## Application for Opening of Account

**Applicant Details**

|  |  |
| --- | --- |
| Full name (of the applicant) |  |
| INN (Taxpayer Identification Number) |  |
| Address (place of state registration) |  |
| Physical address |  |
| Postal address |  |
| Address of the permanent governing body |  |
| Telephone |  |

In accordance with Russian currency regulation and currency control legislation, the applicant is (please select as appropriate):

Resident Non-resident

You are kindly asked to open \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ account

 (type/currency)

With a savings account in place,

the funds from Savings Account № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

are to be transferred to the opened bank account in the relevant currency.

I have read and agree with the Bank's Tariffs

**Company’s Warranties and Representations**

|  |
| --- |
| 1. We undertake to immediately inform the Bank by any means available to us (inter alia, in writing) about all changes in the information contained in this Application and documents provided to the Bank. We accept full responsibility for any adverse consequences including financial loss resulting from our failure to notify/undue or untimely notification of the Bank, or delayed receipt of such notices by the Bank.2. We hereby guarantee to the Bank legitimacy of the account transactions and confirm (attest) that:2.1. The documents submitted to the Bank to have the account opened, and the information contained in the documents and in this Application are reliable;2.2. The founders (co-founders) of the company, its shareholders, individuals entitled to act without a power of attorney, officials authorized to administer the account including those stated in the Sample Signature Card are not straw parties or persons on the wanted list, or persons acting under lost or invalid passports or documents confirming their powers including powers of attorney, are not involved in criminal and terrorist/extremist activities, have had no criminal record related to economic and financial crimes.3. We are aware of the fact that the Bank, in compliance with sub-clause 5.2 Clause 5 Article 7 of Federal Law No.115-FZ dated 07 August 2001 "On Counteracting Legalization (‘Laundering’) of Proceeds from Crime and Financing of Terrorism", has the right to refuse to conclude a bank account agreement in case of any suspicion that the purpose of such agreement is performance of operations for money laundering or financing of terrorism. We are familiar with the information for clients about the rights, obligations and requirements of the Bank in order to comply with Federal Law No.115-FZ dated 07 August 2001 "On Counteracting Legalization (‘Laundering’) of Proceeds from Crime and Financing of Terrorism". |

**Signatures of Applicant**

CEO/ Representative acting on the basis of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Document Signature Full name Date

L.S.

**Notes of Bank**

I have accepted the application, identified the Client, checked the documents required for opening a Bank account:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Position Signature Full name Date

Opening of special card account has been approved not approved by the Financial Monitoring Service

**Bank’s instruction**

**Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be opened.**

Bank Account Agreement dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CEO/

other authorized person of the Bank Signature Full name Date