

QUESTIONNAIRE

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Name	To fill out
Client's code	
Name, surname, middle name (if the latter is available)	Name, surname, middle name of the person for whom the questionnaire is being filled
Date of birth	
Place of birth	
Citizenship (all)	
Identification document	Document Name. _____ Series . _____ Number. _____ Date of issue. _____ Valid until. _____ By whom it is issued. _____ Subdivision code (if present). _____
Migration card data, a document that confirms the rights of a foreign citizen to be (live) in RA / Foreign citizen's residence permit	<input type="checkbox"/> I don't have, <input type="checkbox"/> I have Document name. _____ Series (if present). _____ Number. _____ Name of the institution issuing the document. _____ Date of arrival (residence): _____ Date of completion of the right to residence. _____
Residential address	<i>Fill the residential address</i>
Registration address	<i>Fill if it does not match the address of the place of residence</i>
TIN (if applicable)	
Taxpayer Identification Number issued in another country (if applicable)	
Telephone number	
E-mail address	
Additional phone number (if available)	
Information about the representative, if you have a separate representative, a separate questionnaire for a natural or legal person must be filled out for him	<input type="checkbox"/> I don't have, <input type="checkbox"/> I have Name of the representative _____ Confirmation Document: _____ The Beginning of Authorities. _____ The End of Authorities. _____
Information about the beneficial owner <i>A separate natural person questionnaire is filled in regarding the beneficial owner</i>	<input type="checkbox"/> I don't have, <input type="checkbox"/> I have AIDS of a Real Beneficial Physical Person _____

<p>Are you considered to be a person with political influence? By saying a person with political influence, we mean: a head, deputy head, board member of an international organization or a member of bodies performing other similar managerial or control functions, a chairman, deputy or board member of the Central Bank of Armenia, a judge of the highest instance court, the constitutional court and a judge of other high courts, an ambassador, a trustee of affairs or a high-ranking officer of the armed forces, a member of parliament, a head of a local self-government body, an official of a political party?</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No <i>If "Yes". specify the position, name and address of the workplace</i>
<p>Are you considered to be a family member of a person with political influence? By saying a family member, we mean: the husband, as well as the following persons living together or running the same household: parents, grandmother, grandfather, grandson over 18 years old, child over 18 years old and his spouse, sister and brother over 18 years old and their spouses and their children over 18 years of their spouses, husband's parents, husband's child over 18 years. Persons are considered running the same household if the deterioration of the financial condition of one of them causes or may cause the deterioration of the financial condition of the other, or the income or other financial resources of one of them is used or can be used to finance joint expenses or the expenses of the other.</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No <i>If "Yes". specify the relationship with the person, the person's position, the name and address of the workplace</i>
<p>US Taxpayer Information</p>		
<p>Are you a US citizen (if you have more than one citizenship)</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have a permanent residence permit in the USA (Green Card)</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>My birthplace is USA</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have a residence, registration, or mailing address in the United States</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have a "forwarding" or "claim" address for mail deliveries in the United States that is not my actual residence or address of record</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have a US phone number</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have long-term orders to transfer money to an account in the US</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>I have issued a power of attorney with the right to sign documents to an individual with an address in the United States</p>		<input type="checkbox"/> Yes, <input type="checkbox"/> No
<p>The following information is provided only by the customer</p>		
<p>The purpose of establishing a business relationship</p>	<input type="checkbox"/> Brokerage services <input type="checkbox"/> Custody	
<p>The nature of the business relationship</p>	<input type="checkbox"/> Short-term <input type="checkbox"/> Long-term <input type="checkbox"/> One-time transactions	
<p>Objectives of financial and economic activity (information about planned transactions)</p>		
<p>Financial situation</p>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
<p>Business rating</p>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

Source of origin of funds intended for investment	<input type="checkbox"/> wages <input type="checkbox"/> income from entrepreneurial activity or in the regulatory capital of a commercial organization <input type="checkbox"/> income from transactions with securities and transparent tools <input type="checkbox"/> commitment, loan <input type="checkbox"/> but (note).
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If the Client has a representative, a beneficial owner, it is necessary to fill out a questionnaire for the representative and beneficial owner as well.

Beneficiary - a natural person who directly or indirectly owns 20% or more of the voting shares (shares, stakes) of the given legal entity, or directly or indirectly has a 20% or more participation in the authorized capital of the legal entity, carries out with respect to the given legal entity a real (actual) control by other means or is an official carrying out the general or current management of the given legal entity.

I confirm that the information provided in this questionnaire is complete and reliable. I undertake to inform the Company in case of any changes in the provided information. I agree to bear all the responsibility and risks during the provision of the service, which will be the result of incomplete, inaccurate information or invalidity of submitted documents.

Consent to use of personal information

The person who filled out the questionnaire hereby consents that the personal data provided by him/her will be processed both by Freedom Finance LLC (hereinafter referred to as the Company) and transferred by the Company to the organizations cooperating with the Bank in order to provide this service to the Client and processed by the latter exclusively for the purpose of the given service: delivery for the purpose and scope of providing service. The consent given under this clause is valid for the entire period of use of the relevant service, as long as that service and/or is in effect, unless the Customer withdraws his consent earlier in writing. In case of withdrawal of the consent given by the client, the provision of the service directly related to the personal data processed and transmitted based on the consent is terminated or suspended.

Date of signature

Signature _____

Name, surname Name, surname of the client

U.S.