



ACCOUNT APPLICATION FORM FOR COMPANIES

COMPANY INFORMATION			
Company Legal Name		Trade Name (if applicable)	
Date company was established (dd/mm/yyyy)		Registration number	
Country of incorporation		Country of operation	
COMPANY ADDRESS AND CONTACT INFORMATION			
REGISTERED ADDRESS:			
Street			
Town/City		Country	Postal Code
Phone	Fax	Email	
PHYSICAL ADDRESS:			
Does the Company have a physical presence in the country of incorporation or in any other country (Note: "Physical presence" means an operational office from which the business activities of the company are carried out)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is "YES", please indicate below the full address and the number of employees at each place in which you have a physical presence.			
Street		Number of Employees	
Town/City		Country	Postal Code
Phone	Fax	Email	
Street		Number of Employees	
Town/City		Country	Postal Code
Phone	Fax	Email	
Street		Number of Employees	
Town/City		Country	Postal Code
Phone	Fax	Email	
If your answer is "NO", please indicate below the full address of the place from which the business activities of the Company are actually carried out. This requirement applies also to "Special Purpose Vehicle" companies and holding companies. In case the company belongs to a group of companies, then the address of the Head Office of the group or of any active company of the group should be indicated in this field. Do not indicate the registered address in this field in case it does not represent "physical presence" as defined above.			
Street			
Town/City		Country	Postal Code
Phone	Fax	Email	
MAILING ADDRESS AND MEANS OF COMMUNICATION:			
<input type="checkbox"/> By Mail <input type="checkbox"/> By Fax <input type="checkbox"/> By Email <input type="checkbox"/> Registered Address <input type="checkbox"/> Physical Address <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/> Held at Bank for collection			
Street			
Town/City		Country	Postal Code
Phone	Fax	Email	
DIRECTORS			
1. Last Name		First Name	
2. Last Name		First Name	
3. Last Name		First Name	

COMPANY PROFILE			
Detailed description of main company activities <i>(Please state full details of the goods/services you offer/sell/provide. In case of investment activities, please state type of investments and other details. In case of holding activities, please state activities of the group and description of held assets. Please also state countries of operation. NOTE: General descriptions such as "trading", "consulting", "real estate", etc. are not sufficient description.)</i>			
Possible future activities		Date operations started (dd/mm/yyyy)	
Does the company or its holding company or a company involved in the ownership structure (if any) provide financial and investment services to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the company or its holding company or a company involved in the ownership structure (if any) a bearer share company: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Affiliation with other companies or organizations <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the following details: Name of the company and country of incorporation: Relation to the applicant company: Company activity: If more than one, please attach an additional page with relevant details			
FINANCIAL DATA (Note: We reserve the right to request audited and/or management accounts at any time at our discretion)			
<input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____			
Annual Turnover:	Actual (previous year)	Estimated (current year)	
Annual Net Profit:	Actual (previous year)	Estimated (current year)	
Total Assets	Share Capital	Accumulated profit	Other Reserves
Debt capital	Loans from owners	Other (Please specify):	

OWNERSHIP OF THE COMPANY		
Company/Personal Name	Number of shares/%	
	Owners:	
	Company/Personal Name	Number of shares/%
Company/Personal Name	Number of shares/%	
	Owners:	
	Company/Personal Name	Number of shares/%
Company/Personal Name	Number of shares/%	
	Owners:	
	Company/Personal Name	Number of shares/%
For each registered shareholder holding 10% or more of the company's capital please indicate its own shareholders holding 10% or more of its capital and so on so that the ownership chain can be identified up to the Ultimate Beneficial Owner(s). If the structure is such that supplementary space is required, please attach an additional page with relevant details.		
In the case that any of the registered shareholders is a legal entity and acts as direct nominee of the ultimate beneficial owner(s), its constitutional documents should be presented as well as the <u>Trust Agreement between the nominee shareholder and the beneficial owner. Such Agreement should be signed by both parties involved.</u>		



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BENEFICIAL OWNERS OF THE COMPANY

We confirm that the following natural persons are the ultimate beneficial owners of the Company holding more than 10% of the company's capital and to the best of our knowledge and belief, they are not directly and/or indirectly involved in any criminal conduct or money laundering activities or terrorist financing

1. Full Name		Date and place of Birth	
Occupation (detailed description of occupation/employment/company activities, including employer's name)		Number of shares/%	
Residential Address: Street			
Town/City		Country	Postal Code
Phone	Fax	Email	
2. Full Name		Date and place of Birth	
Occupation (detailed description of occupation/employment/company activities, including employer's name)		Number of shares/%	
Residential Address: Street			
Town/City		Country	Postal Code
Phone	Fax	Email	
3. Full Name		Date and place of Birth	
Occupation (detailed description of occupation/employment/company activities, including employer's name)		Number of shares/%	
Residential Address: Street			
Town/City		Country	Postal Code
Phone	Fax	Email	

Note: The Bank is obliged by law to know and be able to identify its client and the beneficial owners of the Company. This information will be kept confidential at all times, subject to applicable laws and regulations.

Note: I/we certify that the information supplied above is correct and that the ultimate beneficial owners declared above are not acting as nominees, trustees or in a fiduciary capacity for any other person(s).



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ACCOUNT ACTIVITY			
Account currency: <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____		Purpose of account: <input type="checkbox"/> Commercial payments <input type="checkbox"/> Deposits/Savings <input type="checkbox"/> Credit Facilities <input type="checkbox"/> Card Facilities <input type="checkbox"/> Other (Please specify): _____	
Frequency of statements: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> After each transaction <input type="checkbox"/> Upon Request			
Expected annual account credit turnover and types of deposits (as applicable) <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____			
	Incoming transfers	Cash deposits	TOTAL
Current year 20			
Source of Incoming Funds: Expected remitters of transfers in your favor			
Name	Country	Relationship (ex: buyers of your goods/services, associated parties, business counterparties-securities trading, loan receiving, others)	
Expected annual account debit turnover and types of withdrawals (as applicable) <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____			
	Outgoing transfers	Cash withdrawals	TOTAL
Current year 20			
Destination of Outgoing Payments: Expected beneficiaries of your payments			
Name	Country	Relationship (ex: suppliers, associated parties, business counterparties-securities trading, loan payments, others)	
Note: For all transactions, you might be required to provide details and documentary evidence.			

ACCOUNT INSTRUCTIONS
Hereby, we authorize and instruct the Bank to accept and act upon instructions given by us as follows:
<input type="checkbox"/> Original instructions <input type="checkbox"/> By authenticated fax <input type="checkbox"/> Internet banking instructions (Please fill in the appropriate form)



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AUTHORIZED SIGNATORIES

Either of the following Any two of the following All of the following Other combination (Please specify):

AUTHORIZED SIGNATORY 1

Last Name	First Name(s)	Date and place of birth
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Occupation (detailed description of occupation/employment/business activities, including employer's name if applicable)

Current residential address

Street

Town/City	Country	Postal Code
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Phone	Fax	Email
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AUTHORIZED SIGNATORY 2

Last Name	First Name(s)	Date and place of Birth
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Occupation (detailed description of occupation/employment/company activities, including employer's name)

Current residential address

Street

Town/City	Country	Postal Code
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Phone	Fax	Email
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AUTHORIZED SIGNATORY 3

Last Name	First Name(s)	Date and place of Birth
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Occupation (detailed description of occupation/employment/company activities, including employer's name)

Current residential address

Street

Town/City	Country	Postal Code
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Phone	Fax	Email
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RESOLUTIONS

In accordance with constitutional requirements for passing of corporate resolutions in order for the Company and its representatives to act validly, it is hereby certified that valid corporate resolutions as detailed below have been duly adopted and continue in full force and effect:

1. That the Russian Commercial Bank (Cyprus) Ltd be appointed the Bankers of the Company and that all documents required for the opening of such accounts may be provided to them.
2. That the Bank is hereby authorized to act on all valid and lawful banking instructions given to it in conformity with the "General Terms and Conditions" of the Bank, including, but not limited to, borrowing, withdrawal of cash, accepting bills of exchange, pledging an asset, entering into any deposit or loan arrangement and trading foreign exchange.
3. That the Authorized Signatories identified above (and/or any other subsequent Authorized Signatories list provided to the Bank) have full power and authority to represent the Company in dealing with the Bank and that the Bank shall have no liability for acting or omitting to act in accordance with any instruction, direction and/or request given by the Authorized Signatories upon which the Bank will be acting in good faith.
4. That all resolutions communicated to the Bank shall remain in full force and effect until the Bank receives notice in writing revoking or amending it.
5. That the Bank reserves the right to request any other document/information it might deem necessary in discharging its obligation for performing due diligence on its clients

DECLARATION

We hereby confirm that the company and its directors/authorized signatories/beneficial owners are not directly and/or indirectly involved in any criminal conduct or money laundering activities or terrorist financing and that the beneficial owner(s) of the company is/are acting on his/her/their own behalf and not as nominee(s) or trustee(s) or in a fiduciary capacity on behalf of any other person or persons.

We confirm that information given is true and complete and we undertake the duty to notify the Bank of any change to this information as soon as it happens.

We understand that until the Bank receives notification of any changes, the Bank will act in accordance with the information provided in this account opening form as well as in all constitutional and other supporting documents provided by us.

We confirm that we have received, read, understood and agreed to the "General Terms and Conditions" of the Russian Commercial Bank (Cyprus) Limited to which this Account Application Form and the Account are subject.

For all companies except those incorporated in the Russian Federation: signed by all directors and the secretary (if any).

For companies incorporated in the Russian Federation: signed by the Director and /or the chief accountant (in accordance with the provisions of the Company's charter)

All signatures should be certified by a Certifying Officer/Notary Public or by the Introducer (for introduced companies)

Name	Capacity	Signature	Date (dd/mm/yyyy)

FOR BANK USE ONLY

Notes:

The meeting was held at the Nicosia Branch/Limassol Branch on (dd/mm/yyyy) _____ OR

The meeting was not held, because (please specify reasons according to internal procedures):

AND

as a result it is recommended to open/not to open the account

Signature _____