

QUESTIONNAIRE & PROFILE – CORPORATE CLIENT

1 - IDENTIFICATION OF COMPANY

Company's Legal Name:			
Country of Registration:			
Registration No.:			Registration Date: / /
Type of Company:	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Limited Liability Company/ Limited Liability Partnership <input type="checkbox"/> Others: _____
Company website (if any):			

Registered Address

Address Details in Room, building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

Business Address

Address Details in Room, building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

2 - RELATED ENTITIES TO THE COMPANY

Directors 1

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

Directors 2

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

Directors 3

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

Shareholders 1

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Shareholders 2

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Shareholders 3

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Any Bearer Shares available? Yes No

Ultimate Beneficial Owners 1

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

Ultimate Beneficial Owners 2

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

Ultimate Beneficial Owners 3

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:	/ /	Birth Date:	/ /
Place of birth: (city, country)		Nationality	

3 - CONTACT DETAILS

Surname		Given name	
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Directors Shareholders Ultimate Beneficial Owners

	Country Code	Number
Tel. No.:	+	
Mobile Number:	+	
Email:		
Skype ID:		

Information on a politically exposed person

Do you or your close family members or close associate entrust or during the past 18 months entrusted with prominent public functions in Lithuania, in the European Union, in international or foreign state institutions?

- No
- Yes (indicate) I myself My close family member My close associate
- Head of the State, Head of the Government, Minister, Vice Minister or Deputy Minister, Secretary of State, Chancellor of the Parliament, the Government or any Ministry.
- Member of the Parliament.
- Member of the Supreme Courts, the Constitutional Courts or any other judicial authority, against whose decisions there is no judicial remedy.

- Mayor of the municipality, municipality administration director
- A member of the management body of the Supreme State Audit and Control Office or the Central Bank Chairman, Deputy Chairman or a member of the Management Board
- an Ambassador, a Charge d'Affaires ad interim, Envoy Extraordinary and Minister Plenipotentiary or the senior member of the armed forces.
- A member of the management or supervisory body of the company managed by the state or municipality.
- Director, deputy director or member of the management or supervisory body of the international intergovernmental organization.
- Head, deputy head or member of the management body of a political party.

Specify the politically exposed person (if any)

Name, surname:

State, institution, position:

4 - ECONOMIC & FINANCIAL ACTIVITIES

Main Economic/Business Activities

Unit: EUR USD

Expected Annual Income		Expected Annual Expense	
Estimate Average transaction value via "DSBC Financial Europe" UAB account		Estimate number of transaction monthly via "DSBC Financial Europe" UAB account	

Countries of Main Business Activities

Nature of the transactions to be performed

Number of Staff Employed:

The purpose / reason for applying for the opening of an account is:

Reference of your company suppliers

Suppliers name	Country of incorporation	Product or services provided

Reference of your company clients

Clients name	Country of incorporation/Nationality

Your External Bank Account:

Account Name		Account Number	
With (Bank)		Branch (If available)	
Bank Address			

5 - CUSTOMER DECLARATION

By signing this questionnaire and profile of the company, I/We confirm that information provided in this questionnaire is true, complete and accurate and undertake to immediately notify the "DSBC Financial Europe" UAB (hereinafter called "DSBC") in writing of any change in the information provided by me in this questionnaire. I/We undertake to immediately notify the DSBC in writing of any intentions to perform transactions on behalf of the third persons/companies and/or to hold third persons' funds in the accounts to be opened in my company.

Please be noticed that: DSBC always conducts AML/CTF checks of Source of Fund on Incoming Transactions and/ or Outgoing Transactions for any DSBC Account that has been operating for under 3 months.

1. DSBC's Compliance Team reserves the right to send emails/ call or conduct short online Conference to ask for Transactions' Documents (Invoices/ Agreement/ Receipt of Delivery), Explanation and further Evidence to prove the genuine Business Relationship between the Account Holders and their customers as well as their suppliers. The submitted documents will be reviewed and assessed. From there onward, any of your payment to this beneficiary would not be held back if the documents/ evidence are in line with DSBC's policy.

2. The Online Conference serves the main purpose of getting your authorization for the payment which is considered necessary by the Compliance Team to prevent Fraudulent Activities.

By signing this Application Form, I/ We are aware that the information provided about AML-CTF Checks of Source of Fund on Transaction and I/We agree and are going to follow with the regulations posed to the DSBC Account's holder.

By signing this questionnaire and profile of company, I/We also confirm that I/We aware that the information provided in this questionnaire and other information about me, company, the account holder, and the accounts held in the DSBC, which is available to the DSBC, may be transferred to the local authority of the Republic of Lithuania in order to international treaties on the exchange of financial account information.

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Director 1

Full name

Director 2

Full name

Director 3

Full name

CORPORATE ACCOUNT APPLICATION FORM

1 - IDENTIFICATION OF COMPANY

Company's Legal Name:			
Country of Registration:			
Registration No.:		Registration Date:	/ /

2 - RELATED ENTITIES TO THE COMPANY

To the "DSBC Financial Europe" UAB (hereinafter called "DSBC"). At a meeting of the Directors of:

Company's Legal Name:	(hereinafter called "the Company")
held at:	on: / /

the following resolutions were passed that an account or more accounts be opened with the DSBC at Lvovo str. 25, Mažoji bure, 15th floor, LT-09320, Vilnius Lithuania, that the account(s) already held with DSBC is / are approved and will continue operating. It is further resolved to apply for the following account(s) and / or services to be opened / provided with DSBC at Lvovo str. 25, Mažoji bure, 15th floor, LT-09320, Vilnius Lithuania.

For the purposes of opening the account(s) and providing other services, we hereby provide the following information:

Application for Current, Remittance account

Account Type	Currency	Print Statements – Frequency
<input type="checkbox"/> Current Account for payment transactions, remittance, credit transfers.	<input type="checkbox"/> EURO	<input type="checkbox"/> Frequency: _____
<input type="checkbox"/> DNBCnet for Internet Banking of DSBC	<input type="checkbox"/> USD	
	<input type="checkbox"/> Other: _____	
Email receiving OTP:		
Mobile Number receiving OTP:		
(If joint Account) Mobile Number receiving OTP 1		
Mobile Number receiving OTP 2		

Statement of account(s)

If the answer to the Print Statements–Frequency is "No Statement", I / We agree that DSBC will no longer notify me / us in writing about the transactions of my / our account(s). (The "No Statement" answer can be given if the applicant is an existing subscriber to the DNBCnet service or he is applying on this application). The accounts that I / We applied for as above may be opened upon receipt of the signed application by DSBC or at a later stage, according to my / our instructions, not later than 4 months from the date of this application.

For DNBCnet Services

The Company resolves to register with the DNBCnet Service. The following person(s) is / are hereby authorised and appointed to receive the Subscriber Number and the PIN and is / are hereby authorised to use the service in order to operate the account(s) of the Company and / or utilise all available Services of DNBCnet Service and DSBC be and is hereby authorised to execute the instructions of the person(s) specified in this paragraph. Additionally, the Company ensures that it has the right to disclose the personal details of the authorised person(s).

Transaction Limits

Transaction Type	Default Limit Per Day (€)	Daily Limit set by User (€) *
Transfer within "DSBC Financial Europe" UAB Network	200,000	
Transfer to other local EU bank	50,000	
Transfer to international account - via SWIFT	50,000	

*Depending on the channel used, for financial transactions exceeding the cumulative daily limit per Account Holder, the User may be given the option to forward the transactions to DSBC for manual processing and execution, regardless of the limits listed above. In addition, if this Daily Limit set by User is rejected by DSBC, the User's daily transaction limit will be set at the Default Limit Per Day.

SPECIMEN SIGNATURE OF SIGNING INSTRUCTIONS AND AUTHORISED PERSONS

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Specimen Signature of the Authorized 1 Name, surname: Company Title: E-mail Address: Phone number: Date: / /	
Specimen Signature of the Authorized 2 Name, surname: Company Title: E-mail Address: Phone number: Date: / /	
Specimen Signature of the Authorized 3 Name, surname: Company Title: E-mail Address: Phone number: Date: / /	

Please state how signatories will sign (please tick to specify accordingly):

<input type="checkbox"/> Alone	<input type="checkbox"/> Any two of the above
<input type="checkbox"/> Anyone	<input type="checkbox"/> All
<input type="checkbox"/> Other Combination (please specify):	

AUTHORITY AND INDEMNITY IN RESPECT OF 'MESSAGE' THROUGH THE DNBCnet SERVICE INSTRUCTION

The Company resolves that notwithstanding the terms of the existing Mandate(s) for the operation of the Company's account(s) or other facilities or arrangements with DSBC or of any future mandate(s) or other agreement(s) or course of dealing(s) between DSBC and the Company (hereinafter called the Mandate), DSBC is requested and authorized to rely upon and act in accordance with any instruction, notice, demand, application, form or other communication (hereinafter called the Instruction) which may from time to time be, or purport to be, given by 'message' through the DNBCnet Service, whether authenticated or unauthenticated by Device / Mechanism Producing Single Use Codes on our behalf.

As a result, we hereby give the following "Authority and Indemnity in respect of 'message' through the DNBCnet Service Instructions" to DSBC.

Authority

Notwithstanding the terms of any Mandate(s), DSBC is requested and authorized, but is not obliged, to rely upon and act in accordance with any Instruction which may from time to time be, or purport to be, given by 'message' through the DNBCnet Service, whether authenticated or unauthenticated by a Device/Mechanism Producing Single Use Codes, by us or on our behalf by any one of the following persons/by the following person:

	<i>(Authorized person name)</i>
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and authenticated by the user of a Device/Mechanism Producing Single Use Codes (in the event that such authentication is required by DSBC for the relevant by 'message' through the DNBCnet Service Instructions) as follows

<i>Client company name</i>	DNBCnet User ID:	<i>Generated by DSBC</i>
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and without inquiry on DSBC's part as to the authority or identity the person making or purporting to make such Instruction and regardless of the circumstances prevailing at the time of such Instruction.

DSBC shall be entitled to treat such Instruction as fully authorized by, and binding upon us, and DSBC shall be entitled but not bound to take such steps in connection with, or in reliance upon, such communication as DSBC may in good faith consider appropriate, in order to implement any Instruction that could be given by us and which includes but is not limited to Instructions to pay money or otherwise to debit or credit any account, or relates to the disposition of any money or documents, or relates to any actions relevant to Commercial Transactions or purports to bind us to any agreement or other arrangement with DSBC or with any other person or to commit us to any

other type of transaction whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such Instruction. The term "Commercial Transactions" shall mean to include, but without limitation, documentary credits, bills for collection.

Procedure

All instructions given by us must be in accordance with such procedures as may be communicated to us from time to time by DSBC, which shall include, to the extent applicable, the Supplementary Agreement governing the relationship between DSBC and its customers, the Terms and Conditions of DNBCnet which are available at www.dnbcf.com www.dnbcnet.com and the instructions for use that accompany the Device/Mechanism Producing Single Use Codes. We undertake at all times to strictly comply with the procedures communicated to us from time to time and not to take or omit to take any act which would make such procedures accessible to a third party or otherwise allow or facilitate the improper or unauthorized access by any third party.

Indemnity against losses

In consideration of DSBC complying in whole or in part with the terms of this authority, we shall be responsible for all losses, claims, actions, proceedings, demands, damages, costs and expenses (collectively referred to herein as Losses) incurred or sustained by DSBC arising out of, or in connection with any Instructions received from us, except where such Losses are incurred or sustained as a result of DSBC's negligence, willful default or fraud. We further declare that the present authorization is given under our full responsibility, at our own risk, and with full knowledge of the consequences that may ensue. We agree not to make any claim against you by reason of or on account of (a) our having acted wrongly or mistakenly in giving the Instructions; or (b) your having acted wrongly or mistakenly or of your failing to act wholly or in part in accordance with our instructions provided that any act, error or omission is (i) a result of DSBC acting in good faith and a reasonable misunderstanding of the Instructions; or (ii) an error resulting from factors beyond the reasonable control of DSBC; or (iii) a result of any failure of technical equipment beyond the reasonable control of DSBC.

We undertake to safeguard any code number that might be given to us and take all the appropriate measures so as not to reveal it to any unauthorized person intentionally or unintentionally and/or negligently.

We undertake not to hold you liable for any losses, damages or expenses we may incur as a result of us not safeguarding any such code number properly and/or of any forgery and/or false impersonation and/or fraud of any kind being committed in the process of giving such instructions and/or orders and/or other communications mentioned hereinabove. We further undertake to indemnify you and keep you indemnified for any loss, damages and expenses you may incur as a result of the unauthorized use of any such code number and/or of the commitment of any such forgery and/or false impersonation and/or fraud as mentioned above.

We acknowledge that Instructions given either by fax either by 'message' through the DNBCnet Service are at risk of unauthorized and improper access by third parties and we accept that any sensitive or personal information contained within the Instructions is transmitted at our own risk.

We furthermore declare that you will have no responsibility whatsoever in respects of any acts executed by you in accordance with instructions received by you in the manners aforesaid and which prove to be unauthorized, except where DSBC has knowledge or reasonable grounds to suspect that an Instruction is unauthorized or fraudulent.

We also declare and agree that if the above Instructions are subsequently confirmed in writing and delivered to DSBC either by mail or by hand, such confirmation must clearly be marked "Original instructions sent by fax and/or by 'message' through the DNBCnet Service. Please avoid duplication. Failure on our part to do so releases DSBC from any liability whatsoever for acting twice on the same Instructions. We agree that you may debit any account in our name with any sums payable by us as a result of such Instructions.

Moreover, we acknowledge that you have the right at any time and at your discretion to refuse to act upon our instructions and/or orders and/or other communications or any part of them given by fax and/or by 'message' through the DNBCnet Service and we expressly waive any demand, claim and/or right we may have and/or acquire against you as a result of your not acting upon all or part of our instructions and/or orders and/or other communications and/or any part of them and/or acting upon them wrongfully.

Notice of termination

The terms of this "Authority and Indemnity in respect of 'message' through the DNBCnet Service Instructions" shall remain in full force and effect unless and until either party provides seven (7) days prior written notice of termination to the other party. Termination of this authority and indemnity will be without prejudice to the completion of Instructions already initiated and will not affect any accrued charges, or any legal rights or obligations which may have already arisen. Instructions received within the seven (7) day notice period will be completed on the same terms as if this authority and indemnity had not been terminated. Termination by either party shall not release it from any liability under this authority and indemnity in respect of any act performed by it under this authority and indemnity. Notwithstanding any of the foregoing terms of this "Authority and Indemnity in respect of 'message' through the DNBCnet Service Instructions", nothing under this letter shall exclude or limit any statutory or regulatory duty or liability which DSBC may have to us. Notwithstanding any of the foregoing terms of this «Authority and Indemnity in respect of Instructions», nothing under this letter shall exclude or limit any statutory or regulatory duty or liability which DSBC may have to us.

3 - APPLICATION FOR PAYMENT CARDS

"DSBC Financial Europe" UAB will issue payment cards to the Company with following information:

Card holder 1	Card type	Currency	Account to be connected with the Debit/ Prepaid card	Account to be debited for blocking amount
	<input type="checkbox"/> Master Prepaid	<input type="checkbox"/> EURO <input type="checkbox"/> USD	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New
Full name as it will appear on card:				
Mobile telephone number for SMS Card Alerts:	+			

Card holder 2	Card type	Currency	Account to be connected with the Debit/ Prepaid card	Account to be debited for blocking amount
	<input type="checkbox"/> Master Prepaid	<input type="checkbox"/> EURO <input type="checkbox"/> USD	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New
Full name as it will appear on card:				
Mobile telephone number for SMS Card Alerts:	+			

Card holder 3	Card type	Currency	Account to be connected with the Debit/ Prepaid card	Account to be debited for blocking amount
	<input type="checkbox"/> Master Prepaid	<input type="checkbox"/> EURO <input type="checkbox"/> USD	<input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> New
Full name as it will appear on card:				
Mobile telephone number for SMS Card Alerts:	+			

Resolution for Issuing Payment Cards

To the "DSBC Financial Europe" UAB (hereinafter called "DSBC"). At a meeting of the Directors of:

	(hereinafter called "the Company")
held at:	on: / /

the Directors considered the terms and conditions governing the issuance of debit/prepaid cards by DSBC Financial Europe UAB (DSBC) and resolved as follows:

1. That the said terms and conditions be and are hereby accepted by the Company.
2. That DSBC Finance be and is hereby authorized to issue a debit/prepaid cards to

	(hereinafter called "Card holder")
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under the aforesaid terms and conditions and he/ she is hereby authorized to attend the DSBC and sign on behalf of the Company all necessary applications and/or any other documents in relation to the aforementioned issuance.

3. That in the above resolutions, the expression Director(s) shall include alternate Director(s).

4. That these resolutions be communicated to DSBC and remain in force until an amending resolution shall be passed by the Board of Directors and a copy thereof certified by any one of the Directors or the Secretary, shall be communicated to DSBC Finance.

We certify that the foregoing resolutions have been duly entered in the minute book and signed therein by the Chairman and are in accordance with the articles of association of the Company and that the Company.

Delivery Instructions

The Company hereby authorizes DSBC upon receipt of my / our Card / Pin Number of the card / Subscriber Number for DNBCnet/ Pin Number of DSBC to deliver it (them) by Courier at Company's own risk and cost to the following:

Receiver Name:	
Mobile Number:	+
Email:	
Delivery hour (local time)	
Address Details in Room, building:	

Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

Please specify a physical address and not a post office address.

Cardholders Declaration

I/We understand that when considering my/our application and also when operating the account, DSBC may use the system of credit scoring or any system for monitoring clients.

I/We apply for the issue to me/us of a payment card of DSBC and I/we confirm that the information given is true.

I/We agree that DSBC reserves its right to decline the application. In addition, I/We apply for and I/We authorize you to issue in accordance with the terms of use of the card which forms part of this application/section, a card to the person(s) named hereunder or may be named by me/us from time to time for use on my/our account and I/We declare, both me/us as applicant(s) of the main card and the applicant(s) of additional cards, that I/We are liable jointly and severally for all the transactions done with the cards as well as for the whole from time to time debt balance of the card(s) account(s). I/We confirm that I/We have read and accept the terms and conditions of use of DSBC's debit/prepaid cards Visa/MasterCard and the practice described in this paragraph, and I/We have already received a copy of them.

I/We confirm that I/We have received and read the Terms and Conditions of use of DSBC's Debit/ Prepaid cards as they appear on the website www.dnbcf.com and I / We have accepted them.

Moreover, I/We hereby understand, acknowledge and agree that the card/s to be issued pursuant to this application form will be limited to business expenses/payments only.

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Cardholder 1

Full name

Cardholder 2

Full name

Cardholder 3

Full name

7. Standard Package and Elite Package are easy for upgrading to Premium Package as long as the client satisfies the requirement at (6).
8. Register a new account with Premium package, the monthly maintenance fee will be 0 EUR within 2 months (the subscription month and the next month). In the following months, if the client does not meet the requirement 6 mentioned above, the monthly maintenance fee will be applied for the standard package (19 EUR).
9. With a current account upgrade from Standard/ Elite to Premium, in the following months, if the client does not meet the requirement 6 mentioned above, the monthly maintenance fee will be applied for the standard package (19 EUR).

OTHER SERVICES RENDERED

ACCOUNT, STATEMENT & NOTIFICATION		
DSBC Financial Europe account statement	10 EUR	Hard copy is Free when downloading via DNBCnet
Balance Certificate for a specific account	20 EUR	
DSBC Financial Europe current account reference letter	50 EUR	
Express courier original copy	60 EUR	To client address worldwide: DHL/FedEx
SMS notification about account transactions	0.2 EUR	Per message
Email notification about account transactions	Free of charge	
ACCOUNT CLOSURE		
Closing the Personal or Corporate account after one year		Free of charge
Closing the Personal account within 12 months		200 EUR
Closing the Corporate account within 12 months		1000 EUR

The fees and charges are subject to change from time to time.

For "DSBC Financial Europe" UAB only
Promotion code:

5 - CUSTOMER DECLARATION

By signing these documents, I/We confirm that information provided in this Corporate Application Form to open an account with "DSBC Financial Europe" UAB ("DSBC") is true, complete and accurate and undertake to immediately notify the DSBC in writing of any change in the information provided by me in this questionnaire. I/We read, understood and accepted DSBC Corporate account services fees. I/We undertake to immediately notify the DSBC in writing of any intentions to perform transactions on behalf of the third persons/companies and/or to hold third persons' funds in the accounts to be opened in my company.

Please be noticed that: DSBC always conducts AML/CTF checks of Source of Fund on Incoming Transactions and/ or Outgoing Transactions for any DSBC Account that has been operating for under 3 months.

1. DSBC's Compliance Team reserves the right to send emails/ call or conduct short online Conference to ask for Transactions' Documents (Invoices/ Agreement/ Receipt of Delivery), Explanation and further Evidence to prove the genuine Business Relationship between the Account Holders and their customers as well as their suppliers. The submitted documents will be reviewed and assessed. From there onward, any of your payment to this beneficiary would not be held back if the documents/ evidence are in line with DSBC's policy.

2. The Online Conference serves the main purpose of getting your authorization for the payment which is considered necessary by the Compliance Team to prevent Fraudulent Activities.

By signing this Application Form, I/ We are aware of the information provided about AML-CTF Checks of Source of Fund on Transaction and I/We agree and are going to follow the regulations posed to the DSBC Account's holder.

By signing this Corporate Application Form of company I/We also confirm that I/We aware that the information provided in this Corporate Account Application Form and other information about me, company, the account holder, payment card holder, and the accounts held in the DSBC, which is available to the DSBC system, may be transferred to the local authority of the Republic of Lithuania in order to international treaties on the exchange of financial account information.

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Authorized 1

Full name:

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Authorized 2

Full name:

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Authorized 3

Full name:

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"DSBC Financial Europe" UAB Privacy Statement

In order to be informed about the processing of your personal data, your rights and other important information regarding the security and use of your data at DSBC, please read the DSBC's Privacy Statement which is available on DSBC's website www.dnbcf.com as well as on the DNBCnet website: www.dnbcnet.com

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FOR INTERNAL USE ONLY

Applicant's CIF:	
Cardholder's CIF:	DNBCnet account name:
Account(s) to be linked with the Card:	

"DSBC Financial Europe" UAB Validate & Approval

DSBC validate staff name:	DSBC approval staff name:
Date: / /	Date: / /

FF00C12109V2

DECLARE YOUR TAX STATUS

1 – YOUR BUSINESS DETAIL

Company's Legal Name:			
Country of Registration:			
Registration No.:		Registration Date:	/ /

2 – ENTITY TYPE

"DSBC Financial Europe" UAB does not open an account for Entity is a Financial Institution.

A. The Entity is not a Financial Institution			
Option	Description	CRS Status	FATCA Status <i>(not applicable for U.S. person)</i>
A1 <input type="checkbox"/>	<p>Active Business</p> <ul style="list-style-type: none"> derives less than 50% of its gross income (for the previous calendar year) from passive income such as investments, dividends, interest, rents or royalties; and has less than 50% of its assets being used to produce passive income for the previous calendar year. <p>Or</p> <p>Holding Group Service Company</p> <ul style="list-style-type: none"> substantially all of its activities consist of holding (in whole or in part) the outstanding stock of, and providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, and does not operate as an investment fund, such as private equity fund, venture capital fund, leveraged buyout fund or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets. 	Active NFE	Active NFE
A2 <input type="checkbox"/>	<p>Passive Investments</p> <ul style="list-style-type: none"> derives more than 50% of its gross income (for the previous calendar year) from passive income such as investments, dividends, interests, rents or royalties; or have more than 50% of its assets being used to produce passive income for the previous calendar year. 	Passive NFE	Passive NFE
A3 <input type="checkbox"/>	<ul style="list-style-type: none"> is none of the above. Please seek professional tax advice and specify your classification below. 	<p><i>Classification (please specify):</i></p> <p><i>Please complete the relevant US IRS Form W-8/W-9 and submit it together with this form.</i></p>	

3 – YOUR BUSINESS'S TAX RESIDENCY (IES)

The Entity is a tax resident of

<input type="checkbox"/>	Lithuania	<i>Refer to business registration number for the taxpayer identification number (TIN).</i>
<input type="checkbox"/>	United States of America	<i>>Please also complete the IRS W-9 form.</i>
<input type="checkbox"/>	Others	<i>>Please complete the table below.</i>

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.

4 – CONTROLLING PERSON(S)

Controlling Person 1

Surname		Given name	
Identification No.:		Birth Date:	/ /
Residential Address			
Country		Postal code	

I am a tax resident of:

<input type="checkbox"/>	Lithuania	<i>Refer to business registration number for the taxpayer identification number (TIN).</i>
<input type="checkbox"/>	United States of America	<i>>Please also complete the IRS W-9 form.</i>
<input type="checkbox"/>	Others	<i>>Please complete the table below.</i>

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.

Controlling Person 2

Surname		Given name	
Identification No.:		Birth Date:	/ /
Residential Address			
Country		Postal code	

I am a tax resident of:

<input type="checkbox"/>	Lithuania	<i>Refer to business registration number for the taxpayer identification number (TIN).</i>
<input type="checkbox"/>	United States of America	<i>>Please also complete the IRS W-9 form.</i>
<input type="checkbox"/>	Others	<i>>Please complete the table below.</i>

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.

Controlling Person 3

Surname		Given name	
Identification No.:		Birth Date:	/ /
Residential Address			
Country		Postal code	

I am a tax resident of:

<input type="checkbox"/>	Lithuania	<i>Refer to business registration number for the taxpayer identification number (TIN).</i>
<input type="checkbox"/>	United States of America	<i>>Please also complete the IRS W-9 form.</i>
<input type="checkbox"/>	Others	<i>>Please complete the table below.</i>

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.
		<input type="checkbox"/> Country does not issue TIN.

5 – AGREEMENT

I/We confirm that all the information I/we have provided is true, accurate and complete and I/we have not withheld any information. I/We undertake to keep “DSBC Financial Europe” UAB (“DSBC”) informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this Certification Form to become incorrect or incomplete and also undertake to provide any other additional information as may be required by DSBC and/or applicable law.

I/We agree and consent to the terms of DSBC’s safeguard, including but not limited to Data Protection Policy, Safeguard, Compliance, available at <https://www.dnbcf.com/info/legal-agreements> or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

The persons named and signing below are duly authorised to complete and sign this Certification Form for and on behalf of the Entity and the Controlling Person(s) (if applicable) and to submit this Certification Form to DSBC.

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Authorizer 1

Full name:

Passport:

Date: / /

Authorizer 2

Full name:

Passport:

Date: / /

Authorizer 3

Full name:

Passport:

Date: / /
