ICB TRANSFER

Application Form For Legal Entities

1. APPLICANT GENERAL INFORMATION	
Legal Name	
Legal Form	
Place of Incorporation	
Registration Number	
TIN, Country[1]	
Registration Date	
Supervisory Authority	◯ Yes _____ ◯ N/A
Legal Address	
Office Address	
Phone Number, E-mail	
Website, if any	

2. INFORMATION ON BUSINESS ACTIVITY	
Licences for Business Activity[2]	◯ Yes ◯ No ◯ N/A
Total Number of Employees	
Bearer Shares	◯ Yes ◯ No
Please specify Type of Business Activity ◯ Agriculture ◯ Processing industry ◯ Whole sale and retail ◯ Financial and insurance activities ◯ Professional, scientific and technical services ◯ Health and social care ◯ Trading with other exchanges ◯ E-commerce	◯ State governance ◯ Investing ◯ Internet technologies ◯ Art, entertainment and recreation ◯ Advising ◯ Virtual currency/Wallet services ◯ Online payments ◯ Other: _____
Please Provide Full Description of Business Activity (including business organization structure, customers' amount and geography in percentage (%), business geography - subsidiaries and affiliates, partners, suppliers, agents (for incoming and outgoing transactions) – in percentage (%) [3]	
Code of Business Activity (if any)	

[1] If Applicant is U.S. tax resident, please fill in USA Questionare
[2] If answer is Yes, please provide license copy
[3] If necessary, please use additional sheets

Applicant's Turnover Last Year	_____ *EUR*
Applicant's Estimated Turnover Incoming Transactions _____ *EUR per annum* _____ *EUR per month*	 Outgoing Transactions _____ *EUR per annum* _____ *EUR per month*
Applicant's Estimated Amount of Transactions Incoming Transactions _____ *per month*	 Outgoing Transactions _____ *per month*
Does the Applicant has an Obligation to Submit Financial Statements to the State Authority?	◯ Yes ◯ No ◯ N/A
Does the Applicant Use Cash in its Transactions?	◯ Yes _____ EUR/per month ◯ No

3. INFORMATION ON MAIN BUSINESS PARTNERS		
Partner Full Name	Country	Brief Description of Economic Essence

4. INFORMATION ON THE INTENDED USE OF SERVICES		
◯ Payment Services	◯ Crypto	◯ Other _____

5. PAYMENT INFORMATION[4]		
	Account 1	Account 2
Payment Institution Name		
Payment Institution Place of Registration		
Payment Institution Business Address		
Account Number		
IBAN		
BIC/SWIFT		

[4] Payment Institution shall mean payment institution and credit institution

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6. INFORMATION ON APPLICANT'S AUTHORISED PERSONS				
	PERSON 1		PERSON 2	
Title				
Position				
First/Last Name				
Former Name				
Date of Birth				
Place of Birth				
Residence Address				
Identification Document Type and Name				
Identification Document Number				
Identification Document Date of Issue				
Identification Document Date of Expiration				
Identification Document Issuing Authority Name				
Citizenship				
U.S. Person Status[5]	◯ Yes	◯ No	◯ Yes	◯ No
PEP	◯ Yes	◯ No	◯ Yes	◯ No

7. INFORMATION ON ULTIMATE BENEFICIAL OWNERS (UBO)		
	UBO 1	UBO 2
Type of Control		
Percentage of Control (%)		
Title		
First/Last Name		
Former Name		
Date of Birth		
Place of Birth		
Residence Address		
Identification Document Type and		

[5] If answer is Yes, please fill in USA Questionnaire

Name		
Identification Document Date of Issue		
Identification Document Date of Expiration		
Identification Document Issuing Authority Name		
Citizenship		
U.S. Person Status[6]	◯ Yes ◯ No	◯ Yes ◯ No
PEP	◯ Yes ◯ No	◯ Yes ◯ No
Tax Residence Country/TIN	◯ Yes, ◯ No TIN: _____ Country: _____	◯ Yes ◯ No TIN: _____ Country: _____

8. INFORMATION ON ML/TF AND OTHER PENALTIES

	YES	NO or N/A
Does the Applicant have written ML/TF Policy/Procedures?[7]	◯	◯ No ◯ N/A
Is Applicant (or within last 3 years has been) under any sanction, investigation or penalty imposed by Supervisory Authority or other competent authority (both national and foreign)[8]	◯	◯
Are there any restrictions imposed to the Applicant due to ML/TF regulations breach?	◯	◯
Have the Applicant's directors, UBO, authorized persons or key officers been previously charged with the crime of ML/TF or other economic crimes?	◯	◯
Have the Applicant's directors, UBO, authorized persons or key officers responsible for AML/CTF ever been subject to any local or international financial sanctions?	◯	◯
Are the Applicant's directors, UBO, authorized persons or key officers in a state of bankruptcy, sanitation, debt collection or other claims from third parties and/or government authorities?	◯	◯
Are the Applicant's directors, UBO, authorized persons or key officers wanted by order of government authorities?	◯	◯

WHEN FILLING IN THIS APPLICATION FORM, PLEASE NOTE THAT:

- Please note, that no empty spaces shall be left unanswered. If the question does not apply, please match as N/A ("Not Applicable)"
- Please fill in the form using block letters
- When providing address details please specify house and street number, postcode/ZIP, city, country
- If a person has more than one citizenship/residence please provide details of all identification documents (passport/ID card/other) issued in the respective country
- PEP - politically exposed person - means a natural person who is or who has been entrusted with prominent public functions including a head of State, head of government, minister and deputy or assistant minister; a member of parliament or of a similar legislative body, a member of a governing body of

[6] If answer is Yes, please fill in USA Questionnaire

[7] If answer is Yes, please fill in AML Questionnaire

[8] If answer is Yes, please provide copy of respective resolution

a political party, a member of a supreme court, a member of a court of auditors or of the board of a central bank; an ambassador, a chargé d'affaires and a high-ranking officer in the armed forces; a member of an administrative, management or supervisory body of a State-owned enterprise; a director, deputy director and member of the board or equivalent function of an international organisation, except middle-ranking or more junior officials. Local politically exposed person means a PEP who is or who has been entrusted with prominent public functions

- ML/TF means money laundering and terrorism financing
- AML/CTF means anti money laundering and counter terrorism financing
- The present form shall be signed by authorised representative of the Applicant, specifying respective job title/position/authorisation

Signature of Applicant's Representative,

_____ _____

(Signature) *(First/Last Name, printed name)*

Date and Place of Completion

_____ _____

(Date) *(Place)*