

QUESTIONNAIRE OF THE ULTIMATE BENEFICIAL OWNER (UBO) OF THE INDIVIDUAL CLIENT

The Company is obliged to obtain information on the issues specified in the Questionnaire under 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.

For intentional providing false information to the Company guilty persons can be held criminally responsible under the Article 195.1 of the Latvian Criminal Law.

In case of uncertainties and questions related to the completion of the Questionnaire, please contact the Company without delay by phone +371 67 092 737 or by visiting the Company's website www.rensource.lv

Thank you for understanding!

Attention! Please complete all information using capital print letters. ALL FIELDS MUST BE COMPLETED.

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 cash.

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.rensource.lv](http://www.rensource.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.rensource.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 physical 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) - the person (s) in physics (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

Full name (as shown on passport / ID)

Personal identity number (if available)

Date of birth, place (if there is no personal code)

2. ULTIMATE BENEFICIAL OWNER (UBO) DETAILS

I hereby certify that the Client's True Beneficial Owners are:

1.

Full name (as shown on passport / ID)

Personal identity number (if available)

Date of birth, place (if there is no personal code)

2.

Full name (as shown on passport / ID)

Personal identity number (if available)

Date of birth, place (if there is no personal code)

The basis for the above person (s) being UBO for transactions with Client's Accounts in the Company:

- Relationship (please indicate the degree of affinity)
- Contractual relations (please specify - directly and attach copies of relevant documents)
- Other basis (please specify and attach copies of relevant documents)

UBO sphere of activity:

- | | | |
|---|--|---|
| <input type="checkbox"/> banknote trading | <input type="checkbox"/> virtual currency trading | <input type="checkbox"/> trading in precious metals and jewels |
| <input type="checkbox"/> manufacture or sale of jewellery | <input type="checkbox"/> gambling or its organizing | <input type="checkbox"/> trading in weapons and ammunition |
| <input type="checkbox"/> trading by antiques or art items | <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): | | |

Did UBO take one of the following positions?

- | | |
|--|---|
| <input type="checkbox"/> Outsourcing 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 |

Does field of activity of UBO or a company in which UBO is a co-owner or a salaried employee relate to a contractual relationship with public or local authorities or companies?

- No I am not informed Yes (Please, specify)

Is UBO personally or a company in which UBO is a co-owner or a salaried employee in tenders for procurement by public authorities or companies?

- No I am not informed Yes (Please, specify)

3. INFORMATION ABOUT POLITICALLY EXPOSED PERSON'S (PEP) STATUS FOR UBO

3.1. Is UBO or was a politically exposed person (PEP)?

- NO YES (Please fill in the information in Section 3.4.)

3.2. 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)")

3.3. 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)")

3.4. PEP details

Full name (as shown on passport / ID)	Personal identity number (if available)	Date of birth, place (if there is no personal code)
---------------------------------------	---	---

Politically exposed position of PEP (please tick):

- | | | |
|---|--|--|
| <input type="checkbox"/> Head of State (President)

<input type="checkbox"/> Head of State Administrative Unit (Municipality)

<input type="checkbox"/> Head of Government

<input type="checkbox"/> Minister (Deputy Minister or Deputy Minister)

<input type="checkbox"/> Secretary of State | <input type="checkbox"/> another high-level official in government or government department (municipality)

<input type="checkbox"/> Member of Parliament or member of a similar legislative body

<input type="checkbox"/> member of the governing body (board) of the political party

<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 the supreme audit (audit) institution | <input type="checkbox"/> ambassador or authorized clerk

<input type="checkbox"/> member of the central bank council or board

<input type="checkbox"/> senior officer of the armed forces

<input type="checkbox"/> member of the board or board of directors of a state-owned corporation

<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 in which the Client holds a PEP position: _____

The exact name of the institution in which the Client occupies a PEP position: _____

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

4. INFORMATION ABOUT THE UBO TAX DOMICILE

4.1. Information for CRS purposes

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

4.2. Information for FATCA purposes

Do you have USA citizenship?

No Yes

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

No Yes

Is USA your birthplace?

No Yes

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

No Yes

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

No Yes

If you have answered YES to any of the above questions, please fill form W-9 and indicate your Tax Identification Number in United States of America

TIN (Tax Identification Number) _____

5. CLIENT'S CONFIRMATIONS AND SIGNATURE

I hereby certify and confirm with my signature that:

- The information provided in present Questionnaire and in attached documents to it is true and complete.
- I am aware and undertake immediately to inform the Company about any changes in the information provided in present Questionnaire and/or in attached documents.
- 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 understand and agree that the unfilled information required in this Questionnaire is deemed to be the negative answer or absence of relevant data.
- I have legally acquired the personal data contained in this Questionnaire and 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