

Application Form For Legal Entities

1. APPLICANT GENERAL INFORMATION	
Legal Name	
Legal Form	
Place of Incorporation	
Registration Number	
TIN, Country ¹	
Registration Date	
Supervisory Authority	<input type="radio"/> Yes _____ <input type="radio"/> N/A
Legal Address	
Office Address	
Phone Number, E-mail	
Website, if any	

2. INFORMATION ON BUSINESS ACTIVITY	
Licences for Business Activity ²	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Total Number of Employees	
Bearer Shares	<input type="radio"/> Yes <input type="radio"/> No
Please specify Type of Business Activity <input type="radio"/> Agriculture <input type="radio"/> Processing industry <input type="radio"/> Whole sale and retail <input type="radio"/> Financial and insurance activities <input type="radio"/> Professional, scientific and technical services <input type="radio"/> Health and social care <input type="radio"/> Trading with other exchanges <input type="radio"/> E-commerce	<input type="radio"/> State governance <input type="radio"/> Investing <input type="radio"/> Internet technologies <input type="radio"/> Art, entertainment and recreation <input type="radio"/> Advising <input type="radio"/> Virtual currency/Wallet services <input type="radio"/> Online payments <input type="radio"/> Other: _____
Please Provide Full Description of Business Activity (including business organization structure, customers' amount and geography in percentage (%), business geography - subsidiaries and affiliates, partners, suppliers, agents (for incoming and outgoing transactions) - in percentage (%) ³	
_____ _____ _____	
Code of Business Activity (if any)	

¹ If Applicant is U.S. tax resident, please fill in USA Questionare

² If answer is Yes, please provide license copy

³ If necessary, please use additional sheets

Applicant's Turnover Last Year	_____ EUR
Applicant's Estimated Turnover	
Incoming Transactions	Outgoing Transactions
_____ EUR per annum	_____ EUR per annum
_____ EUR per month	_____ EUR per month
Applicant's Estimated Amount of Transactions	
Incoming Transactions	Outgoing Transactions
_____ per month	_____ per month
Does the Applicant has an Obligation to Submit Financial Statements to the State Authority?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Does the Applicant Use Cash in its Transactions?	<input type="radio"/> Yes _____ EUR/per month <input type="radio"/> No

3. INFORMATION ON MAIN BUSINESS PARTNERS		
Partner Full Name	Country	Brief Description of Economic Essence

4. INFORMATION ON THE INTENDED USE OF SERVICES		
<input type="radio"/> Payment Services	<input type="radio"/> Crypto	<input type="radio"/> Other _____

5. PAYMENT INFORMATION ⁴		
	Account 1	Account 2
Payment Institution Name		
Payment Institution Place of Registration		
Payment Institution Business Address		
Account Number		
IBAN		
BIC/SWIFT		

⁴ Payment Institution shall mean payment institution and credit institution

6. INFORMATION ON APPLICANT'S AUTHORISED PERSONS

	PERSON 1	PERSON 2
Title		
Position		
First/Last Name		
Former Name		
Date of Birth		
Place of Birth		
Residence Address		
Identification Document Type and Name		
Identification Document Number		
Identification Document Date of Issue		
Identification Document Date of Expiration		
Identification Document Issuing Authority Name		
Citizenship		
U.S. Person Status ⁵	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PEP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

7. INFORMATION ON ULTIMATE BENEFICIAL OWNERS (UBO)

	UBO 1	UBO 2
Type of Control		
Percentage of Control (%)		
Title		
First/Last Name		
Former Name		
Date of Birth		
Place of Birth		
Residence Address		
Identification Document Type and		

⁵ If answer is Yes, please fill in USA Questionnaire

Name		
Identification Document Date of Issue		
Identification Document Date of Expiration		
Identification Document Issuing Authority Name		
Citizenship		
U.S. Person Status ⁶	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PEP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tax Residence Country/TIN	<input type="radio"/> Yes, <input type="radio"/> No TIN: _____ Country: _____	<input type="radio"/> Yes <input type="radio"/> No TIN: _____ Country: _____

8. INFORMATION ON ML/TF AND OTHER PENALTIES		
	YES	NO or N/A
Does the Applicant have written ML/TF Policy/Procedures?	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> N/A
Is Applicant (or within last 3 years has been) under any sanction, investigation or penalty imposed by Supervisory Authority or other competent authority (both national and foreign) ⁸	<input type="radio"/>	<input type="radio"/>
Are there any restrictions imposed to the Applicant due to ML/TF regulations breach?	<input type="radio"/>	<input type="radio"/>
Have the Applicant's directors, UBO, authorized persons or key officers been previously charged with the crime of ML/TF or other economic crimes?	<input type="radio"/>	<input type="radio"/>
Have the Applicant's directors, UBO, authorized persons or key officers responsible for AML/CTF ever been subject to any local or international financial sanctions?	<input type="radio"/>	<input type="radio"/>
Are the Applicant's directors, UBO, authorized persons or key officers in a state of bankruptcy, sanitation, debt collection or other claims from third parties and/or government authorities?	<input type="radio"/>	<input type="radio"/>
Are the Applicant's directors, UBO, authorized persons or key officers wanted by order of government authorities?	<input type="radio"/>	<input type="radio"/>

WHEN FILLING IN THIS APPLICATION FORM, PLEASE NOTE THAT:

- ☒ Please note, that no empty spaces shall be left unanswered. If the question does not apply please match as N/A ("Not Applicable")
- ☒ Please fill in the form using block letters
- ☒ When providing address details please specify house and street number, postcode/**ZIP**, city, country
- ☒ If a person has more than one citizenship/residence please provide details of all identification documents (passport/ID card/other) issued in the respective country
- ☒ PEP - politically exposed person- means a natural person who is or who has been entrusted with prominent public functions including a head of State, head of government, minister and deputy or assistant minister; a member of parliament or of a similar legislative body, a member of a governing body of

⁶ If answer is Yes, please fill in USA Questionnaire

⁷ If answer is Yes, please fill in AML Questionnaire

⁸ If answer is Yes, please provide copy of respective resolution

a political party, a member of a supreme court, a member of a court of auditors or of the board of a central bank; an ambassador, a chargé d'affaires and a high-ranking officer in the armed forces; a member of an administrative, management or supervisory body of a State-owned enterprise; a director, deputy director and member of the board or equivalent function of an international organisation, except middle-ranking or more junior officials. Local politically exposed person means a PEP who is or who has been entrusted with prominent public functions

- ☒ ML/TF means money laundering and terrorism financing
- ☒ AML/CTF means anti money laundering and counter terrorism financing
- ☒ The present form shall be signed by authorised representative of the Applicant, specifying respective job title/position/authorisation

Signature of Applicant's Representative,

(Signature)

(First/Last Name, printed name)

Date and Place of Completion

(Date)

(Place)