**Client’s Form – Legal Entity**

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| **№** | **Field Title** | **Client’s Data** |
| **1. Identification Data** |
| 1) | Status (please underline the relevant) | 1) Resident of Kyrgyzstan 2) Non-resident of Kyrgyzstan (please specify the country) |
| 2) | Full name |   |
| 3) | Short name (if any)  |   |
| 4) | Foreign name (if any)  |   |
| 5) | Legal form  |   |
| 6) | Taxpayer Identification Number (for residents) |   |
| 7) | Taxpayer Identification Number (created in the country of registration) or code of a foreign organization for non-residents (if any)  |   |
| 8) | State registration information: |
| 8.1. Date  |   |
| 8.2. Number |   |
| 8.3. Registration body name  |   |
| 8.4. Place of registration (legal address)  |  |
| 9) | Code in accordance with the State Classifier of the Kyrgyz Republic Types of Economic Activity (GKED) - for residents / Economic Activity Code - for non-residents |   |
| 10) | Type (nature) of business  |   |
| 11) | Form of ownership  |   |
| 12) | Bank identification code (for commercial banks who are residents)  |   |
| 13) | Contact data of the client: |
| 13.1. Phone numbers (work or mobile)  |   |
| 13.2. Fax number (if any) |   |
| 13.3. E-mail address (if any) |   |
| 13.4. Physical location address and mail address (information is necessary if physical location differs from the legal address)  |  |
|  | 13.5. Website of the company |  |
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| 14) | **2. Data on Controlling Persons of Legal Entity**  |
| 14.1. Full name of the Founder(s) – name, surname and patronymic name if any  |   |
| 14.2. Full name of the UBO(s) – ultimate beneficial owner(s)  |   |
| 14.3. Full name of Executive Body in accordance with the Article of Association  |   |
| 14.4. Designated persons with the signature authority, associated with the registration of Tokenspot account (fiduciary) |  |
| 14.4.1. Information on documents that confirm authority for actions associated with the registration of Tokenspot account (fiduciary)  |  |
| 15) | Amount of the registered and paid-up authorized capital, of the authorized fund, property  |   |
| 16) | Information on branches and representative offices of the legal entity (if any) |   |
| 17) | Information on the beneficial owner of the legal entity (please underline the relevant) | 1) Resident2) Non-resident |
| 18) | Information on the presence of a politically exposed person (PEP) in the ownership (management) structure of the client - legal entity (please underline the relevant) | 1) Applicable2) Not Applicable |
| **3. Business profile data**  |
| 19) | Information on the license to carry out activities that require licensing (if any):  |
| 20.1. License № |   |
| 20.2. License form №  |   |
| 20.3. License issuance date  |   |
| 20.4. Who issued the license  |   |
| 20.5. License due date  |   |
| 20.6. List of licensed activities  |   |
| 20) | Main types of activity, including produced goods, performed work, provided services  |   |
| 21) | What virtual assets (VA) are allowed to trade on your platform (exchange)? |  |
| 22) | Are there established processes for identifying clients? If yes, please specify how the identification process is carried out and what the method is |  |
| 23) | Are there established customer due diligence (CDD) measures in place? |  |
| 24) | Does the internal control program (ICP) document contain methods of how the company monitors and controls whether its agents are in compliance with AML/CFT requirements?  |  |
| 25) | Purpose of the TokenSpot account opening |   |
| 26) | Nature of expected operations, their turnover per month |  |
| 27) | Information on the application of restrictive measures (sanctions) of any state/organization against the legal entity | 1) Applicable2) Not Applicable |
|  |  **4. Data on clients/counterparties**  |  |
| 28) | Provide information about your clients, including their type (legal entities, individuals, names), their geography (countries or regions), their activities and tax ID that was created in the country of registration of the company |  |
| 29) | Provide information about your counterparties/partners, including their type (legal entities, individuals, names), their geography (countries or regions), their activities and tax ID that was created in the country of registration of the company |  |
| I hereby confirm that the organization indicated in the questionnaire conducts due diligence of a client in accordance with the requirements of anti-money laundering and countering the financing of terrorism (AML/CFT) legislation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Form filling date) (Full name of the Executive Body according to the Article of Association) (Signature )I hereby, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Confirm the accuracy of the data provided in this questionnaire.In accordance with the requirements of Law of Kyrgyz Republic «On personal information», I give my consent to the processing of personal data in order to comply with the requirements of the legislation of the Kyrgyz Republic in the field of combating the financing of terrorist activities and money laundering. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Form filling date) (Full name of the Executive Body according to the Article of Association) (Signature) |