|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **АPPLICATION** | **I ASK** | to open personal account  to make changes to the details of the personal account | | |
| If I receive a refusal to open / change personal account details, then I ask to send a notification of refusal to… | | me personally/an authorized representative | by registered letter |
| please notify about the opening of a personal account  (the service is paid according to the Price List) | | me personally / an authorized representative | by registered letter |

**QUESTIONNAIRE OF REGISTERED ENTITY (LEGAL ENTITY)**

Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ № of a personal account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of a registered entity:** | Owner | | | | | | | | | Nominee |
| **Full name entity** |  | | | | | | | | | |
| **Short name entity** |  | | | | | | | | | |
| **Form of incorporation** |  | | | | | | | | | |
| **OGRN\***: | | | | **Date of the attribution**: | | | | | | |
| **Body of state registration**: | | | | | | | | | | |
| **TIN**: | **ОCATO**: | | | | | | | **BIC (for credit organization)**: | | |
| **OCPO**: |
| **Telephone/fax**: | | | | | | | | **E-mail**: | | |
| **Registered address:** |  |  |  | |  |  |  | |  | |
|  | | | | | | | | | |
| **Postal address:** |  |  |  | |  |  |  | |  | |
|  | | | | | | | | | |

**Banking details for payment of the yield on securities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the bank** |  | | |
| **Locality** |  | **BIC** |  |
| **Bank account** |  | **Corr. account** |  |
| **Bank branch** |  | **Personal account** |  |
| **Additional Information:** | | | |

|  |  |  |
| --- | --- | --- |
| **Way to bring the message about holding the General meeting of shareholders** *(if it is provided by the Charter of the Issuer)* | | |
| E-mail - notification of the order of familiarization with the message about the General meeting of shareholders | SMS - notification of the order of familiarization with the message about the General meeting of shareholders | Sending an e-mail message about the General meeting of shareholders |

*If these ways Issuer's Charter is not provided and/or select any of the options, a message about holding the General meeting shall be communicated to the shareholder in the manner prescribed by the authorized body of the Issuer.*

|  |
| --- |
| Documents can be submitted to the Registrar by post mail |

|  |  |  |
| --- | --- | --- |
| **Method of obtaining documents from the Registrar, including notifications of refusal to perform the operation and issuance of information** | personally at the Registrar | registered letter |

|  |
| --- |
| I agree to the introduction of corrective records on the personal account when processing documents according to article 8.5. Federal Law No. 39-FZ of 22.04.1996 " The securities market» |

**Person entitled to act on behalf of the legal entity without power of attorney \*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full name** |  | | | | | |
| **Position** |  | | | | | |
| **Certificate of identity** | Type: | | | Series: | | Number: |
| Issued by: | | | | | |
| Date of issue: | | | Subdivision code: | | |
| **Date of birth** |  | **Place of birth** | | |  | |
| **Registered address** |  | | | | | |
| **TIN** | | | **Insurance number** | | | |

|  |  |
| --- | --- |
| Specimen signature of the person entitled to act  on behalf of the legal entity without power of attorney |  |

**I undertake to renew the data specified in the questionnaire not less than once a year by submission of a new questionnaire. In case if the new questionnaire is not submitted within a year, I request to consider the data renewed.**

**I do certify the information set forth herein** Specimen of Stamp

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

Signature of the head is made in presence of the

authorized representative of the Registrar

Signature verified

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

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

*\** *Foreign legal entity must complete appendix to the questionnaire (Blank № 20)*

*\*\** *Foreigner or a stateless person, in the territory of the Russian Federation, must complete appendix*

*to the questionnaire (Blank № 13)*

**Appendix to the Legal Entity’s Questionnaire**

**as per the Requirements of Federal Law No 115-FZ ‘On Combating Legalization (Laundering) of Proceeds from Crime and Financing of Terrorism’ dated August 7, 2001**

Full name of the Issuer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Information on the objectives of establishing and expected nature of business relations with Intraco Registrator JSC:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. Information on the availability of representatives  (Card of the Representative shall be completed should representative be available) |  | Available |  | Unavailable |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Information on the availability of beneficiary  (Card of the Beneficiary shall be completed should beneficiary be available) |  | Available |  | Unavailable |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Information on the availability of beneficiary  (Card of the Beneficiary shall be completed should beneficiary be available) |  | Available |  | Unavailable |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Where information of beneficiary owners is available, please specify the full names of persons ultimately, directly or indirectly (through the agency of any third party), owning (holding more than 25% prevailing participatory interest in the capital of) legal entity or controlling the activities of legal entity.  The sole executive body of the registered person may be recognized as a beneficiary owner |
|  |
|  |
|  |
| Where the registered person has a founder represented by legal entity holding more than 25% prevailing participatory interest in the capital of the registered person, please specify the full names of beneficiary owners of the founder represented by legal entity. Where a founder represented by legal entity has no beneficiary owner, chief executive officer of a founder represented by legal entity, holding the prevailing participatory interest in the capital of the registered person, may be recognized as a beneficiary owner of the registered person. |
|  |
|  |
|  |
| Please find attached the Card for each beneficiary owner. |

5. Is a standing management body, other body or person authorized to act on behalf of legal entity without power of attorney available at the principal place of business of legal entity?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES |  | NO |

If ‘NO’, then please specify the principal place of business of a standing management body, other body or person authorized to act on behalf of legal entity without power of attorney:

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

6. Do you participate in federal target programs or national projects, or are you a resident of special economic zone?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | YES |  | NO | | | | |
| 7. Does the state hold a participatory interest in the share capital? | | | | |  | YES |  | NO | |

8. Are you an issuer of securities that must disclose information as per article 30 of Federal Law No 39 ‘On Securities Market’ dated April 22, 1996?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES |  | NO |

**I do certify the information set forth herein above**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ **Sheet 1 of 4**

9. Information on the management bodies of legal entity (structure and personal composition of the management bodies, except for information on personal composition of shareholders (members) holding less than one per cent of shares (participatory interests)):

|  |  |
| --- | --- |
| **Structure and Personal Composition of the Management Bodies** | |
| **Supreme Management Body** | |
| Name and number of members of the supreme managment body |  |
| Information on the personal composition:  - As to legal entities, please specify:  Full name, OGRN and INN / KIO – in respect of foreign legal entities;  - As to natural persons, please specify:  First name, middle name, last name (if any) and INN (if any) |  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Collegiate Management Body (supervisory board, board of directors, etc.)** | |  |
| Name and number of members of the collegiate management body |  |
| Information on members of the collegiate management body  Please specify:  First name, middle name, last name (if any) and INN (if any) |  |
|  |
|  |
|  |
|  |
| **Collegiate Executive Body (managment board, directorate, etc.)** | |  |
| Name and number of members of the collegiate executive body |  |
| Information on members of the collegiate executive body  Please specify:  First name, middle name, last name (if any) and INN (if any) |  |
|  |
|  |
|  |
|  |
| **Sole Executive Body (where powers of the sole executive body are assigned to a management organization, please specify information on such management organization and the sole executive body of such management organization)** | |
| Name and number of members of the sole executive body |  |
| *As to management organization, please specify:*  *full name, OGRN and INN / KIO – in respect of foreign legal entities / information on the sole executive body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *As to natural person, please specify:*  *position, first name, middle name, last name (if any) and INN (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |

10. Are you company of strategic significance or directly or indirectly controlled by a company of strategic significance for the maintenance of defence and security of the state as per Federal Law No 213-ФЗ ‘Concering the Opening of Bank Accounts and Letters of Credit, the Conclusion of Bank Deposit Agreements and the Contract for keeping register of securities holders by Business Companies Which Are of Strategic Significance for the Defence Industry Complex and the Security of the of the Russian Federation and Concerning the Introduction of Amendments to Certain Legislative Acts of the Russian Federation’ dated July 21, 2014?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES |  | NO |

**I do certify the information set forth herein above**

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

**Sheet 2 of 4**

11.Information on the types of business conducted actually (including goods produced, work performed, services provided)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Gambling business | | |
|  | | |  | setting up and management of totalizers and gambling establishments |
|  | | |  | organization and carrying out of lotteries / games of chance and betting |
|  |  | Microlending business | | |
|  |  | Lombard business | | |
|  |  | Business connected with trading, including commission trading, of | | |
|  | | |  | Objects of art |
|  | | |  | Antiques |
|  | | |  | Furniture |
|  | | |  | Vehicles |
|  | | |  | Luxuries |
|  |  | Business connected with buying up, purchase and sale of precious metals, precious stones, as well as jewellery containing precious metals and precious stones, and scrap jewellery | | |
|  |
|  |  | Business connected with the settlement of real estate transactions and/or provision of agency services of real estate transactions | | |
|  |
|  |  | Tour operator and tour agency business, as well as other travel organization (tourist) business | | |
|  |
|  |  | Charity connected business | | |
|  |  | Business connected with types of free non-profitable activities | | |
|  |  | Business connected with intense cash circulation (including provision of services in the field of retail trade, public catering, fuel trade via gasoline and propane filling stations) | | |
|  |
|  |  | Business connected with the manufacture of weaponry or agency services in the course of sale of weaponry | | |
|  |  | Business of credit consumer cooperatives, agricultural credit consumer cooperatives | | |
|  |  | Business of public religious organizations, charity foundations, foreign non-profit non-government organizations and their respective branches and representative offices, conducting their respective business in the territory of the Russian Federation. | | |
|  |
|  |

12. Please specify**:**

* Objectives of financial and economic operations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Origins of cash/other property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* business reputation\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Supported with the feedback of legal entity, made in a simple written form (where it is possible to receive the same), from other customers of the Registrar that have business relationship with the latter, and/or feedback, made in a simple written form (where it is possible to receive the same), from other organizations that provide their respective services to legal entity, assessing the business reputation of legal entity.

* financial status\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\**\**any of the following documents shall be made available:*

- copies of the annual accounting statements (accounting balance-sheet, financial performance report), and/or

- copies of the annual (or) quarterly tax return, bearing or not bearing tax authority’s marks of acceptance thereof, accompanied with either a copy of acknowledgement of dispatch of registered mail with a list of enclosures (where dispatched by post) or a copy of acknowledgement of dispatch on a paper medium (where dispatched electronically), and/or

- copy of the auditor’s report on the annual statement for the previous year, affirming the reliability of financial (accounting) records and compliance of the accounting procedure with the law of the Russian Federation, and/or

- certificate proving that taxpayer (levy payer, tax agent) has discharged its obligation to pay taxes, levies, fines, penalties, issued by tax authority, and/or

- information that legal entity is not subject to insolvency (bankruptcy) proceedings, court resolutions in effects that recognize it insolvent (bankrupt), liquidation proceedings, as of the date of submission of documents to the Registrar, and/or

- information of legal entity’s rating published on websites of international ("Standard & Poor's", "Fitch-Ratings", "Moody's Investors Service" and others) and national rating agencies.

*I do assume the obligation to submit the documents of financial status within one month after the completion hereof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)*

***To complete by legal entities conducting business for the term of less than or equal to three months after the date of registration thereof:***

Inasmuch as entity conducts business for the term less than or equal to three months after the date of its registration, I do assume the obligation to provide Registrator Intraco CJSC with the information/documents of financial status, mentioned herein, within one month after the receipt thereof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of the person authorized to act on behalf of legal entity without power of attorney).

**I do certify the information set forth herein above**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ **Sheet 3 of 4**

13**. □** If legal entity, its the sole executive body or its founder are the leaders or founders of non-profit organization, foreign non-profit non-government organizations and their respective branches and representative offices, conducting their respective business in the territory of the Russian Federation.

14. If person entitled to act on behalf of the issuer without power of attorney is person replacement (holding) state Russian positions, positions of members of the Central Bank Board of Directors, the position of the federal civil service, the purpose of which and exemption which are carried out by the President or by the Russian Government, positions in the Central Bank, public corporations and other organizations created by Russia on the basis of federal laws included in the lists of posts determined by the RF President or spouse or a close relative of these persons must complete appendix to the questionnaire (Schedule № 8. to the Rules).

15. Licenses: type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, validity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

the list of licensed activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I do certify the information set forth herein above**

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

**Sheet 4 of 4**