

## CLIENT QUESTIONNAIRE for Corporate client

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 based relationship regardless of the amount of information or documents provided.**

**Persons may be held criminally liable for provision of deliberate false information to the Company in accordance with Article 195.1 of the Republic of Latvia Criminal Law.**

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

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)

### 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 conducted.

**Assets** - financial instruments (FI) and money.

**Client** - a legal entity wishing to use the investment services and / or ancillary services provided by the Company and which has provided the Company with the documents and information required by the Company for the conclusion of the Contract with the Company but for which the Contract has not yet been signed (ie a potential client); a legal entity who has already concluded a Contract with the Company.

**Client's Legal Representative** - a natural person who represents a legal entity on the basis of law.

**Client's Contractual Representative** - a natural person representing a legal entity on the basis of an agency contract or a power of attorney, as well as a procurator.

**Client's Authorized Representative** - Client's Legislative Representative or Client's Contractual Representative.

**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.

**LEI code (Legal Entity Identifier)** - unique identifier of legal entities participating in financial transactions, it is a 20-character, alpha-numeric code. More detailed information can be found on <https://www.lei.org/>

**Person who is closely associated with a politically exposed person (PEP)** - 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 holds or has held a significant public position in the Republic of Latvia, another EU Member State or a third country, including the highest official of the state authority, the head of the state

administrative unit (local government), the head of government, the minister (Deputy Minister or Deputy Minister, if in the respective country has such a post), a state secretary or other high-level official in a government or government administration (local government), a parliamentarian or member of a similar legislative body, member of the governing body (board) of a political party, constitutional court, supreme court or other judge at court member of the institution), member of the supervisory board or board of the supreme audit (audit) institution, member of the central bank council or board, ambassador, authorized clerk, senior officer of the armed forces, member of the board of the state capital company or board member head of a business organization (director, deputy director) and board member or person holding an equivalent position within the organization.

**Questionnaire** - this "Client questionnaire for Corporate client".

**Ultimate Beneficial Owner (UBO)** – natural person (s):

1. which owns or controls, directly or indirectly, at least 25% of the total number of shares or voting shares of the Client or otherwise controls the activity of the Client;
2. which directly or indirectly owns or controls, directly or indirectly, at least 25% of the Client's legal entity, other than a merchant. The UBO is considered to be a person or a group of persons for whose benefit a foundation is established. The UBO of political party, an association or a cooperative society shall be considered as a political party, association and cooperative;
3. in whose favor or interest the business relationship is established;
4. in whose favor or interest a separate financial transaction is made without establishing a business relationship.

## 1. CLIENT DETAILS

Legal name	Registration No	
Legal and Organizational Structure: <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Other (Please, specify) _____		
Registration date	Country of Incorporation	Legal/ Registered address
Address for correspondence <i>(If different from Legal/Registered address)</i>		Client's homepage address
Client's contact person (full name)	Position held	
Primary phone number <i>(Prefix included, country code, phone number)</i>	Secondary phone number <i>(Prefix included, country code, phone number)</i>	
E-mail (required)		

**If the Client is a subsidiary company, please specify the parent Company's name, legal and organizational structure**

Private Limited Company     Public Limited Company (Please, provide name) \_\_\_\_\_

**If the Client or it's parent company is a public company, please specify, through which stock exchange securities are publicly traded**

**Does the Client's economic activity or the activity of its UBO involve such activities?**

- |   |  |   |
|---|--|---|
| <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): _____                    |  |   |

**Type of Client's economic activity (according to international NACE classification)**

- |  |  |
|--|--|
| <input type="checkbox"/> Performing arts, sports, entertainment and recreation | <input type="checkbox"/> Mining and quarrying                                  |
| <input type="checkbox"/> Finance and insurance                                 | <input type="checkbox"/> Real estate   |
| <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Professional, scientific and technical activities     |
| <input type="checkbox"/> Information and telecommunication                     | <input type="checkbox"/> Accommodation and food services                       |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Water supply, sewerage, waste management              |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Health and social care                                |
| <input type="checkbox"/> Activities of households                              | <input type="checkbox"/> Agriculture, forestry and fishing                     |
| <input type="checkbox"/> Transport, storage, postal and courier activities     | <input type="checkbox"/> Car and motorcycle wholesale, retail trade and repair |
| <input type="checkbox"/> Administrative and support service activities         | <input type="checkbox"/> Other services  |
| <input type="checkbox"/> Electricity, gas, steam and air conditioning supply   |  |

**Description of Client's business activity** (please specify Client's core business types, structure etc.)

**The main business partners of the Client / its geographical location**

**Is the Client a regulated entity having financial market participant license?**

- No  Yes (Please, specify Regulatory Authority name, jurisdiction, registered No. at Regulator)

**Is the Client's core business related to investment and/or financial instruments?**

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

**Does the Client's field of activity relate to contractual relations with state or municipal authorities or companies?**

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

**Does the Client take part in public state and municipal procurement tenders?**

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

**Number of employees in the Client's company:**

- less than 10  10 – 50  50 – 100  more than 100

**Is Client a company, fund or similar non-profit organization that is not profit-oriented?**

- No  Yes

**Is this organization a charitable organization in the Republic of Latvia?**

- No  Yes

**Does Client submit annual financial statements to competent supervisory authorities?**

- No  Yes. Please provide the name of the state and the supervising authority and the date of the last financial statement : \_\_\_\_\_

**Can the Client provide the Company with access to the Client's financial statements?**

- No  Yes

**Is there an audit of the Client's performance?**

- No  Yes. Please provide the name of the audit company and the date of the last audit: \_\_\_\_\_

## **2. INFORMATION ABOUT CLIENT'S AUTHORIZED REPRESENTATIVES**

**The legal basis of the Client's Authorized Representatives mandate:**

- Legal Representative (please specify a post):

Member of the Board

Director

other position \_\_\_\_\_

- Contractual Representative (specify base of authority):

Representative on the basis of a power of attorney / authorization agreement (*please fill in the "Questionnaire for the Authorized person of the Corporate client"*)

procurator

- Contractual relationship (request for additional information): \_\_\_\_\_

**Client's Authorized Representatives signature rights:**

- separately  together with other persons / officials (please specify) \_\_\_\_\_

**1. Client's Authorized Representative personal 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			

**Education**

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

**2. Client's Authorized Representative personal 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			

**Education**

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

**3. INFORMATION ABOUT THE CLIENT ULTIMATE BENEFICIARY OWNERS (UBO)**

**The Client hereby confirms that:**

- Client's Ultimate Beneficiary Owners (UBO) are above mentioned persons (*Please fill in the following information for each UBO and complete "Questionnaire of the Ultimate Beneficial Owner (UBO) of the Corporate Client"*).
- Client's Ultimate Beneficiary Owners (UBO) are shareholders. The Client is a joint stock company and its shares are admitted to the regulatory market, and control of the UBO over the Client is based only on the status of the UBO as the Client's shareholder.

**1. Client's UBO personal 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			

**2. Client's UBO personal 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			

If the Client's UBO membership consisting of 2 or more subjects, please provide the exact UBO structure scheme explaining the relationship in UBO membership, which is the basis of the person indicated regarded as Client's UBO

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

**4.1. Is any of the Client's Authorized Representatives and / or Client's UBOs a PEP or have ever been PEP?**

- NO  YES (Please fill in the information below)

**PEP personal 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 expiry date
Passport/ID Issuing Authority		

**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 PEP holds a politically exposed position: \_\_\_\_\_

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

**4.2. Is any of the Client's Authorized Representatives and / or Client's UBO 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. Is any of the Client's Authorized Representatives and / or Client's UBO 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. Is Client a Value Added Tax (VAT) payer?**

- No  Yes (please provide VAT number) \_\_\_\_\_

**5.2. Information for CRS purposes**

- Client does not have a tax number  Tax residence country Number \_\_\_\_\_

**5.3. Information for FATCA purposes**

<p><b>Is Client registered USA legal entity?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Has any of the Client's Authorized Representatives and / or Client's UBOs been assigned with a USA permanent resident status (including Green Card)?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Is permanent residence of any of the Client's Authorized Representatives and / or Client's UBO located in the USA (at least 183 days a year)?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Is Client correspondence address located in the USA (including U.S. PO Box)?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Was any of the Client's Authorized Representatives and / or Client's UBOs born in the USA? Is any of the Client's UBOs a resident of the US or a US citizen?

No  Yes  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 and Global Intermediary Identification Number (GIIN).

TIN (Tax Identification Number) \_\_\_\_\_ GIIN \_\_\_\_\_

In case it is planned to conduct transactions with the securities issued in the USA, please complete and submit [form W-8BEN-E](#).

**6. CLIENT'S FINANCIAL INFORMATION**

Equity (EUR) \_\_\_\_\_

Neto turnover (EUR, per year) \_\_\_\_\_

Balance value (EUR) \_\_\_\_\_

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

Has the Client ever been subject to legal protection proceedings or legal person insolvency proceedings?  
 No  Yes (Please provide details) \_\_\_\_\_

Have any financial pledge rights been applied to the Client's Assets or did the Client's Assets serve as a financial collateral for the loan?  
 No  Yes (Please specify volume) \_\_\_\_\_

**Information about the planned turnover in the Accounts with the Company:**

The maximum planned amount of investment 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?  No  Yes 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

**Information about the Client's accounts with credit institutions and / or other financial institutions:**

Name of credit institution or other financial institution	State	Type of account (current account/FI account)

**Information about the source of funds to be used for investment:**

**Are Client and/or Client's Authorized Representatives and / or Client's UBO included in the list of the holders of the internal information of an issuer whose financial instruments are traded on a regulated market?**

No  Yes (Please specify the issuer, company name) \_\_\_\_\_

**Has Client been classified as a Professional client or an Eligible Counterparty in any country within EU or EEA?**

No  Yes (Please specify the country and institution which granted the status of Professional client , date of granting the status) \_\_\_\_\_

**Does Client have LEI (Legal Entity Identifier)?**

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

## 7. INFORMATION ON INVESTMENTS AND OPENING OF ACCOUNTS

**Information on the ownership of financial instruments that will be located in the Client's Accounts with the Company:**

Client is and will continue to be the owner of the FI that will be located in the Client's Accounts with the Company.

Client is and will continue to be the holder of the FI to be located in the Client's Accounts with the Company. In this regard, the Client's FI Account in the Company shall be considered as a nominal account in accordance with the Financial Instruments Market Law.

**Planned investment amount, EUR** \_\_\_\_\_

**Planned term of investments:**  Day trading  Short-term investments (Less than a year)  Long-term investments (More than a year)

**Investment strategy**

- Conservative (The main objective is preservation of the invested capital)  
 Balanced (Gaining of profit, assuming a reasonable risk)  
 Speculative (Gaining of big profit, accepting high risk)

**Purpose of the investment:**

- Speculation  
 Hedging (Please, specify the type of financial instrument) \_\_\_\_\_  
 Other (Please, specify your purpose for applying for FI account) \_\_\_\_\_

**What is a reason for opening an Account with the Company?**

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

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

- |  |  |       |
|--|--|-------|
| <input type="checkbox"/> Company's website                   | <input type="checkbox"/> Using searching systems (Google, Yahoo) | _____ |
| <input type="checkbox"/> Conference / seminar / presentation | <input type="checkbox"/> Company Clients recommendations         | _____ |
| <input type="checkbox"/> Internet advertising                | <input type="checkbox"/> Company employee recommendations        | _____ |
| <input type="checkbox"/> advertisement mass media            | <input type="checkbox"/> 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 Corporate 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 Corporate client";  
 "Client's Statement on Declared Accounts".

Hereby I confirm that the information provided in present Questionnaire and in attached documents 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 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](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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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](mailto: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.