

Individual Client Questionnaire

Dear Customer,

In accordance with international standards and the regulatory acts of the Republic of Uzbekistan, JSC "Octobank" (hereinafter referred to as the Bank) is required to obtain the information requested in this questionnaire. The Bank guarantees the confidentiality of the information provided, in accordance with applicable regulatory requirements.

We kindly ask you to complete all fields of the questionnaire in detail. The Bank thanks you for your understanding and cooperation in completing this form.

GENERAL INFORMATION

Full Name (First, Last, Middle/Patronymic Name)

Date of Birth	Place of Birth (specify country and region)
Address of Declared Place of Residence	<p>Are you, or any of your close relatives or associates, a Politically Exposed Person (PEP)?</p> <p>A PEP is an individual who is or has been entrusted with a prominent public function, such as a senior politician, government official, judicial or military official, senior executive of a state-owned corporation, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify:</p> <p>Full Name of PEP:</p> <p>Relationship to You:</p> <p>Position Held:</p> <p>Country:</p>
Actual Address (if different from declared address)	<p>Are you a U.S. Person for tax purposes under FATCA?</p> <p>A U.S. Person includes a U.S. citizen, a U.S. permanent resident (Green Card holder), or an individual who meets the substantial presence test in the United States.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide your U.S. Taxpayer Identification Number (TIN):</p>
Place of Temporary Registration in Uzbekistan:	PINFL (Personal Identification Number of a physical Person):
ID Document Number and Serial Number:	
Issuing Authority of the Identity Document, Country, Date of Issue, and Expiry Date:	
Phone Number (with country code):	Phone Number (with country code):
Field of Activity:	<p>Place of Work:</p> <p>Job Title:</p>
Email Address:	Telegram-Linked Phone Number:
<p>Select Preferred Language of Communication with the Bank:</p> <p><input type="checkbox"/> Uzbek <input type="checkbox"/> Russian <input type="checkbox"/> English</p>	

Type of client:

☐ Pensioner / Retiree ☐ Unemployed ☐ Other (please specify)

Purpose of onboarding:

☐ Salary / Profit / Fees

(Full name of employer / full names of legal entities providing income, and amount of salary/profit over the last 6 (six) months, including bonuses)

☐ Savings / Deposits (Assets and sources of assets that formed the savings/deposits)

☐ Inheritance (Full name of the deceased from whom the inheritance was received, and the value/amount of the inheritance)

☐ Gift (Full name of the donor and the value/amount of the gift)

☐ Life Insurance Maturity / Buyout (Full name of the insurance policy provider and the amount received)

☐ Sale of Property (Type of property (movable or immovable) and sale amount)

☐ Income from Securities or Their Sale, or Other Investments (Full name of the legal entity and type of investment)

☐ Dividends / Interest (Full name of the legal entity / interest payer)

☐ Loan (Full name of the lender, amount, date, loan term, and interest rate)

☐ Sale of Equity Shares in a Legal Entity (Full name of the legal entity and sale price)

☐ Sale of Agricultural Products (Full description of products and sale price)

☐ Sale of Livestock / Poultry (Full description of animals and sale price)

☐ Export Revenue (Full name of the legal entity, names of goods/services, and sale price)

☐ Other (please specify) (Provide relevant details about the parties involved and the total amount received from the transactions)

We kindly ask you to provide the requested information for each indicated source of funds, a brief description of all sources of funds, as well as any other relevant information.

By signing below, I confirm the accuracy of the information provided and undertake to promptly notify the Bank in writing of any changes to the information specified. I also undertake to provide any requested documents upon the Bank's first request and within the timeframe established by the Bank.

CLIENT'S SIGNATURE

Signature, First Name, Last Name of the Client

Date ____ 20 ____.

BANK EMPLOYEE'S SIGNATURE

The Client's identity has been verified in person. The document was signed in my presence.

Position, Signature, First Name, Last Name of the Bank Employee

Date ____ 20 ____.

COMPLIANCE CONTROL OFFICER'S REMARK / NOTE

Position, Signature, First Name, Last Name of the Bank Representative

Date ____ 20 ____.
