

Evrofinance Mosnarbank Depository

DEPOSITARY CLIENT QUESTIONNAIRE (CORPORATE CUSTOMERS)

1. Full name of a legal entity:

2. Short name:

3. Jurisdiction:

4. Legal address:

5. Mailing address (for correspondence):

6. Details of the state registration:

Registering authority:

registration number: _____ registration date: _____

7. Bank details to collect yield on securities:

a) in Russian rubles:

Account number: _____ with

Correspondent account in Russian rubles of the bank _____ with

Name of the Russian Bank

Russian BIC (of the Russian Bank) _____

Foreign Company Code (tax registration in Russia): _____
(if any)

b) in foreign currencies:

8. Telephone _____ Fax _____

other means of communication _____

9. Securities yield payment mode: _____ by a bank transfer

10. Statements and reports to be delivered by:

mail authorized agent telex fax

In case of any changes in the information contained herein we hereby undertake to send a written notice to the Depository of the Bank. We hereby confirm the accuracy of data contained in this Questionnaire.

CEO

_____/_____/_____
Position Signature Full name

L.S.

" ____ " _____ 20 ____

to be completed by an officer of the Depository of the Bank

File number: _____ Agreement number _____

Custody account number: _____ Date: _____

Signature of responsible officer: _____