

Questionnaire for a Legal Entity

Change of

information

☐ Information update

1.	INFORMATIO	ON ABOU	T LEGAL ENT	[TY							
Full	name of the lega	al entity									
Previous name (if there were any changes)											
Cou	intry of incorpora	ition									
Registration number					Registration date						
Reg	istration authorit	У									
2.	CLASSIFICAT	TTON									
	Fund						Trust				
	Private compar	Private company limited by shares					Foundation				
	Public corporat	blic corporation					-	Unincorporated business, partnership or other egal person with no legal substance			
	Firm, which provides investment services and/or performs investment activities consisting exclusively in dealing on own account				IS			ompany involved in electronic gambling and aming through the Internet			
	Investment firm, which provides investment services and/or performs investment activities to the clients, or credit institution						Other (p	Other (please specify)			
	Government ag	vernment agency or public authority					Other (p	Other (please specify)			
3.	ADDRESSES										
	istered address	Postco	de			Countr	у				
		Addres	SS S								
		Postco	de				Country				
□ r	iness address matches with stered address	Addres	SS S		<u> </u>						
		Postco	de				Country				
regis	natches with stered address natches with ness address	Addres	SS S		·		·				
1	CONTACTO										
	contacts					ax nu	mber				
Phone number											
Ema	ail address				١	Nebsit	e (if any)				

Initial entry of

information

PERSONS AUTHORIZ	ED TO ACT ON BEHAI	LF OF TH	E ENTITY WITHOU	JT POWER OF	ATTORNEY				
ype of person carrying out the functions of the executive body *	Position		Name	Start of the term	End of the term				
,									
* Director(/s), managing of	company, trustee, official re	eceiver (/in	solvency administrator)					
OWNERSHIP STRUCT	TURE**								
Company name (Client's first	, than other corporate owr	ners)	Shareholder (Be	neficiary) name	Share (%)				
					(10)				
** Please disclose the full	chain of shareholders (ow	ners) un to	the ultimate heneficial	l owners (LIBO's)	– natural nersons				
	rectly, 10% or more of the			owners (obo's)	natarar persons				
INFORMATION ON C	ORPORATE GOVERNA	NCE STR	RUCTURE (Board o	f Directors, e	tc.)				
Management body		Composition (name and title)							
INFORMATION ON T	HE ENTITY'S BUSINE	SS OR O	THER ACTIVITY						
Nature of activity	Geographica	al area	Customers (retai business, etc.)	connec	here state or state cted entities among customers (Y/N)				

icense (/Permit) Number	Type of Activity	Issuing Authority	Date of Issuance	Validity Period
			1	
). CORPORATE GOVERI		ile)		
The name of the Client's exte	ernal auditor			
The details of any industry as	_	atory		
organization the Client is a m		la a a		
Does the Client have a Risk Nand the Risk Management bo		olace		
Does the Client have a Code		Ethics)		
n place	(-	,		
Does the Client have an Anti-	-Money Laundering Pol	icy in		
olace				
Does the Client have an Anti-	-Corruption Policy in pla	ace		
		L		
I hereby certify that t	he information in th	is Questionnaire is tru and belief.	e to the best of my in	formation, knowledg
		and belief.		
Name of person signing of	on behalf of the entity			
, , ,	•			
Date				
			Signature	Stamp of the entity