

CLIENT QUESTIONNAIRE FOR INDIVIDUAL CLIENTS

Dear Client!

Before completing the Questionnaire, please make sure that you are familiar with, read and understand all information about the account opening procedure at AS IBS Renesource Capital, including the Provisions of the Contract (Conditions of the services provisions), Price List and description of risks associated with financial instruments, and with other information relevant to the provision of services

The Company is obliged to obtain the information requested and specified in the Questionnaire under the mandatory requirements of the law and international financial activity standards.

The processing of your personal data by the Company will be carried out in strict compliance with the requirements and regulations set forth in the Company's Privacy Policy and in the external legislation governing the processing and protection of personal data.

The information contained in this Questionnaire is strictly confidential and will not be revealed by Company to any third person, with the exception of the persons authorized with the right of access to such information pursuant to acts of law. The Company guarantees the secrecy of Client accounts, personal details, funds and transactions performed, according to the Financial Instruments Market Law Article 131.

Please be informed that the completion of the Questionnaire does not guarantee opening of the Accounts with the Company. The Company is entitled to refuse to open an Account and to enter into a Contract irrespective of the amount of information or documents provided.

There is a guilty plea for the intentional provision of false information in accordance with the Article 195.1 of the Latvian Criminal Law.

In case of uncertainties and questions related to the completion of this document, please contact the Company by phone +371 67 092 737 or by email : newaccounts@renesource.com

Attention! Please complete all of the information in capital letters. ALL FIELDS ARE MADATORY.

TERMS AND ABBREVIATIONS USED IN THE QUESTIONNAIRE

Accounts - the Client's accounts with the Company where transactions with the Client's Assets are held.

Assets - financial instruments (FI) and money.

Client - a natural person who wishes to provide the Company with investment services and / or ancillary investment services and which has submitted to the Company the documents and information required by the Company for entering into the Agreement with the Company but not yet signed Agreement (i.e. a potential client), as well as a natural person who has already entered into a Contract with the Company.

Company - AS IBS Renesource Capital.

Contract - a Contract on rendering services on the financial and capital market, which is concluded between the Company and the Client, and within the framework of which services are provided to the Client.

CRS (Financial Reporting Standard) - A standard for financial reporting of financial information developed by the Organization for Economic Cooperation and Development (OECD) based on FATCA principles. These common standards for the exchange of information have been introduced into EU Member States on the basis of Council Directive 2014/107 / EU of 9 December 2014. The Company is obliged to identify the tax residence number of the account holder as well as the beneficial owner of the account holder, as well as to provide the State Revenue Service with information on accounts that comply with the information requirements of these laws and regulations. More detailed information can be found on the [Company's website http://www.renesource.lv](http://www.renesource.lv)

Family member of a politically exposed person - husband/wife or a person equated to a spouse (for countries where such status is defined by law), politically exposed person's child or his/her spouse, or a person equated to the spouse, parents, grandparents, grandchildren, brothers and sisters.

FATCA - US law "Foreign Account Tax Compliance Act" introduced with the Agreement between the Government of the Republic of Latvia and the Government of the United States of America "On Improvement of International Tax Obligations and Implementation of the Law on Foreign Account Tax Obligations". You can find more detailed information on the website of the US Revenue Service: the [IRS website](http://www.irs.gov), as well as on the [Company's website](http://www.renesource.lv).

Financial Instruments (FI) - financial instruments subject to the Law on Financial Instruments Market of the Republic of Latvia.

Person who is closely associated with a politically exposed person - a natural person who has transactions or other close relationship with a politically exposed person, or who is a shareholder or member in the same commercial company with a politically exposed person, as well as physical person who is the owner of such legal entity, which is actually set up in favour of a politically exposed person.

Politically exposed person (PEP) - a person who in the Republic of Latvia or in another country holds or occupied a significant public position, namely, a senior official of the government, the head of state administrative unit (self-government), the head of the Board, the Minister (the Deputy of the Minister, the Deputy of the Deputy of the Minister), the State Secretary or another senior official of the state or self-government, a member of a parliament or of a similar legal structure, a member of the governance structure (board) of a political party, a judge of the constitutional or supreme court or a court of another level (a member of the judicial institution), a member of the Board or the Board of supreme Audit institution, member of the management board of the central bank, the Ambassador, the plenipotentiary clerk, the chief of the armed forces, the member of the board or the board of the state capital of the company, the head (director, deputy director) and member of the board of an international organization, or a person holding in this company an equivalent position.

Questionnaire - this "Client questionnaire for individual clients".

Ultimate Beneficial Owner (UBO) - natural person (s) on whose behalf, for the benefit and / or in the interest the Client establishes a business relationship with the Company and conducts transactions with the Company.

1. CLIENT DETAILS

1.1. Client's passport data

Full name (as shown on passport / ID)	Personal identity number (if available)	Date and place of birth (if there is no personal ID number)	
Passport/ID series and No.	Passport/ID issuer Country	Passport/ID date of issue	
Passport/ID expiry date			
Passport/ID Issuing Authority			

1.2. Client's contact information

Residential address (Street, house No, town/city, country, postal/zip code)	Correspondence adress (If different from Residential address specified above)
Primary phone number (Prefix included , country code, phone number)	Secondary phone number (Prefix included , country code, phone number)
E-mail	

1.3. Information on Client's education and employment

Education

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Specialized Secondary |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Bachelor degree or similar education | <input type="checkbox"/> Master degree or similar education |
| <input type="checkbox"/> Doctorate | | |

Professional licenses

- No Yes (Please, specify) _____

Your sphere of activity:

- | | | |
|---|--|---|
| <input type="checkbox"/> banknote trading | <input type="checkbox"/> virtual currency trading | <input type="checkbox"/> precious metals and jewelry trading |
| <input type="checkbox"/> manufacture or sale of jewelry | <input type="checkbox"/> gambling /organization of gambling activities | <input type="checkbox"/> arms dealing |
| <input type="checkbox"/> antiques items or art trading | <input type="checkbox"/> rendering of collection services | <input type="checkbox"/> rendering of reinsurance services |
| <input type="checkbox"/> financial intermediation, investments or lending | <input type="checkbox"/> intermediation in real estates operations | <input type="checkbox"/> provision of money services (eg billing offices, currency exchange offices, money transfer agents or other service providers offering money transfer facilities) |
| <input type="checkbox"/> other (please specify): _____ | | |

Status of employment

- | | | |
|--|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Self-employed person |
| <input type="checkbox"/> Public sector / officer | <input type="checkbox"/> Public official/ clerk | <input type="checkbox"/> Houseowner |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other _____ | | |

Did you take one of the following positions?

- | | |
|--|---|
| <input type="checkbox"/> Outsourced Accountant | <input type="checkbox"/> Notary |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Insolvency Administrator |
| <input type="checkbox"/> Legal Formation and Operation Service Provider, opening an account with a financial institution in his own name for financial transactions on behalf of its clients | <input type="checkbox"/> Guardian |

Current employment

Employer's Company's name	Nature of business (please specify Company's website)	
Address: (street, house Nr., City, Country, post code)		
Phone number (international code, prefix)	Position	Experience (in years)

Are you employed by a firm (company) that has as its primary business of dealing in investments or securities (regulated by Financial and Capital market Commision, FSA or other similar regulator, supervising the market activities)?

No Yes (Please, specify) _____

Is your field of activity or activities of a company/companies, in which you are an owner, co-owner or an employee related to a contractual relationship with governemental or municipal authorities or governmental/municipal companies?

No I am not informed Yes (Please, specify)

Do you personally or a company in which you are an owner, co-owner or a salaried employee participate in tender offers by governmental or municipal authorities or governmental/municipal companies?

No I am not informed Yes (Please, specify)

Specify your previous job if it was related to the financial sector or if your experience at the current work place is less than 1 year:

Company's name	Nature of business (please specify a website on the internet)
Position held	Experience (in years)

Are you included in the list of insiders / internal information holders of any financial instrument issuer?

No Yes (Please provide the name of the issuer) _____

Are you related to, or do you have common household with an employee of Renesaource Capital?

No Yes (Please, specify an employee name and surname) _____

2. INFORMATION ABOUT THE ULTIMATE BENEFICIARY OWNER (UBO)

Are You the Ultimate Beneficiary Owner (UBO) of Transactions to be executed on Your Account (s) with the Company?

- YES**, I confirm that I am and will continue to be the UBO for transactions that will be made in my Account (s) within the Company. I also confirm that I do not intend to carry out transactions in my Accounts with the Company on behalf of or for the benefit of third parties and / or to hold (hold) the Assets held by third parties in the Company. In this regard, I undertake to promptly inform the Company in writing of any intentions to enter into transactions on behalf of third parties in or on behalf of the Company and / or to hold (hold) the Assets owned by the Company in third parties.
- NO**. The UBO is another person (Please fill in "Questionnaire of the Ultimate Beneficial Owner (UBO) of the individual Client").

3. INFORMATION ABOUT THE PERSON, WHO WILL SIGN THE CONTRACT WITH THE COMPANY ON BEHALF OF THE CLIENT

The Contract with the Company will be signed by:

- Client Personally Authorized person (Please fill in the supplementary questionnaire "Questionnaire for the authorized person of the individual client")

Authorized person data:

Full name (as shown on passport / ID)	Personal identity number (if available)	Date of birth, place (if there is no personal code)
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4. INFORMATION ABOUT POLITICALLY EXPOSED PERSON'S (PEP) STATUS

4.1. Are you or were you a politically exposed person (PEP)?

- NO YES (Please fill in the information below)

Politically exposed position of Client-PEP (please tick):

- | | | |
|--|---|---|
| <input type="checkbox"/> Head of State (President) | <input type="checkbox"/> another high-level official in government or government department (municipality) | <input type="checkbox"/> ambassador or authorized clerk |
| <input type="checkbox"/> Head of State Administrative Unit (Municipality) | <input type="checkbox"/> Member of Parliament or member of a similar legislative body | <input type="checkbox"/> member of the central bank council or board |
| <input type="checkbox"/> Head of Government | <input type="checkbox"/> member of the governing body (board) of the political party | <input type="checkbox"/> senior officer of the armed forces |
| <input type="checkbox"/> Minister (Deputy Minister or Deputy of Minister's Deputy) | <input type="checkbox"/> Judge at the Constitutional Court, Supreme Court or other Court (member of a judicial authority) | <input type="checkbox"/> member of the board or board of directors of a state-owned corporation |
| <input type="checkbox"/> Secretary of State | <input type="checkbox"/> member of the board or board of the supreme audit (audit) institution | <input type="checkbox"/> head of an international organization (director, deputy director) and member of the board or person who holds an equivalent position within the organization |
- other position (please specify): _____

Country and name of the institution in which person holds a PEP position: _____

Deadline of political position appointment and dates of the appointment: _____

4.2. Are you a family member of PEP?

- NO YES (Please fill in the "Status questionnaire for a politically exposed person's family member / person closely linked to a politically exposed person (PEP)")

4.3. Are you a person who is closely associated with a PEP?

- NO YES (Please fill in the "Status questionnaire for a politically exposed person's family member / person closely linked to a politically exposed person (PEP)")

5. INFORMATION ABOUT THE CLIENT TAX RESIDENCE

5.1. Information for CRS purposes

- I do not have a tax number **Tax residence country** _____
Number _____

5.2. Information for FATCA purposes

Are you a USA citizen?

- No Yes

Is your permanent residence located in the USA (at least 183 days a year)?

- No Yes

Were you born in the USA?

- No Yes

Have you been assigned with a USA permanent resident status (including Green Card)?

- No Yes

Is your correspondence address located in the USA (including U.S. PO Box)?

- No Yes

If you have answered YES to any of the above questions, please complete and SUBMIT a W-9 form and indicate your Tax Identification Number in USA

TIN (Tax Identification Number) _____

6. FINANCIAL INFORMATION

6.1. Information about the Client's income, assets and liabilities

Total value of your financial instruments portfolio (including financial resources, deposit funds, financial instruments) (EUR) _____

Your MONTHLY income after tax (EUR) _____

Market value of your property / assets (real estate, movables, shares, savings, etc.) (EUR) _____

Your obligations to other persons total amount (credit, leasing, overdraft, guarantee indebtedness on other legal grounds, including tax obligations, etc.) (EUR) _____

6.2. Have ever been initiated insolvency or bankruptcy proceedings against you?

- No Yes (Please provide details) _____

6.3. Source of funds for investments

- Salary (specify Employer's name) _____
- Registered self-employment (Specify the type of activity) _____
- Real estate transactions (specify type of property) _____
- Sale of company's share (-s) (specify company's name) _____
- Rent payments from real estate / personal property (specify type of property) _____

- Dividends/interest on the sale of financial instruments (specify type and amount) _____
- Other (Please, specify) _____
- Pension Scholarship Heritage Loan

6.4. Level of income (Please indicate whether your income level is sufficient to cover your expenses?)

- Insufficient Partially sufficient Sufficient In surplus/in excess

6.5. Information about the planned turnover in the Accounts in the Company:

The maximum planned amount of investment in AS IBS Renesource Capital per month (EUR):

- < 3 000 50 001 - 100 000 200 001 - 250 000 350 001 - 400 000 500 000 - 600 000 800 001 - 900 000
 3 001 - 15 000 100 001 - 150 000 250 001 - 300 000 400 001 - 450 000 600 001 - 700 000 900 001 - 1 000 000
 15 001 - 50 000 150 001 - 200 000 300 001 - 350 000 450 001 - 500 000 700 001 - 800 000 > 1 000 000

Maximum Monthly Funds Transfers:

- < 10 10 - 30 30 - 50 50 - 100 > 100

Maximum planned credit turnover in FI accounts per month (EUR):

- < 3 000 50 001 - 100 000 200 001 - 250 000 350 001 - 400 000 500 000 - 600 000 800 001 - 900 000
 3 001 - 15 000 100 001 - 150 000 250 001 - 300 000 400 001 - 450 000 600 001 - 700 000 900 001 - 1 000 000
 15 001 - 50 000 150 001 - 200 000 300 001 - 350 000 450 001 - 500 000 700 001 - 800 000 > 1 000 000

Maximum number of planned FI transactions per month:

- < 10 10 - 30 30 - 50 50 - 100 > 100

Are you planning to do FOP transactions? Yes No

If your answer is YES, please specify:

Maximum planned amount of one FOP transaction :

- < 10 000 200 001 - 300 000 500 001 - 750 000 2 000 001 - 3 000 000
 10 001 - 100 000 300 001 - 400 000 750 001 - 1 000 000 3 000 001 - 5 000 000
 100 001 - 200 000 400 001 - 500 000 1 000 001 - 2 000 000 > 5 000 000

Maximum number of FOP transactions per month:

- < 10 10 - 30 30 - 50 50 - 100 > 100

Maximum planned FOP transactions monthly credit turnover:

- < 10 000 200 001 - 300 000 500 001 - 750 000 2 000 001 - 3 000 000
 10 001 - 100 000 300 001 - 400 000 750 001 - 1 000 000 3 000 001 - 5 000 000
 100 001 - 200 000 400 001 - 500 000 1 000 001 - 2 000 000 > 5 000 000

7. INFORMATION ON INVESTMENTS AND OPENING OF ACCOUNTS

7.1. What is your planned investment amount? _____

7.2. Term of your investments:

- Day trading Short-term investments (Less than a year) Long-term investments (More than a year)

7.3. What is Your reason for opening an Account with the Company?

- Stable financial system in Latvia Foreign customer service opportunities Convenient working hours of the Company
 Business Partners in Latvia Attractive Investor Protection System Confidentiality
 Attractive Company Pricing Policy Convenient Communication Language Individual Service
 The wide range of services offered by the Company Good reputation of the Company and recommendations of existing clients of the Company
 The others: _____

7.4. How did you find out about the investment services offered by the Company?

- Company's website Using searching systems (Google, Yahoo) _____
 Conference / seminar / presentation Company Clients recommendations _____
 Internet advertising Company employee recommendations _____
 advertisement mass media From other sources (Please specify) _____

8. CLIENT'S CONFIRMATIONS AND SIGNATURE

- I certify that the following additional questionnaires are completed:
- "Questionnaire of the Ultimate Beneficial Owner (UBO) of the individual Client";
 - "Status questionnaire for a family member of a politically exposed person / for a person who is closely associated with a politically exposed person (PEP)";
 - "Questionnaire for the authorized person of the individual client";
 - "Client's Statement on Declared Accounts".
- Hereby I confirm that the information provided in present Questionnaire and in attached documents to it is true and complete. I am aware and undertake to immediately inform the Company about any changes in the information provided in present Questionnaire and/or in attached documents.
- I certify that I am informed that, in accordance with the Company's terms of service and in accordance with the provisions of the Contract, the Company is entitled to terminate the Contract if Client intentionally or by gross negligence submitted to the Company false or incomplete data, or did not inform Company on essential changes on earlier submitted data, or refused to provide data to the Company.
- I agree that the Company is entitled to verify the truthfulness of the information provided, as well as to request additional information about the Client, transactions and Ultimate Beneficial Owner of funds involved in transactions.
- I confirm, understand and agree that the unfilled information required in this Questionnaire is deemed to be the negative answer or absence of relevant data.
- I certify that I have read and understood the Company's "Privacy Policy", published on the https://www.rensource.com/attachments/lv/Privatuma_politika_2018_versija%20majas%20lapai.pdf, and I have understood and agreed to the rights and conditions of Company for processing and protection of personal data specified therein, including, before the rendering of services (contracting) and during the business relations, obtain, request and receive personal data from any third parties for supervising and evaluating the information specified in this Questionnaire. I undertake to keep up to date with the amendments to Company's "Privacy Policy" for all services received.
- I agree that Company is entitled to process the personal data submitted in present Questionnaire for data processing purposes in accordance with Company "Privacy Policy" as well as the purpose of offering and rendering investment services and sending commercial notifications and offers.
- I certify that I have legally acquired the personal data contained in this Questionnaire which is not my personal data and that I have the right to disclose this personal data to Company for the rendering of services. I acknowledge and warrant that I have informed the parties about the processing of personal data by Company and they have agreed or otherwise authorized the processing of such data. I certify that I have informed these persons about the principles and rights of Company in personal data processing.

Full name, as shown on passport / ID

Signature

Date

Place

To speed up the Account Opening Procedure, please send a scanned completed Questionnaire and all the documents necessary for Account opening to the Company's e-mail: newaccounts@rensource.com, the originals of these documents MUST be sent to AS IBS "Rensource Capital" at: Riga, Dunties street 15A, Latvia, LV-1005, within 14 days after sending scanned copies.