

UAB NANDI FINANCE

Questionnaire for identifying Client - natural person

Questionnaire has been prepared in the light of Law on the Prevention of Money Laundering and Terrorist Financing of the Republic of Lithuania and other provisions of legal acts which are aimed at preventing Money Laundering and (or) Terrorist Financing, also, in accordance to the principle "Know your customer". We ensure that the information provided is deemed to be confidential and will be protected as required by the Law of the Republic of Lithuania on Legal Protection of Personal Data.

1 INFORMATION ABOUT THE CLIENT

Name (-s), surname of the Client:

Personal code or date of birth (applicable only for non-citizens of the Republic of Lithuania):

Personal code:

Date of birth (YYYY MM DD):

Address of the permanent residence:

Address for correspondence:

E-mail address:

Phone number:

Are you a permanent resident of the Republic of Lithuania?

YES

NO (please indicate your permanent country of residency):

Please indicate all your tax residence countries and all your tax identification numbers:

Citizenship:

1.1. Information about the Client's activities:

Salaried employee

(please indicate the name of the workplace, city and country):

Engaged in individual activity or business

(please specify the field):

Valid business certificate (name; number):

Valid individual activity certificate (name; number):

Student

Pensioner

Other (please indicate):

1.2. Information about the SOF of the Client:

Please mark the applicable range of yearly income:

EUR 0 - 50'000

EUR 100'000 - 250'000

EUR 50'000 - 100'000

EUR 250'000 - 500'000

more than EUR 500'000

Main SOF (origin of funds) of the previous year (please mark the applicable and provide the sums in EUR):

Salary

Other (please indicate):

Loan/Credit

Individual activity or business income

Hereby I confirm the correctness of the provided data

_____ (signature of the Client (or Client's representative))

■ 1.3. Information about the SOW of the Client:

Please mark the applicable range of current wealth: EUR 0 - 100'000 EUR 250'000 - 500'000
 EUR 100'000 - 250'000 EUR 500'000 - 1'000'000 more than EUR 1'000'000

Main SOW (please mark the applicable):

- | | |
|--|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Gifts / donations |
| <input type="checkbox"/> Securities, investments | <input type="checkbox"/> Other (please indicate): |
| <input type="checkbox"/> Sold real estate | |
| <input type="checkbox"/> Inheritance | |

2 INFORMATION ABOUT ACCOUNT TURNOVER

Planned monthly outgoing transactions (equivalent in EUR):

Planned monthly incoming transactions (equivalent in EUR):

Average size of outgoing transfer (equivalent in EUR):

Planned monthly outgoing transactions (number of transactions):

Planned monthly incoming transactions (number of transactions):

Average size of incoming transfer (equivalent in EUR):

Outgoing transfers go to these countries:

Incoming transfers come from these countries:

3 THE REASON AND PURPOSE FOR OPENING THE ACCOUNT

The main reasons for opening an account in Lithuania (only for non-residents): Work in Lithuania Owns real estate in Lithuania Shareholder of local company
 Studying in Lithuania Family relations in Lithuania
 Other (please indicate):

Intended purpose of business relationship Day-to-day banking Savings account
 Investment activities Individual business activity purposes
 Other (please indicate):

Services the Client plans to use: IBAN account SEPA payments SWIFT payments Currency exchange

Bank and (or) other type of payment accounts with FI (FI name and country of registration):

Hereby I confirm the correctness of the provided data

_____ (signature of the Client (or Client's representative))

4 ARE YOU, YOUR FAMILY MEMBER OR YOUR CLOSE ASSOCIATE A PEP?

YES NO

Please indicate the PEP:

Country, institution, position, year:

Client's relation with the mentioned person: I am myself Immediate family member Close associate

Please indicate public sources where it would be possible to verify the information about the politically exposed person:

Hereby I confirm that I am the beneficial owner of the account and the funds contained therein and I am acting on my behalf; I conclude the agreements with the Company and will fulfil the obligations under them in my own name: YES NO

If not, please indicate on whose behalf the agreement is concluded (name, surname, personal code):

Hereby I confirm that the information provided in this questionnaire is correct and I undertake to inform NandiPay in writing about any changes in the information provided. I understand that the information provided in the questionnaire or a part of it may be transferred to the tax administrator or other institution authorised by the Government of the Republic of Lithuania according to the procedure established by them, when such transfer is performed while implementing the international treaties and agreements of the Republic of Lithuania, legal acts of the European Union and the Republic of Lithuania regarding the automated exchange of information about the financial accounts.

By signing this document and below confirming the correctness of provided data the Client agrees that the Nandi Pay will process his/hers personal data according to Nandi Pay's Privacy Policy which can be found at <https://www.nandipay.com>.

Hereby I confirm the correctness of the provided data: Yes, data is correct

Name, surname

Signature, date of signing

5 INFORMATION ABOUT THE CLIENT'S REPRESENTATIVE (AUTHORISED PERSON):

Name (-s), surname of the Client's representative (authorised person):

Personal code or date of birth (applicable only for non-citizens of the Republic of Lithuania):

Personal code:

Date of birth (YYYY MM DD):

Citizenship:

Address of the permanent residence:

Address for correspondence:

E-mail address:

Phone number:

Are you a permanent resident of the Republic of Lithuania?

YES

NO (please indicate your permanent country of residency):

Hereby I confirm the correctness of the provided data

(signature of the Client (or Client's representative))

ARE YOU, YOUR FAMILY MEMBER OR YOUR CLOSE ASSOCIATE A PEP*?

YES NO

Please indicate the PEP:

Country, institution, position, year:

Client's relation with the mentioned person: I am myself Immediate family member Close associate

Please indicate public sources where it would be possible to verify the information about the PEP:

DEFINITIONS:

- 1. FI - financial institution.
- 2. Nandi Pay - Nandi Finance, UAB.
- 3. PEP (politically exposed person) - a natural person who is or was during the past 12 months, entrusted with prominent public functions in the Republic of Lithuania, the European Union, international or foreignstate institutions as well as immediate family members or close associates of such person:
 - 1. Head of State, Heads of Government, minister, vice minister and deputy minister, secretary of the State, chancellor of Parliament, Government or Ministry;
 - 2. Member of the Parliament
 - 3. Member of the Supreme Courts, the Constitutional Courts or any other judicial authority, against whose decisions there is no judicial remedy
 - 4. Mayor of the municipality, municipality administration director
 - 5. A member of the management body of the Supreme State Audit and Control Office or the Central Bank Chairman, Deputy Chairman or a member of the Management Board
 - 6. an Ambassador, Chargés d'affaires ad interim, The Chief of Defense of the Republic of Lithuania, Commanders of the armed forces and units, Chief of Defense Staff or Senior Officer of Armed Forces of Foreign Countries
 - 7. A member of the management or supervisory body of the company managed by the state or municipality
 - 8. Leaders or deputies of an international intergovernmental organizations, Member of the Management or Supervisory body (international intergovernmental organizations could be United Nations, Council of Europe, Institution of European Union, Organization for Security and Co-operation in Europe, Organization of American States, NATO and others)
 - 9. Head, deputy head or member of the management body of political party Immediate family members – the spouse, the person with whom partnership has been registered (hereinafter referred to as the "cohabitant"), parents, brothers, sisters, children and children's spouses, children's cohabitants.
- 10. Close associate:
 - 1. a natural person who, together with the person who is/was entrusted with the above mentioned prominent public functions, participates in the same legal entity or maintains other business relations;
 - 2. a natural person who is the only owner of the legal entity set up or operating de facto with the aim of acquiring property or another personal benefit for the person who is/was entrusted with the above mentioned prominent public functions.
- 4. SOF - means source of funds.
- 5. SOW - means source of wealth.

Hereby I confirm that I conclude the agreements with the Company and will fulfil the obligations under them in my own name YES NO

If not, please indicate on whose behalf the agreement is concluded (name, surname, personal code):

Hereby I confirm the correctness of the provided data Yes, data is correct

Name, surname and signature of the Client's representative (authorised person), date of signing