APPENDIX 4

to the Terms and Conditions of Bank Services of NSD

**Document Forms to Be Filled in by Clients**

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# Declaration of Accession

# to the Bank Account Agreement

\_\_ \_\_\_\_\_\_\_\_\_\_ 20\_\_

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

(*Client's full name and Principal State Registration Number (OGRN) / registration number*)

represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acting on the basis of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby, in accordance with Article 428 of the Russian Civil Code, accedes, on a full and unconditional basis, to the Bank Account Agreement the terms and conditions of which are set out in the Terms and Conditions of NSD’s Bank Services and NSD's Fee Schedule related thereto.

The Client acknowledges that the Client is aware of the terms and conditions under which services will be provided and accepts that the Terms and Conditions of NSD’s Bank Services and NSD's Fee Schedule may be amended by NSD unilaterally, at its discretion.

The Client agrees and acknowledges that any and all disputes, dissents, or claims arising out of the Agreement or directly or indirectly relating to the Agreement, including those relating to its execution, existence, amendment, performance, violation, termination, or validity, which are not resolved by the Parties, shall be resolved in arbitration administered by the Arbitration Center at the Russian Union of Industrialists and Entrepreneurs in accordance with its rules in effect on the date of the filing of the statement of claim. Any award issued by the arbitral tribunal will be final and binding on the Parties and may not be disputed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_

*(to be completed by NSD)*

# ACCOUNT APPLICATION

# for a trading bank account with NSD

1. Applicant's full and/or short name (as per the Applicant's Articles of Association) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Applicant's full and short name in a foreign language **1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Applicant's address in a foreign language **2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*( resident/non-resident)* *(credit/non-credit)*

Taxpayer Identification Number (INN)/Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for credit institutions)*

Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Ownership

Non-public ownership Public (federal) ownership

Public (other than federal) ownership

5. Type of activities **3**

Financial Commercial Non-commercial

|  |
| --- |
| There have been no changes in the details previously provided to NSD.  Details previously provided to NSD have been changed. New Details Form AA001 and supporting documents are submitted. |

**Please open the following trading bank account(s) for the purpose of trade settlement upon clearing:\***

**Securities Market Sector – Clearing House: CCP NCC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purpose of the Account** | **Quantity of the Accounts Applied for** | | | | |
|  | **RUB** | **USD** | **Euro** | **RMB** | **GBP** |
| An account intended for the purpose of settling and/or securing liabilities eligible for clearing (this account type may be opened for Russian residents only) |  |  |  |  |  |
| An account intended for the purpose of settling and/or securing liabilities eligible for clearing - Special Brokerage Account (this account type may be opened for Russian resident non-credit institutions only) |  |  |  |  |  |
| An account intended for the purpose of settling and/or securing liabilities eligible for clearing - Clearing Participant’s Special Trading Account (this account type may be opened for Russian resident credit institutions only) |  |  |  |  |  |
| An account intended for the purpose of settling and/or securing liabilities eligible for clearing - Trust Account (this account type may be opened for Russian residents only)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *trust assets (to be completed if trust asset(s) need(s) to be specified as part of the account name)* |  |  |  |  |  |

**NSD Clearing Sector – Clearing House: NSD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of the Account** | **Quantity of the Accounts Applied for** | | | | | | |
|  | **RUB** | **USD** | **Euro** | **RMB** | **GBP** | **CHF** | **Hong Kong Dollar** |
| An account intended for the purpose of settling liabilities eligible for clearing |  |  |  |  |  |  |  |
| An account intended for the purpose of settling liabilities eligible for clearing - Special Brokerage Account (this account type may be opened for Russian resident non-credit institutions only) |  |  |  |  |  |  |  |
| An account intended for the purpose of settling liabilities eligible for clearing - Clearing Participant’s Special Trading Account (this account type may be opened for Russian resident credit institutions only) |  |  |  |  |  |  |  |
| An account intended for the purpose of settling liabilities eligible for clearing - Trust Account (this account type may be opened for Russian residents only)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(to be completed if trust asset(s) need(s) to be specified as part of the account name)* |  |  |  |  |  |  |  |

**Sector "NSD's Clearing in the Commodity Market" – Clearing House: NSD**

|  |  |
| --- | --- |
| **Purpose of the Account** | **Quantity of the Accounts Applied for in Russian rubles** |
| An account intended for the purpose of settling and/or securing liabilities eligible for clearing |  |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\* Trading bank accounts are opened in accordance with and subject to the Terms and Conditions of Bank Account Services of NSD (Appendix 1 to the Bank Account Agreement)*

The documents required to open a bank account with NSD are submitted together with this Application.

Please send statements for the account(s) as follows**5**:

via the SWIFT system**6** via SPFS**9** by e-mail:**7** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Client and NSD maintain electronic data interchange, statements will be prepared on-line upon the Client's requests.

Please send notification of account(s) opening as follows **8**:

via the SWIFT system **5**

Please send the following documents via the SWIFT system**5**:

* MT900 (Confirmation of debit)
* MT910 (Confirmation of credit)
* MT103 (Conformation of credit)

Please send the following documents via SPFS**9**:

* MT900 (Confirmation of debit)
* MT910 (Confirmation of credit)
* MT103 (Confirmation of credit)

We hereby represent that, as of the date of this Application, no credit institution has decided to suspend transactions in any account held by us with such credit institution.

We hereby represent that we do not intend to transfer funds to accounts held by any non-residents who are neither residents of the Republic of Belarus, nor residents of the Republic of Kazakhstan, and who act either for their own benefit or on behalf of third parties (hereinafter referred to as "non-resident counterparties"), under foreign trade contracts with any such non-resident counterparties, under which goods earlier purchased from residents of the Republic of Belarus or the Republic of Kazakhstan are imported to the Russian Federation from the Republic of Belarus or the Republic of Kazakhstan, respectively, and where residents submit to authorized banks, as supporting documents, shipping documents issued by consignors of the Republic of Belarus or the Republic of Kazakhstan.**7**

CEO (Client's authorized representative):

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

(job title) (signature) (initials and last name)

Stamp here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

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

**1**  To be completed as per the Articles of Association if a foreign currency account is applied for. Where the Articles of Association do not contain the Client's name in a foreign language, the Client shall, at its own discretion, transliterate its name using the Latin alphabet.

**2** To be completed using the Latin alphabet if a foreign currency account is applied for.

**3** This field is to be completed by Russian residents only. Financial organizations include credit institutions, insurance companies, professional securities market participants, non-governmental pension funds, and investment funds', unit investment funds', or non-governmental pension funds' managers.

**4** The fields are optional.

**5** To be completed if the SWIFT system is used.

**6** Statements (including those for already existing bank accounts) will be sent to the e-mail address specified. The Client acknowledges and agrees that such information will be sent unencrypted, and thus can be read by third parties.

**7** This applies toRussian resident clients.

**8** The fields are optional.

**9** To be completed if SPFS is used.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_

*( to be completed by NSD)*

# ACCOUNT APPLICATION

# for an account with NSD

1. Applicant's full and/or short name (as per the Applicant's Articles of Association): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Applicant's full and short name in a foreign language**1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Applicant's address in a foreign language **2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/ Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(resident/non-resident)* (*credit/non-credit)*

Taxpayer Identification Number (INN)/Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for credit institutions)*

Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Ownership

Non-public ownership Public (federal) ownership Public (other than federal) ownership

5. Type of activities **3**

Financial Commercial Non-commercial

|  |
| --- |
| There have been no changes in the details previously provided to NSD.  Details previously provided to NSD have been changed. New Details Form AA001 and supporting documents are submitted. |

**Please open a bank account(s) for us:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of the Account** | **Quantity of the Accounts Applied for** | | | | | | | | | |
| **RUB** | **Foreign Currencies** | | | | | | | | |
|  | **USD** | **Euro** | **CHF** | **GBP** | **RMB** | **Hong Kong Dollar** | **KZT** | **BYN** | **CAD** |
| Settlement account  *(this account type may be opened for non-credit institutions only)* |  |  |  |  |  |  |  |  |  |  |
| Settlement account (special depository account) */ this account type may be opened for Russian resident non-credit institutions only)* |  |  |  |  |  |  |  |  |  |  |
| Correspondent account  (*this account type may be opened for credit institutions only)* |  |  |  |  |  |  |  |  |  |  |
| Special brokerage account  *(this account type may be opened for Russian resident non-credit institutions only)* |  |  |  |  |  |  |  |  |  |  |
| Trust account  *(this account type may be opened for Russian residents only)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *trust asset(s)*  *(to be completed if trust asset(s) need(s) to be specified as part of the account name)* |  |  |  |  |  |  |  |  |  |  |
| Bondholders’ agent’s designated account  *(this account type may be opened for Russian residents only who are on the list of persons acting as agents of bondholders)* |  |  |  |  |  |  |  |  |  |  |
| Nominee account  *(this account type may be opened for non-credit institutions only)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *the name of the account’s beneficiary should be specified* |  |  |  |  |  |  |  |  |  |  |
| Bank account of Type C  *(this account type may be opened for Russian resident and non-resident credit /non-credit institutions only in RUB)* |  |
| Special brokerage account of Type C  *(this account type may be opened for Russian resident non-credit institutions only in RUB)* |  |

The documents required to open a bank account with NSD are submitted together with this Application.

Please send statements for the account(s) as follows**5**:

via the SWIFT system**6** via SPFS**10** by e-mail:**7** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Client and NSD maintain electronic data interchange, statements will be prepared on-line upon the Client's requests.

Please send notification of account(s) opening as follows **9**:

via the SWIFT system**6**

Please send the following documents via the SWIFT system**6**:

* MT900 (Confirmation of debit)
* MT910 (Confirmation of credit)
* MT103 (Conformation of credit)

Please send the following documents via SPFS**10**:

* MT900 (Confirmation of debit)
* MT910 (Confirmation of credit)
* MT103 (Confirmation of credit)

We hereby represent that, as of the date of this Application, no credit institution has decided to suspend transactions in any account held by us with such credit institution.

We hereby represent that we do not intend to transfer funds to accounts held by any non-residents who are neither residents of the Republic of Belarus, nor residents of the Republic of Kazakhstan, and who act either for their own benefit or on behalf of third parties (hereinafter referred to as "non-resident counterparties"), under foreign trade contracts with any such non-resident counterparties, under which goods earlier purchased from residents of the Republic of Belarus or the Republic of Kazakhstan are imported to the Russian Federation from the Republic of Belarus or the Republic of Kazakhstan, respectively, and where residents submit to authorized banks, as supporting documents, shipping documents issued by consignors of the Republic of Belarus or the Republic of Kazakhstan.**8**

CEO (Client's authorized representative):

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

(job title) (signature) (initials and last name)

Stamp here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

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

**1**  To be completed as per the Articles of Association if a foreign currency account is applied for. Where the Articles of Association do not contain the Client's name in a foreign language, the Client shall, at its own discretion, transliterate its name using the Latin alphabet.

**2** To be completed using the Latin alphabet if a foreign currency account is applied for.

**3** This field is to be completed by Russian residents only. Financial organizations include credit institutions, insurance companies, professional securities market participants, non-governmental pension funds, and investment funds', unit investment funds', or non-governmental pension funds' managers.

**4** The said list is maintained by the Bank of Russia and available on the Bank of Russia's official web site.

**5** The fields are optional.

**6** To be completed if the SWIFT system is used.

**7** / Statements (including those for already existing bank accounts) will be sent to the e-mail address specified. The Client acknowledges and agrees that such information will be sent unencrypted, and thus can be read by third parties.

**8** This applies toRussian resident clients.

**9** The fields are optional.

**10** To be completed if SPFS is used.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_

*(to be completed by NSD)*

# 

# 

# Account application to Open a Special Account with NSD

# for the Purposes of Settlements through an Individual Account Held with а Foreign Organization

1. Applicant's full and/or short name (as per the Applicant's Articles of Association): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Applicant's full and short name in a foreign language**1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Applicant's address in a foreign language**2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*resident/non-resident*) *(credit/non-credit*)

Taxpayer Identification Number (INN)/Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(for credit institutions)*

Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Ownership

Non-public ownership Public (federal) ownership Public (other than federal) ownership

5. Type of activities **3**

Financial Commercial Non-commercial

|  |
| --- |
| There have been no changes in the details previously provided to NSD.  Details previously provided to NSD have been changed. New Details Form AA001 and supporting documents are submitted. |
|  |

**Please open the following bank account(s) for the purposes of settlements through individual accounts:**

**Euroclear Bank SA/NV, Brussels**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of the Account** | **Quantity of the Accounts Applied for** | | | | | | |
|  | **Foreign Currencies** | | | | | | |
|  | **USD** | **Euro** | **CHF** | **CHF** | **RMB** | **Hong Kong Dollar** | **CAD** |
| Settlement account  *(this account type may be opened for non-credit institutions only)* |  |  |  |  |  |  |  |
| Special depository account  *(this account type may be opened for Russian resident non-credit institutions only)* |  |  |  |  |  |  |  |
| Correspondent account  (*this account type may be opened for credit institutions only)* |  |  |  |  |  |  |  |
| Special brokerage account  *(this account type may be opened for Russian resident non-credit institutions only)* |  |  |  |  |  |  |  |
| Trust account  *(this account type may be opened for Russian residents only)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *trust asset(s)*  *(to be completed if trust asset(s) need(s) to be specified as part of the account name)* |  |  |  |  |  |  |  |

The documents required to open a bank account with NSD are submitted together with this Application.

Please send statements for the account(s) as follows**5**:

via the SWIFT system**5** by e-mail:**7** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Client and NSD maintain electronic data interchange, statements will be prepared on-line upon the Client's requests.

Please send notification of account(s) opening as follows **8**:

via the SWIFT system**5**

Please send the following documents via the SWIFT system**5**:

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* MT103 (Conformation of credit)

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CEO (Client's authorized representative):

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

(job title) (signature) (initials and last name)

Stamp here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

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

**1**  To be completed as per the Articles of Association if a foreign currency account is applied for. Where the Articles of Association do not contain the Client's name in a foreign language, the Client shall, at its own discretion, transliterate its name using the Latin alphabet.

**2** To be completed using the Latin alphabet if a foreign currency account is applied for.

**3** This field is to be completed by Russian residents only. Financial organizations include credit institutions, insurance companies, professional securities market participants, non-governmental pension funds, and investment funds', unit investment funds', or non-governmental pension funds' managers.

**4** Optional fields.

**5** To be completed if the SWIFT system is used.

**6** Statements (including those for already existing bank accounts) will be sent to the e-mail address specified. The Client acknowledges and agrees that such information will be sent unencrypted, and thus can be read by third parties.

**7** This applies toRussian resident clients.

**8** The fields are optional.

**9** To be completed if SPFS is used.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_

*(to be completed by NSD)*

# 

# Bank Account Registration Application

1. Applicant's full and/or short name (as per the Applicant's Articles of Association): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(resident / non-resident) (credit / non-credit )

Taxpayer Identification Number (INN)/Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(for credit institutions)

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please register bank account1 No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ opened with NSD, as an account for the following transactions:**

Trade settlements (via a Foreign Organization)

Securities transfer with cash settlement control

 Settlements on a PVP basis

**We hereby acknowledge and confirm that we have read, accept and agree to be bound by the Terms and Conditions of Bank Services.**

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(signature) ( initials and last name)

Stamp Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

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

1 - A trading bank account may not be registered as an account for transactions.

# CASH TRANSFER ORDER No. \_\_\_\_

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_**

*(date)*

|  |  |  |
| --- | --- | --- |
| Receiver: | | NSD |
| Sender: | |  |
| Number of the account to be debited: | |  |
| Sender's responsible officer's full name and telephone number: | |  |
|  | | |
| 20 | TRANSACTION REFERENCE NUMBER, DATE(to be completed by NSD) |  |
| 32A | VALUE DATE |  |
|  | CURRENCY CODE |  |
|  | AMOUNT AND CURRENCY |  |
| 50 | ORDERING CUSTOMER |  |
| 52 | ORDERING INSTITUTION |  |
| 56 | INTERMEDIARY |  |
| 57 | ACCOUNT WITH INSTITUTION |  |
| 59 | TO BENEFICIARY`S ACCOUNT |  |
|  | BENEFICIARY CUSTOMER |  |
| 70 | DETAILS OF PAYMENT |  |
| 71A | DETAILS OF CHARGES |  |
| 72 | SENDER TO RECEIVER INFORMATION |  |
|  | Additional details for NSD |  |

OFFICIAL SIGNATURES

*Date: \_\_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_*

*(to be completed by NSD)*

# Application [[1]](#footnote-1)

# for the Issuance of Statements of Bank Services

1. Applicant's full and/or short name (as per the Applicant's Articles of Association) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Taxpayer Identification Number (INN) / Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We hereby request that statements of bank services be issued to us in accordance with the following terms and conditions [[2]](#footnote-2)**:

Issue separate statements of bank services for each of the trust accounts

**Charge the fee payable for bank services [[3]](#footnote-3)** (tick the required option(s)):

Separately for each trust account

For all trust accounts, from account No.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

For other bank accounts, from account No:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(*signature*) (*initials and last name*)

Stamp

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

Date: \_\_ \_\_\_\_\_\_\_\_\_\_ 20\_\_, No. \_\_\_\_\_\_

(to be completed by NSD)

# 

# Notice of Revocation of a Recurring Cash Transfer Instruction

Client's full or short name (as per the Client's Articles of Association): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby revoke Recurring Cash Transfer Instruction No. \_\_\_ dated \_\_ \_\_\_\_\_\_\_\_\_ 20\_\_ applicable to Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with effect from \_\_ \_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(signature) (initials and last name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ 1

(signature) (initials and last name)

Stamp here \_\_\_ \_\_\_\_\_\_\_20\_\_

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

The signatures of the Client's Authorized Representatives (as applicable) and the seal, as shown in the signature and seal card accepted by NSD.

# 

# Account Closing Application

Applicant's full and/or short name (as per the Applicant's Articles of Association) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**With effect from \_\_\_\_\_\_\_\_\_ 20\_\_, we terminate** Bank Account Agreement No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_ 20\_\_.[[4]](#footnote-4)1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please close the following account(s) held with NSD:**

**Instructions with respect to the account balances**:

Please remit the balance (less the applicable fee in accordance with NSD's Fee Schedule) to the following account:

In Russian rubles:

Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Taxpayer Identification Number (INN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Bank's BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Bank's Correspondent Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a foreign currency:

Beneficiary's name in the foreign language or SWIFT BIC (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Taxpayer Identification Number (INN)/Foreign Company Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Bank's SWIFT BIC or (if SWIFT BIC is unavailable) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necessary:

Correspondent Bank's SWIFT BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary's Bank's Correspondent Account with the Correspondent Bank:

Please send notification of account(s) closing as follows 2:

via the SWIFT system 3

**Contact person:**

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CEO (Client's authorized representative):**

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

(Job title) (signature) (initials and last name)

Stamp Here

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г.

# POWER OF ATTORNEY No.

The City of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(specify the date in words)

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

(organization's full name as per the organization's Articles of Association)

represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(job title and full name)

acting under the Articles of Association/power of attorney, hereby authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name)

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

(type and details of the ID document (name, series, number, and date and place of issue))

to submit and receive any documents in connection with the opening, maintaining, and closing a bank account(s) with NSD, and to sign in acknowledgment of the receipt of any such documents.

I hereby certify the following signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attorney's last name and initials) (attorney's signature)

This Power of Attorney is valid until \_\_\_\_\_\_\_\_\_\_\_\_.

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( initials and last name)

(signature)

Stamp Here

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

* The power of attorney is to be issued using the organization's letterhead.
* The power of attorney is to be replaced immediately upon replacement of the attorney.
* It is recommended that an updated power of attorney be submitted to NSD at least 10 days before the expiry of the initial power of attorney.

*[to be completed using the organization's letterhead]*

# Account Balance Confirmation

|  |
| --- |
|  |
|  |
| *(Client's full name as per the Articles of Association/Charter)* |

as of **January 1, 20\_\_**

Having verified the account statements provided by you against our records, we hereby confirm that the account statements are accurate, and that the account balances specified therein match the balances of our accounts with NSD as per our records:

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Account number\*** | **Amount (in figures)** | **Amount (in words)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **…** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| CEO |  |  |  |
|  | *(Signature)* |  | *(Full name)* |
|  |  |  |  |
| Chief Accountant |  |  |  |
|  | *(Signature)* |  | *(Full name)* |

Seal

\* Specify the bank accounts in RUB and foreign currencies, as held with NSD, including accounts with zero balances.

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, №\_\_\_\_\_\_\_\_

(to be completed by NSD)

# Notification

# of an Electronic Payment and/or Attempted Electronic Payment

# Made without the Client's Consent

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

Client's full and/or short name (as per the Client's Articles of Association)

Taxpayer Identification Number (INN) / Foreign Company Code (KIO)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(contact telephone number)

We hereby notify you that the fact of electronic payment made without our consent has been identified, and instruct you to suspend execution of the following Instructions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Date | Payment amount | Payment currency | Payer's account number | BIC code of payee's bank | Payee's account number |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

In view of the above, we hereby request:

* to suspend our use of the Bank-Client Systems
* not to suspend our use of the Bank-Client Systems

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

( signature) (initials and last name)

Seal

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ №\_\_\_\_\_

(to be completed by NSD)

# Application for Account Registration in the Faster Payments System (SBP)

Client's full and/or short name (as per the Client's Articles of Association):

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

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

Merchant's name for registration in the Faster Payments System (max. 35 characters):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Taxpayer Identification Number (INN) / Foreign Organization Code (KIO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please register the following bank accounts in Russian rubles held with NSD as accounts intended for making transactions via the Faster Payments System:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please send an account registration confirmation, as well as information regarding the identifiers assigned to the Client and Merchant, by e-mail to the following e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact persons:

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

е-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby acknowledge and confirm that we have read, accept and agree to be bound by the Terms and Conditions of Bank Services.

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(signature) ( initials and last name)

Seal

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ №\_\_\_\_\_

(to be completed by NSD)

# Application

# for Bank Account Deregistration in the Faster Payments System (SBP)

1. Applicant's full and/or short name (as per the Applicant's Articles of Association): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Taxpayer Identification Number (INN) / Foreign Organization Code (KIO):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please deregister the following bank accounts in the Faster Payments System:

all bank accounts held with NSD and registered for the purposes of making transactions via the Faster Payments System

**** the following bank accounts held with NSD:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please send an account deregistration confirmation by e-mail to the following e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(signature) (initials and last name)

Seal

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

# Application to terminate crediting of funds to accounts

City of Moscow «\_\_\_»\_\_\_\_\_\_\_\_\_\_20\_\_

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

*(Client's full name, OGRN/registration number)*

(hereafter, the Client) hereby requests NSD do not credit funds to the Client's accounts listed below when rendering bank services under Bank Account Agreement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_ :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

*Job title Signature Last name and initials*

L.S.

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

# Application to terminate crediting of funds to EUR accounts opened after August 1, 2022

City of Moscow «\_\_\_»\_\_\_\_\_\_\_\_\_\_20\_\_

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

*(Client's full name, OGRN/registration number)*

(hereafter, the Client) hereby requests NSD do not credit funds in EUR to the Client's accounts listed below opened after August 1, 2022 when rendering bank services under Bank Account Agreement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_ :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

except crediting of funds debited form other EUR accounts of the Client opened with NSD.

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

*Job title Signature Last name and initials*

L.S.

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

# Application to resume crediting of funds to bank accounts

City of Moscow «\_\_\_»\_\_\_\_\_\_\_\_\_\_20\_\_

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

*(Client's full name, OGRN/registration number)*

(hereafter, the Client) hereby requests NSD to resume crediting of funds to the Client's accounts listed below when rendering bank services under Bank Account Agreement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_ :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

*Job title Signature Last name and initials*

L.S.

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

# Signature Card Form

Face

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature card** | | | | | | | | | | | | | | |  | |
|
| Client (account holder) | |  | | | |  | Mark by the Bank | | | | | | | | |
|  | | | | | |  |  | | | | | | | | |
|  | | | | | |  |  |  | | | | | |  | |
|  | | | | | |  |  | (signature) | | | | | |  | |
|  | | | | | |  |  | |  |  |  | 20 |  | . | |
|  | | | | | |  |  | | | | | | | | |
| Place of business (place of residence) address | | | | |  |  |  | | | | | | | | |
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|  | | | | | |  |  | | | | | | | | |
|  | | | Tel. no. |  | |  |  | | | | | | | | |
| Bank |  | | | | |  |  | | | | | | | | |
|  | | | | | |  | Other marks | | | | | | | | |
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Reverse

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Account no. | |  | |
| (client/account holder short name) | |  | |  | |
| Last name, first name, middle name | Specimen signature | | Duration of authority | | |
|  | | |
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|  |  | |  | | |
|  |  | |  | | |
| Completion date | | | Seal’s stamp | | |
|  | | |
| Client's (account holder's) signature | | |
| Certification of the signature authenticity | | | | |
|  | | | | |
|
|
|
|

**How to fill in the Signature Card**

1. Face page:

* **“Client (account holder)”** filed: full name of the organization as per its Articles of Association;
* **“Place of business (place of residence) address”**: the address at which the person exercising the functions of the Client's sole executive body is contacted; in cases where the functions of the Client's sole executive body are exercised by a managing company or a manager, the Client shall specify the address where the permanent executive body of the management company is actually located or the address of the actual place of residence (stay) of the asset manager.
* **“Tel. no.”** field: area code in brackets, phone number. Clients may submit more than one telephone number.
* **“Bank”** field: the Client indicates full or short name of NSD as per NSD’s constituent documents.

1. Reverse:

* **“Client (account holder) short name”** filed: short name of the organization as per its Articles of Association;
* **“Last name, first name, middle name”** field: last name, first name, middle name (if any) of the persons with signing authority;
* **“Specimen signature”** field: the handwritten signature opposite the surname, first name or patronymic of the persons with signing authority.

The authority to sign belongs to the Client's sole executive body (the sole executive body) and other staff members (employees) authorized by the Client to sign, including by virtue of an instruction or a power of attorney.

The right to sign may only be held by the Client’s staff members (employees) or persons authorized to sign in accordance with Russian law.

* **“Completion date”** field: day, month and year of the Signature Card;
* **“Client's (account holder's) signature”** field (this filed is optional):
* a handwritten signature of the Client's chief executive or a person performing their duties who, in accordance with the law and the constituent documents, represents the Client without a power of attorney;
* a handwritten signature of a manager (chief executive of the management company) if the powers of the client's sole executive body have been transferred to a manager (to a management company) in accordance with the procedure provided for by the Russian legislation;
* “**Duration of authority**” filed: the term of authorization set by a directive of the Client, or a power of attorney issued by the Client;
* “**Seal’s stamp**” field: a specimen seal of the Customer in accordance with the constituent documents of the Customer, other documents and federal laws that establish requirements to seals of legal entities. The seal’s stamp must be sharp and may not extend beyond the filed boundaries. If the Client does not have a seal or decides not to affix a seal impression on the sample card, the Client doesn’t complete “Seal’s stamp” field, or may state that the seal is missing or not used.
* “**Certification of the signature authenticity**.” field: a notary certification statement shall be executed by a notary in accordance with the requirements provided for in the Russian Federation legislation.

To be completed using the organization's letterhead

To NSD

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

(date and number)

# COVERING NOTE

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

(full or short name as per the Client's Articles of Association)

submits the following Instructions on paper:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | Date | Number | Amount | Beneficiary’s name |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

For the following reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the reason for which the instructions cannot be transmitted electronically)

Please contact the following people for questions relating to clarification of information on the Instructions submitted:

|  |  |  |
| --- | --- | --- |
| Last name, first name, middle name | Job title | Phone\* |
|  |  |  |
|  |  |  |
|  |  |  |

\* Please indicate the telephone number which the staff member can be contacted at throughout the Operational Day of NSD.

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

(job title) (signature) (last name and initials)

L.S.

NSD’s mark

1. This Application will be valid until revoked by the Client or until a new Application is submitted by the Client. [↑](#footnote-ref-1)
2. The terms and conditions set out herein shall also apply to newly opened bank accounts. The terms and conditions set out herein will be followed starting with a statement of bank account services to be issued for the calendar month in which this Application was submitted. [↑](#footnote-ref-2)
3. Where there are no funds available in the account indicated or the funds available in the account are insufficient, NSD may, at its own discretion and without Client's further instructions, choose any account from which the fee payable for bank account services and a penalty (if any) are to be debited. [↑](#footnote-ref-3)
4. 1 The Bank Account Agreement must be terminated if the Client closes all accounts opened under the Agreement.

   2 The fields are optional.

   3The use of the SWIFT system is impossible in case of Bank Account Agreement termination. [↑](#footnote-ref-4)