnaire to be corrected (if applicable)		

Dear Applicant! In accordance with the international standards and regulations of the European Union and the Republic of Estonia, BENEDIXUS OU (hereinafter referred to as the Institution) is obliged to receive from own customers, customer's representatives and beneficial owners, and other persons participated in transaction, the information requested in this questionnaire. Institution guarantees confidentiality of the information received in accordance with the requirements of the regulations. We ask you to fill in all fields of the questionnaire in detail and in good faith. Institution would like to thank you for your understanding and cooperation in completing this questionnaire.

Section A Identification details of legal entity/ sole proprietor.....

1. Please enter entities identification details according it's registration document.

Business name, according to registration document/Full name of sole proprietor (field 1.1)	
Trading names or "doing business as" names (field 1.2, if applicable)	
Type of entity (field 1.3) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Private limited company/LTD/LLC <input type="checkbox"/> Public company/Corporation <input type="checkbox"/> General partnership <input type="checkbox"/> Limited partnership/Limited liability partnership <input type="checkbox"/> Branch/filial <input type="checkbox"/> Foundation <input type="checkbox"/> Non-profit org./Charity <input type="checkbox"/> Government body <input type="checkbox"/> Investment fund <input type="checkbox"/> Other: _____	
Registry code (field 1.4)	Country of incorporation (field 1.5)
Date of incorporation (field 1.6)	LEI code if applicable (field 1.7)

Field id 2. Please provide address of business entity:

Actual address of entity (field id 2.1)
Legal address of entity, if different from actual (field id 2.2)
Post address of entity, if different from actual (field id 2.3)

Field id 2.4 If country of registered/legal address is different from actual address country, provide explanation about reason of incorporating entity in country different from country of actual location of entity.

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Field id 2.4 Provide communication details of entity:

Cell phone number with area code (field id 15.1)	Messengers available at this phone number (field 15.2) <input type="checkbox"/> Viber <input type="checkbox"/> WhatsApp <input type="checkbox"/> Telegram	
Contact email (field 15.3)-----	Office phone (field 15.4)-----	Fax phone (field id 15.5)-----
Own web-site (field id 15.6)-----	Facebook (field id 15.7)-----	LinkedIn (field id 15.8)-----
Preferred method of contact (field ID 15.14) <input type="checkbox"/> e-mail; <input type="checkbox"/> Cell phone: <input type="checkbox"/> Calling <input type="checkbox"/> Viber <input type="checkbox"/> WhatsApp <input type="checkbox"/> Telegram <input type="checkbox"/> Fax phone <input type="checkbox"/> Office phone		Preferred language of communication (field id 15.15) <input type="checkbox"/> Estonian <input type="checkbox"/> English <input type="checkbox"/> Russian

SIGN HERE ➔	Applicant _____			Institution _____		
	/	/	/	/	/	/
	(signature)	(position)	(name)	(signature)	(position)	(name)
	(signature)	(position)	(name)	(signature)	(position)	(name)

5. Information about registration, details (do not fill for Estonia residents):

Field 5.1. Does registration authority provide access to public URL where possible to check registration details of entity? Yes (please fill field 5.1.6) No, (please fill field 5.1.1-5.1.5 about document You may provide)

Type of document (field 5.1.1)	Number of document (if applicable) (field 5.1.2)
Date of issuing of registration document (field 5.1.3)	Issuer (field 5.1.3)
Certification (field 5.1.4) <input type="checkbox"/> Certified/Notarized <input type="checkbox"/> Apostilled/ Legalized	Notes (field 5.1.5)
URL of government registration database (field 5.1.6)	

Field 5.2. Information about tax residence of Entity (except Estonia residents)

N	Country of tax residency	Taxpayer identification Number (TIN)	Reason if TIN is not provided *	Primary?
1	2	3	4	5
5.2.1				<input type="checkbox"/> Yes
5.2.2				<input type="checkbox"/> Yes
5.2.3				<input type="checkbox"/> Yes

*If a TIN or other equivalent of taxpayer identification index is unavailable, please provide the appropriate reason where indicated above:

- A- The country/jurisdiction where the Person is resident does not issue TINs to its residents.
- B- Taxpayer number is same as registration or identification number.
- C- Person is a new resident and the it's TIN is not issued yet (please indicate approximately term of issuing TIN).
- D- Person is fiscally-transparent entity for purpose of taxation (is a legal entity where income "flows through" to investors or owners; that is, the income of the entity is treated as the income of the investors or owners).
- E- Other reason (field 5.5):

Is a person is a citizen and/or tax resident of United States of America or conducting business or investment activity in USA? (Field ID 5.6)

- No Yes, please contact with Your account manager.

Section B Information about Board of management of entity.....

Field 11. Please provide full list of Natural persons – Members of management board or equivalent positions of entity (e.g. Director, CEO, General partner or Operational manager in Partnership, etc.):

Field id	Name of officer-	Personal number*	Date of birth	Place of birth	Country of residence	Position
1	2	3	4	5	6	7
11.1						
11.2						
11.3						
11.4						
11.5						

Field 12. Please provide full list of Legal entities– Members of management board or equivalent positions (“Corporate directors”) of entity if applicable:

Field id	Name of officer- legal entity	Registry code	Country of incorporation	Position
1	2	3	4	5
12.1				
12.2				
12.3				
12.4				
12.5				

*- for Estonian residents and e-residents

SIGN HERE	Applicant _____ _____ / _____ / _____ (signature) (position) (name)	Institution _____ / _____ / _____ (signature) (position) (name)
	_____ / _____ / _____ (signature) (position) (name)	
	_____ / _____ / _____ (signature) (position) (name)	

Section C Information about shareholders of entity.....

6. Entity - company listed on a regulated market*, which is subject to disclosure obligations that establish requirements for ensuring sufficient transparency of corporate structure.

*- please note that First North platform of Nasdaq Baltic (<https://www.nasdaqbaltic.com/>) not considered as regular market.

No (please fill fields 7 and 8) Yes, (please fill field 6.1 and go to filed 11)

Field 6.1 List of regulated markets on which entity listed:

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Field 6.2 Does the entity capital consists of bearer shares or other bearer securities?

No Yes, please stop filing the questionnaire and contact Your account manager

7. Please provide information about current shareholders – natural persons of entity:

Field id	Name of shareholder	Personal number*	Date of birth	Place of birth	Country of residence	Ownership %	Nominee shareholder**
1	2	3	4	5	6	7	8
7.1							<input type="checkbox"/>
7.2							<input type="checkbox"/>
7.3							<input type="checkbox"/>
7.4							<input type="checkbox"/>
7.5							<input type="checkbox"/>
<i>Total</i>							X

*- only for Estonian residents and e-residents

**- Shareholder that holds shares for benefit of 3rd party. Please submit trust declaration or other equivalent document for each shareholder and each UBO and describe in details reason of appointing of Nominee shareholders in notes – field id 12.

8. Please provide information about current shareholders – legal persons of entity:

Field id	Name of shareholder-	Registry code	Country of incorporation	listed on regulated securities markets	Ownership %	Nominee shareholder**	
1	2	3	4	5	6	7	
8.1				<input type="checkbox"/>		<input type="checkbox"/>	
8.2				<input type="checkbox"/>		<input type="checkbox"/>	
8.3				<input type="checkbox"/>		<input type="checkbox"/>	
8.4				<input type="checkbox"/>		<input type="checkbox"/>	
8.5				<input type="checkbox"/>		<input type="checkbox"/>	
<i>Total</i>							X

**- Shareholder that holds shares for benefit of 3rd party. Please submit trust declaration or other equivalent document for each shareholder and each UBO and describe in details reason of appointing of Nominee shareholders in notes –field id 12.

Field ID 9. Does the capital of any of above-mentioned shareholders-legal entities consist of bearer shares or other bearer securities?

No Yes, please stop filing the questionnaire and contact Your account manager

Field 10. Please provide information about current natural persons- ultimate beneficial owners that own or control over 25% of entity if they wasn't mentioned in filed 7.

Field id	Name of UBO	Personal number*	Date of birth	Place of birth	Ownership /control %
1	2	3	4	5	6
10.1					
10.2					
10.3					
10.4					
10.5					

SIGN HERE ➤	<p>Applicant _____</p> <p>_____/_____/_____</p> <p>(signature) (position) (name)</p> <p>_____/_____/_____</p> <p>(signature) (position) (name)</p>	<p>Institution</p> <p>_____/_____/_____</p> <p>(signature) (position) (name)</p>
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Field 11. In case if entity doesn't have determined ultimate beneficial owners, but it takes place special instructions for determining group of beneficiaries in certain circumstances, please describe info below:

Field id	Ownership /control %	Describe circumstances of control	Special instructions to determine the UBO (class of UBO persons)
1	2	3	4
11.1			
11.2			
11.3			
11.4			
11.5			

Field 12. Notes

Section D Information about commercial activity of Customer.....

16.1 Please select the items below which more accurately describe the activity of the entity.

- A. Agriculture, forestry and fishing
- B. Mining and quarrying
- C. Manufacturing
- D. Electricity, gas, steam and air conditioning supply
- E. Water supply; sewerage, waste management and remediation activities
- F. Construction
- G. Wholesale and retail trade; repair of motor vehicles and motorcycles:
 - G.1. Wholesale and retail trade and repair of motor vehicles and motorcycles
 - G.2. Wholesale trade, except of motor vehicles and motorcycles
 - G.3. Retail trade, except of motor vehicles and motorcycles:
 - G.3.1. E-commerce retail
 - G.3.2. Other retail trade
- H. Transportation and storage
- I. Accommodation and food service activities
- J. Information and communication
 - J.1. Media services
 - J.2. Electronic communications services
 - J.3. Computer programming, consultancy and related activities
 - J.4. Information service activities & web-portals
- K. Financial and insurance activities:
 - K.1. Activities of holding companies
 - K.2. Financial service activities*:
 - K.2.1. Virtual currency services provider
 - K.2.2. Other financial services
 - K.3. Activities auxiliary to financial services and insurance activities
- L. Real estate activities
- M. Professional, scientific and technical activities:
 - M.1. Legal services
 - M.2. Management consultancy activities
 - M.3. Advertising and market research
 - M.4. Other professional, scientific and technical activities
- N. Administrative and support service activities
- O. Public administration and defense; compulsory social security
- P. Education
- Q. Human health and social work activities
- R. Arts, entertainment and recreation:
 - R.1. Creative, arts and entertainment activities
 - R.2. Sporting and cultural activities
 - R.3. Gambling and betting activities
- S. Other service activities
 - S.1. Activities of membership organizations
 - S.2. Other personal service activities
- T. Activities of households as employers; undifferentiated goods and services producing activities for households for own use
- U. Activities of extraterritorial organizations and bodies
- Other**

SIGN HERE ➤	Applicant _____	Institution _____
	/ _____ / _____ / _____ (signature) (position) (name)	/ _____ / _____ / _____ (signature) (position) (name)
	/ _____ / _____ / _____ (signature) (position) (name)	/ _____ / _____ / _____ (signature) (position) (name)

* -if checked, please contact your account manager.

Field ID 16.1.1. Detailed description of the main activity of the company:

Field id 16.2. Please specify which activity is the mainly (Enter name, and code from field 16.1):

_____;

Field id 16.3 Is the entity involved or was involved earlier in public contracts, tenders and procurement in any country for more than 10 000 EUR? No Yes

Field id 16.4. Does entity provide or involved in transactions related to:

Money services business Virtual currency Alcohol Tobacco & tobacco products Oil, gas and other energy products Arms trade and defense Pharmaceuticals and healthcare Precious metals & stones

Field 16.5. Is entity is using for holding personal assets? No Yes, please describe assets and reason of holding of personal assets in commercial entity.

Field ID 16.7. Are any operating licenses or permit granted or required for activity?

No yes, please fill table below:

Field ID	Activity	Date of expire	Issuer	Country of issuance	URL of Public source for verification*
1	2	3	4	5	6
16.7.1					
16.7.2					
16.7.3					

* - in case if paper document is not available

Field ID 16.8 In case if entity is in process of granting license/licenses please fill table below:

Field ID	Activity	Expected date of getting license	Issuer	Country of issuance	URL of Public source for verification*
1	2	3	4	5	6
16.8.1					
16.8.2					
16.8.3					

Field ID 16.9 Please indicate volume of planned or actual cash transactions for past year, EUR : _____

Field ID 17. Please provide information about declared share capital and basic figures of business entity

Field id 17.1. Value of declared capital	Field id 17.2. Value of paid capital	Field id 17.3. Currency of capital
Field id 17.4. Please provide information about source of funds for conducting business activity: <input type="checkbox"/> personal savings <input type="checkbox"/> donation from relatives and friends <input type="checkbox"/> investments from 3 rd parties <input type="checkbox"/> loans <input type="checkbox"/> advances		
Field id 17.5. Actual average entity quantity of employees <input type="checkbox"/> 0-10 <input type="checkbox"/> 10-50 <input type="checkbox"/> 50-250 <input type="checkbox"/> >250	Field id 17.6. Actual/planned value of year revenue sales, EUR	Field id 17.7 Actual value of total assets, EUR <input type="checkbox"/> Less than 175 000 EUR <input type="checkbox"/> 175k-4 Mil EUR <input type="checkbox"/> 4 mil – 20 Mil EUR <input type="checkbox"/> More the 20 Mil EUR
Field ID 17.8 Does actual/estimate passive income of entity exceed 50% of total income ? <input type="checkbox"/> No <input type="checkbox"/> Yes	Field ID 17.9 Are at least 50% of the assets held by the entity used to generate passive income? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Field id 18.1. Is the entity is a part of group of companies?

No Yes (please specify info about group below below)

SIGN HERE	Applicant	Institution
	_____ (signature) / _____ / _____ (position) (name)	_____ (signature) / _____ / _____ (position) (name)
	_____ (signature) / _____ / _____ (position) (name)	_____ (signature) / _____ / _____ (position) (name)

Field id 18.2. Please describe economic connections (including branches & subsidiaries) of Entity with EEA and/or third countries:

Field ID	Country	Type of connection**	Notes
18.2.1		<input type="checkbox"/> Main business partners <input type="checkbox"/> Property <input type="checkbox"/> Employees <input type="checkbox"/> Branch <input type="checkbox"/> Other	
18.2.2		<input type="checkbox"/> Main business partners <input type="checkbox"/> Property <input type="checkbox"/> Employees <input type="checkbox"/> Branch <input type="checkbox"/> Other	
18.2.3		<input type="checkbox"/> Main business partners <input type="checkbox"/> Property <input type="checkbox"/> Employees <input type="checkbox"/> Branch <input type="checkbox"/> Other	

Field id 18.3. Please provide information about main business partners of entity:

Name of partner	Type of partner	Country of residence	Web-site/Info	Partner role is**
	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal entity <input type="checkbox"/> Government			
	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal entity <input type="checkbox"/> Government			
	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal entity <input type="checkbox"/> Government			
	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal entity <input type="checkbox"/> Government			
	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal entity <input type="checkbox"/> Government			

* Customer; Supplier; Employee; Lender; Borrower; Bank; Broker; Payment services provider/acquirer; Other

Section E Declaration by Applicant.....

Declaration by Customer or Person Acting on Behalf of Entity or person participated in transaction.

Does person conduct any activity in or has business partners which residence or place of business is Afghanistan, Albania, Algeria, Bahamas, Bahrain, Bangladesh, Barbados, Botswana, Burkina Faso, Cambodia, Crimea, Autonomous Republic of (unrecognized), Democratic People's Republic of Korea (DPRK), Donetsk People's Republic (unrecognized), Ghana, Guyana, Iran, Iraq, Jamaica, Jordanian, Lebanon, Livia, Lugansk People's Republic (unrecognized), Mali, Mauritania, Mongolia, Morocco, the Kingdom, Myanmar, Nagorno-Karabakh Republic/ Republic of Artsakh (unrecognized), Nicaragua, Niger, Pakistan, Palestine, Panama, Pridnestrovian Moldavian Republic(unrecognized), Republic of South Ossetia – the State of Alania/ Tskhinvali Region (unrecognized), Saudi Arabia, Sevastopol (unrecognized), Somali, Sudan, Syria, The Republic of Abkhazia (unrecognized), Trinidad and Tobago, Tunisia, Turkish Republic of Northern Cyprus (unrecognized), Uganda, United states of America, Yemen, Zimbabwe? (Field ID 19.1)

No Yes, please describe _____

Has the entity been previously charged with the crime of money-laundering, financing and supporting terrorism or other economic crimes? (Field ID 19.2)

No Yes, please describe _____


Has the entity ever been subject to any local or international financial sanctions? (Field ID 19.3)

No Yes, please describe _____

Is the entity in a state of bankruptcy, sanitation, debt collection or other claims from third parties and/or government authorities? (Field ID 19.4)

No Yes, please describe _____

I declare that the information provided in this form is true and correct.

SIGN HERE 	Signature of 1st representative	Name of 1 st representative	Date of signature
		Position of 1 st representative	City and state of signature
	Signature of 2nd representative	Name of 2 nd representative	Date of signature
		Position of 2 nd representative	City and state of signature

.....

OFFICIAL USE ONLY. Do not fill this section for documents with digital signature of customer.

Verification conducted: <input type="checkbox"/> - Face-to-face <input type="checkbox"/> - Videocall <input type="checkbox"/> - Not required	Signature of 1st representative	Name of 1 st representative	Date of signature
		Position of 1 st representative	City and state of signature

Questionnaire registered at the system of Institution

Date	Time	Reg. Id	Internal ID of employee	Signature
___/___/20__	__:__			

*****END OF FORM*****



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38-AML-EL

form		
1.3	24.06.2022	EN
Version N	Date of version	language

ENGAGEMENT LETTER

Name of customer	Country of customer	PIF code of customer
Type of questionnaire <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Correction of previous *		Date of questionnaire*
*- indicate date of previous questionnaire to be corrected (if applicable)		

Dear Applicant! In accordance with the international standards and regulations of the European Union and the Republic of Estonia, BENEDIXUS OU (hereinafter referred to as the Institution) is obliged to receive from own customers, customer`s representatives and beneficial owners, and other persons participated in transaction, the information requested in this questionnaire. Institution guarantees confidentiality of the information received in accordance with the requirements of the regulations. We ask you to fill in all fields of the questionnaire in detail and in good faith. Institution would like to thank you for your understanding and cooperation in completing this questionnaire.

Section A Customer information.....

First and Last name or Business name (field 1.1)	
Type of person (field 1.2) <input type="checkbox"/> Natural person <input type="checkbox"/> Business entity	Country of birth* or Country of incorporation** (field 1.4)
Personal identification number*** or Registry code ** (field 1.3)	Date of birth* or Date of incorporation** (field 1.5)

*- for natural persons- non-residents; **- for legal entities; *** - for Natural persons - Estonian residents and E-residents; ***- In case if Customer/Applicant represented by other person.

Section B Engagement request.....

CUSTOMER/APPLICANT REQUESTS INSTITUTION TO ESTABLISH BUSINESS RELATIONSHIP IN:

- Financial services area (Go to section D) Other services

Section C Connections with Estonia.....

Fill this subsection if Applicant is:

Natural person - Non-resident or e-residents of Estonia or Legal entity - Non-resident of Estonia or Legal entity – resident of Estonia, where more than 50% of ultimate beneficial owners are non-residents or e-residents of Estonia

Otherwise go to section D.

Field id 10.1 Are services, that Customer is going to get from Institution, is provided by local service providers in country of actual residence of Customer? No (Go to Section D) Yes (Go to field 10.2)

Field id 10.2 .Please describe reason why Customer choose Estonian financial institution regarding availability of requested services in country of actual residence of Applicant:

- economic or personal connections with Estonia (fill field 10.3) stability of Estonian financial system stability of Estonian political system favorable rates individual service online serviceability

Field id 10.3 Does entity has any connections with Estonia? No Yes (please check below)

Yes – personal connection, please check: <input type="checkbox"/> Relatives in Estonia <input type="checkbox"/> Life partner in Estonia <input type="checkbox"/> Scientific activities in Estonia <input type="checkbox"/> Employer or education organization of person situated in Estonia <input type="checkbox"/> Other, please describe in field 10.4	Yes – economic connection, please check: <input type="checkbox"/> More than 25% of beneficial Owners is –Resident/Residents of Estonia; <input type="checkbox"/> Management board situated in Estonia /residents of Estonia; <input type="checkbox"/> <u>Physical</u> office/branch in Estonia; <input type="checkbox"/> Employees are Estonian residents; <input type="checkbox"/> Main business partners are Estonia residents; <input type="checkbox"/> Immovable/movable property situated in Estonia ; <input type="checkbox"/> Investment activities with Estonian financial instruments <input type="checkbox"/> Other, please describe in field 10.4
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Field id 10.4. Other connections with Estonia:

--

SIGN HERE ➤	Applicant _____ _____ / _____ / _____ (signature) (position) (name)	Institution _____ _____ / _____ / _____ (signature) (position) (name)
	_____ / _____ / _____ (signature) (position) (name)	

Section D Interested scope of financial services.....

Customer/Applicant interested to get next financial and non-financial services from Institution. Please check interesting group of services and fill relevant sections.

Field ID 5.1. Type of relationship requested: Long-term business relationship Occasional transaction

Borrower/Investor (fill field 6-9 where relevant)

Borrowed financing services

Field ID	Type of service	Estimated amount of deal, EUR
6.1	Lending for non-business purposes	
6.2	Lending for business purposes	
6.3	Leasing for non-business purposes	
6.4	Leasing for business purposes	
6.5	Money broking services related to issued money market instruments	
6.6	Lending via syndicated loan	

Wealth management services

Field ID	Type of service	Estimated amount of deal, EUR
7.1	Purchasing of financial instruments issued by Institution	
7.2	Securities portfolio management & investment advice providing	
7.3	Money broking services related to purchase money market instruments issued by other financial institution	
7.4	Participating in financing of syndicated loan	

Other financial services

Field ID	Type of service	Estimated amount of deal, EUR
8.1	Commercial transactions guarantee	

Other services not specified above (describe below):

Other services (Field 9.1)

Pledger/Guarantor:

Field id 10. Please indicate entities for benefit of which customer is going to provide pledge/guarantee.

Field ID	Name of debtor	Country	PIF code*	Estimated amount of deal, EUR
10.1				
10.2				
10.3				

Guarantee beneficiary/Seller:

Field id 11. Please indicate entities for benefit of which customer is going to provide pledge/guarantee.

Field ID	Name of Guarantor/buyer	Country	PIF code*	Estimated amount of deal, EUR
11.1				
11.2				
11.3				

*- where applicable

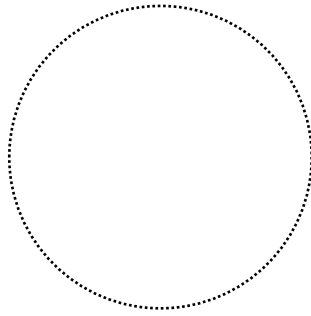
SIGN HERE	Applicant _____ _____ / _____ / _____ (signature) (position) (name)	Institution _____ / _____ / _____ (signature) (position) (name)
	_____ / _____ / _____ (signature) (position) (name)	

Section E Signature card.....

Please provide list and samples of signature of authorized representatives of Customer, that authorized to enter in contact with Institution.

Authorized representative		Representative entitled to represent the Customer	Signature sample
1	Name of representative	<input type="checkbox"/> Solely <input type="checkbox"/> Only with next rights: <input type="checkbox"/> - A; <input type="checkbox"/> - B; <input type="checkbox"/> - C; <input type="checkbox"/> - D; <input type="checkbox"/> -E, describe:	<i>SIGN HERE</i>
	Position of representative		
	Date of expiration of authority <input type="checkbox"/> - termless <input type="checkbox"/> - expire at _____		
2	Name of representative	<input type="checkbox"/> Solely <input type="checkbox"/> Only with next rights: <input type="checkbox"/> - A; <input type="checkbox"/> - B; <input type="checkbox"/> - C; <input type="checkbox"/> - D; <input type="checkbox"/> -E, describe:	<i>SIGN HERE</i>
	Position of representative		
	Date of expiration of authority <input type="checkbox"/> - termless <input type="checkbox"/> - expire at _____		
3	Name of representative	<input type="checkbox"/> Solely <input type="checkbox"/> Only with next rights: <input type="checkbox"/> - A; <input type="checkbox"/> - B; <input type="checkbox"/> - C; <input type="checkbox"/> - D; <input type="checkbox"/> -E, describe:	<i>SIGN HERE</i>
	Position of representative		
	Date of expiration of authority <input type="checkbox"/> - termless <input type="checkbox"/> - expire at _____		

Seal stamp, if the Customer intends to use the seal in transactions with the Institution



- A- Access (view-only) to documents and information related to Customers profile and transactions.
- B- Access and submission of documents and information related to on-going business relationship activities between customer and Institution.
- C- Conducting transactions according to limits.
- D- Submission of documents and information and conducting procedures related to the preparation of establishing of business relationships.
- E- Other, please describe.

Representative is sole member management board or sole officer in the Entity:
 Yes No (continue below)

Representative acts according to Power of attorney signed by sole member management board or sole officer in the Entity: Yes (if marked, go to Section “D”) No (see instructions below)

Did the entity management board approve representatives and terms mentioned above in a quorum and in way specified in statutory documents (bylaws, memorandum, statute, etc.):

- Yes, please specify type, number and date of relevant document:
- No, please issue authorization form signed by a majority of management board or other equivalent body of the Entity. Recommended form is available at your customer manager.

SIGN HERE ➔	Applicant _____	Institution _____
	_____/_____/_____ (signature) (position) (name)	_____/_____/_____ (signature) (position) (name)
	_____/_____/_____ (signature) (position) (name)	_____/_____/_____ (signature) (position) (name)

Section F Declaration by Applicant.....

Declaration by Customer or Person Acting on Behalf of Customer or person participated in transaction.

By signing this Engagement letter, the Customer confirms that:

1. Customer has read the tariffs of the Institution services and the Terms & Conditions of the Institution services (hereinafter referred to as the Rules), their content is clear to the Customer, the Customer undertakes to observe and execute them and recognizes them as binding, as well as undertakes to monitor changes in them, which are available on the Institution website (www.benedixus.com) and at the Institution customer service locations;
2. In transactions with the Institution the ultimate beneficial owner and the interested party is the person stated in the questionnaire provided to the Institution, unless the Customer has informed the Institution about another true beneficiary;
3. Agrees that the Institution is entitled to process personal data of the Customer and the Customer's legal representatives in connection with the provision of financial services and conduction of related promotions, lotteries and similar events, provision of information to certain persons in the scope and manner prescribed by the regulations, conducting statistical research and analysis of the Customer's group, part of the service market and other financial indicators, as well as agrees with the use of means of communication in the manner prescribed by the regulations;
4. Informed that the Institution (business address: Estonia, Harju maakond, Tallinn, Peterburi tee 53-008, 11415) is in charge of processing personal data of the Customer and the Customer's legal representative. The purpose of processing the personal data of the Customer and the legal representative of the Customer is to account for the Customers of the Institution, to provide, offer and service. Processing of the personal data of the Customer and the legal representative of the Customer is carried out in accordance with Article 12 of the Act "Personal Data Protection Act" and Article 48 of the Money Laundering and Terrorist Financing Prevention Act;
5. All information provided about the Customer is true and the Customer is aware of the consequences that the provision of false information may entail and assumes full responsibility for damages caused by the provision of false information and undertakes to immediately inform the Institution of any changes in the information provided;
6. Is informed and agrees that the Institution is not responsible for losses incurred by the Customer if the third party has used identification data (means) and the

- Customer has not previously informed the Institution that the said data may have become known to third parties and / or identification means were stolen or lost;
7. Agrees that information about the Customer may be requested and obtained from the database of third parties for verification by the Institution of information about the Customer, which is related to the provision of services of the Institution, and placement and storage of information about the Customer in the Customer database of the Institution;
 8. Agrees that the Institution uses the information specified in the Agreement (telephone number, mobile phone number, e-mail address, address of residence, etc.) in the manner prescribed by the Rules of the Institution, including for informing the Customer about promotions, offers and services provided by the Institution and / or third parties;
 9. The Institution has informed the Customer about the order in which the Institution submits the information about the Customer, the Customer's obligations and the progress of their execution to the Estonian Credit Register (AS CREDITINFO EESTI), about the order in which the Institution receives the information about the Customer available in the Estonian Population Register, as well as about the order in which the Customer can receive the information about the Customer available in the Estonian Credit Register;
 10. Agrees that the subsidiaries of the Institution, which provide financial services, receive the information available to the Institution about the Customer, his or her transactions and wallet/address balances, and any other information about the Customer (including non-disclosure information in the sense of the Money Laundering and Terrorist Financing Prevention Act), provided that the respective subsidiary of the Institution observes the confidentiality conditions regarding the received information similar to those established for the Institution;
 11. Agrees that the Institution recognizes the content of the Engagement letter as confidential and guarantees its non-disclosure to third parties, provided that the Customer has duly fulfilled the obligations under the Contracts to be concluded between the Customer and the Institution in the future. Otherwise, the Institution has the right to transfer the information, the debt collection process and the actions stipulated by the regulations to the third parties without prior notice and without any restrictions;

12. Has become aware of the fact that all electronic documents (including contracts) signed by the Customer in the automated system www.benedixus.com with the use of the Customer's corresponding identification means have the same legal force as the documents signed by the Customer himself/herself. The obligations assumed, the rights and authorizations granted to the Institution as well as the authorizations granted by the Customer are fully binding on the Customer in accordance with the provisions contained in these documents;
13. Informed and undertakes to ensure the security and confidentiality of his/her identification data (identification codes, access codes, passwords, etc.);
14. Have read and agree that if there are reasons to believe that the Customer's identification data and/or means of identification have become known or available to third parties and / or have been lost or stolen, the Customer must immediately inform the Institution in the manner prescribed by the Rules of the Institution;
15. Informed that he has the right to refuse from any of the connected services, and in this case, the Agreement in the part concerning this service is considered null and void, in the rest of the Agreement remains in force;
16. Tariffs for services of the Institution and the Rules are an integral part of the Agreement.

I am/We are aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact according to next clauses of Penal Code of Estonia: § 280 – "Submission of false information", § 209 – "Fraud", § 349 – "Fraudulent use of important identity documents", § 394 – "Money laundering", § 394¹ – "Money laundering agreement", § 237³ – "Financing and support of act of terrorism and activities directed at it". I certify by my signature the accuracy of the information provided and agree to notify the Institution immediately in writing of any change in the information provided. I undertake to provide the requested documents within the time limit set by the Institution at the first request of the Institution.

I declare that the information provided in this form is true and correct.

SIGN HERE 	<i>Signature of 1st representative</i>	<i>Name of 1st representative</i>	<i>Date of signature</i>
		<i>Position of 1st representative</i>	<i>City and state of signature</i>
	<i>Signature of 2nd representative</i>	<i>Name of 2nd representative</i>	<i>Date of signature</i>
		<i>Position of 2nd representative</i>	<i>City and state of signature</i>

.....

OFFICIAL USE ONLY. Do not fill this section for documents with digital signature of customer.

Verification conducted:	<i>Signature of 1st representative</i>	<i>Name of 1st representative</i>	<i>Date of signature</i>
<input type="checkbox"/> - Face-to-face <input type="checkbox"/> - Videocall <input type="checkbox"/> - Not required		<i>Position of 1st representative</i>	<i>City and state of signature</i>

Questionnaire registered at the system of Institution

Date	Time	Reg. Id	Internal ID of employee	Signature
___/___/20___	___:___	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _

*****END OF FORM*****



QUESTIONNAIRE ABOUT AUTHORIZED REPRESENTATIVES

Name of customer	Country of customer	PIF code of customer
Type of questionnaire <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Correction of previous *		Date of questionnaire*
*- indicate date of previous questionnaire to be corrected (if applicable)		

Section A Customer/applicant information

First and Last name or Business name (field 1.1)	
Type of person (field 1.2) <input type="checkbox"/> Natural person <input type="checkbox"/> Business entity	Country of birth* or Country of incorporation** (field 1.4)
Personal identification number*** or Registry code ** (field 1.3)	Date of birth* or Date of incorporation** (field 1.5)

*- for natural persons- non-residents; **- for legal entities;

*** - for Natural persons - Estonian residents and E-residents; ****- In case if Customer/Applicant represented by other person.

Section B Information about Representative details.....

Please provide information about Customer's/Applicant's representatives- natural persons that authorized to enter in contact with Institution.

First and Last name (2.1)	Personal code (2.2)	Date of birth (2.3)	Place of birth (2.4)	Position (2.5)
Type of document (2.6) <input type="checkbox"/> ID card <input type="checkbox"/> Travel passport <input type="checkbox"/> Residence permit <input type="checkbox"/> Driving license <input type="checkbox"/> Other:				Number of document (2.7)
Date of issue (field 2.8)	ID expiry date (2.9)	Issuer (2.10)		Country of issuer (2.11)
Contact phone (2.12)	e-mail (field 2.13)		Social web profile/LinkedIn (field 2.14)	
Address of residence of representative (field id 2.15)				
Basis of representation (2.16) : <input type="checkbox"/> Registry document; <input type="checkbox"/> Power of attorney; <input type="checkbox"/> Other, describe below:		Date of appointment (2.17)	Date of expiration of appointment (2.18)	
Representative's power limitations (2.19)				
IN CASE OF USING POWER OF ATTORNEY				
Date of issue (2.20) M.	Registered number of PoA (2.21)		Name and position of certifier of POA (2.23)	
Start date (2.24)	Expiration date (2.25)	Country of notarization (2.26)	<input type="checkbox"/> Apostille stamped <input type="checkbox"/> Legalization stamped	
Notes (2.27)				

Section C Declaration by Applicant.....

I declare that the information provided in this form is true and correct.

SIGN HERE ➤	Signature of 1 st representative	Name of 1 st representative	Date of signature
		Position of 1 st representative	City and state of signature
	Signature of 2 nd representative	Name of 2 nd representative	Date of signature
		Position of 2 nd representative	City and state of signature

OFFICIAL USE ONLY. Do not fill this section for documents with digital signature of customer.

Verification conducted: <input type="checkbox"/> - Face-to-face <input type="checkbox"/> - Videocall <input type="checkbox"/> - Not required	Signature of representative	Name of representative	Date of signature
		Position of representative	City and state of signature

Questionnaire registered at the system of Institution

Date	Time	Reg. Id	Internal ID of employee	Signature
___/___/20___	___:___	_____	_____	_____

*****END OF FORM*****