

## QUESTIONNAIRE FOR THE AUTHORIZED PERSON OF THE INDIVIDUAL CLIENT

### ***! MUST BE FILLED IN BY THE CLIENT'S AUTHORIZED PERSON***

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.

**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](mailto:newaccounts@renesource.com)

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

### **TERMS AND ABBREVIATIONS USED IN THE QUESTIONNAIRE**

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**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](#), as well as on the [Company's website](#).

**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 "Questionnaire for the Authorized Person of the individual Client".

**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

Full name (as shown on passport / ID)

Personal identity number (if available)

Date and place of birth (if there is no personal ID number)

## 2. INFORMATION ABOUT THE AUTHORIZED PERSON

(if there are several Authorized Persons, please fill in for each Authorized Person)

**The legal basis of status of Authorized person of the Client** (can be on several bases):

- Kinship (please indicate the degree of affinity) \_\_\_\_\_
- Contractual relations (please specify and attach copies of relevant documents) \_\_\_\_\_
- Authorization (please specify the power of attorney (POA) data)
- The POA date and place \_\_\_\_\_
- The POA term \_\_\_\_\_
- The POA authorization number (if applicable) \_\_\_\_\_
- Institution / Authority confirmed (registered by) mandate \_\_\_\_\_
- Volume of authorization \_\_\_\_\_

**Personal data of the authorized person:**

Full name (as shown on passport / ID)

Personal identity number (if available)

Date and place of birth (if there is no personal ID number)

Residential address  
(Street, house No, town/city, country, postal/zip code)

Address for correspondence  
(If different from residential address specified above)

Primary phone number  
(Country and area code, prefix, phone number)

Secondary phone number  
(Country and area code, prefix, phone number)

E-mail

**Education**

- Primary  Secondary  Specialized Secondary
- Professional  Bachelor degree or similar education  Master degree or similar education
- Doctorate

**Authorized person sphere of activity:**

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

**Did you take one of the following posts?**

- Outsourced Accountant  Notary
- Advocate  Insolvency Administrator
- 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  Guardian

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

- No  Yes (Please provide the name of the issuer) \_\_\_\_\_

**Are you related to, or having a common household with an employee of Company?**

- No  Yes (Please, specify) \_\_\_\_\_

**Is your field of activity or companies activity in which you are an owner, co-owner or a salaried employee related to a contractual relationship with governmental 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)

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

**3.1. Are you or were you 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 and place of birth (if there is no personal ID number) \_\_\_\_\_

**Politically exposed position of 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 |
| <input type="checkbox"/> other position (please specify): _____                    |   |   |

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

Deadline of political position appointment and dates of the appointment: \_\_\_\_\_

**4. INFORMATION ABOUT THE CLIENT TAX RESIDENCE**

**4.1. Information for CRS purposes**

- I do not have a tax number      Tax residence country \_\_\_\_\_  
 Number \_\_\_\_\_

**4.2. 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)

**5. AUTHORIZED PERSON'S CONFIRMATIONS AND SIGNATURE**

I hereby certify and confirm with my signature that:

- The legal basis for my status as the Authorized Person of the Client specified in this Questionnaire is valid, the authorization has not been revoked, cancelled or in any other way its operation is not terminated or contested.
- I have a sufficient unconditional and unlimited amount of powers that is duly executed and granted by the Client to me, and on the basis of this powers I am entitled to enter into the Contract and other transactions with the Company on behalf of the Client (including transactions for the establishment of pledge or other encumbrance) in relation to to the Client's Assets. Otherwise, as well as in the event that this powers are subsequently challenged or declared invalid, as a natural person, I will assume all obligations to the Company arising from the Contract and / or any other document I signed as the Client's authorized person and I undertake to be fully responsible for their execution.
- I undertake to inform the Company immediately in writing of any changes in the scope of powers or of the termination of my powers as a Client's Authorized person, as well as any changes in the information provided in this Questionnaire.
- The information provided in present Questionnaire and in attached documents to it is true and complete.
- 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 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Date

Place