[Appendix 7](#_top)

**Nominee Account Beneficiary's Details Form**

**(for Individuals)**

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

*(corporate name of the Client holding the nominee account)*

|  |  |
| --- | --- |
| Last name, first name, and patronymic name *(if any)* of the nominee account Beneficiary |  |
| Date and place of birth | Date (DD.MM.YYYY)  Place of birth |
| Nationality |  |
| ID document details | Document name:  Series and number:  Date of issue:  Issuing authority:  Department code (if any): |
| Migration card details (for foreign nationals or stateless persons): | Card number:  Period of stay start date:  Period of stay end date: |
| Details of a document evidencing a foreign national’s or stateless person’s right to stay (reside) in the Russian Federation (for foreign nationals or stateless persons): | Document name:  Series (if any) and number:  Effective date of the right to stay (reside):  Expiry date of the right to stay (reside): |
| Place of residence *(registration)* | Country:  Region:  City (town, etc.):  Street:  House number:  Building number:  Apartment number: |
| Place of stay address | Country:  Region:  City (town, etc.):  Street:  House number:  Building number:  Apartment number: |
| Taxpayer Identification Number *(if any)* |  |
| Contact details (*if any*) | Telephone:  Fax:  E-mail:  Mailing address: |

|  |  |
| --- | --- |
| Date of the Details Form: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (Position) |  | (Full Name) |  | (Signature) |
|  |  |  | Stamp |  |