

COMPANY SECRETARIAL SERVICES (OPTIONAL)

Please check the box if company secretarial services are required.

PURPOSE OF THE COMPANY

From the selection below, please indicate the purpose for which the company is required.

- Own Vessel
Country of registration _____
- Own Aircraft
Country where aircraft is registered _____
- Own Real Estate
Country where property is located _____
- Own Bank Account
Name of Institution Bordier & Cie
Address of Institution Talstrasse 83
City Zurich State _____ Postal Code 8001 Country Switzerland
- Own Investment Portfolio
Name of Institution Bordier & Cie
Address of Institution Talstrasse 83
City Zurich State _____ Postal Code 8001 Country Switzerland
- Hold Trust Assets
Trust Name _____
- Investment Vehicle (hold shares in other companies, intellectual property, etc.)
- Other (please provide details below)

Please describe/identify the asset(s) that will be held by the company.

Cash & Bonds

Please indicate the estimated value of the assets identified above.

~ USD 56 Mio

Please provide a detailed description of the company's proposed business activities.

Not operative company, Savings, investing (portfolio)

Please indicate where the activities of the company will take place. (Refer to reference list of countries on page 22 for assistance.)

- Jurisdiction not on the FATF grey or black lists
- FATF grey-listed jurisdiction
Please specify country _____
- FATF black-listed jurisdiction
Please specify country _____

PART B

BENEFICIAL OWNER INFORMATION

- Please complete a separate page for each beneficial owner holding or owning 10% or more of the company.
- If the beneficial owner(s) differs from the named individual or corporation on the share certificate, please provide a certified copy of the nominee or shareholders agreement.

Are trustee services being provided by Trident Trust BVI? **No**

If yes, parts B and C of this form are not required and a separate Trust Information Form will need to be completed.

Name

Kovpak Igor

Principal Residential Address

[Redacted Address]

City **Ekaterinburg** State Postal Code Country **Russian Federation**

Mailing Address (if applicable and different from above)

City State Postal Code Country

Telephone Number (at principal residential address)

Further Contact Numbers

Work

Mobile

Fax

Email Home

Work

Occupation (if retired, please specify former occupation) **Entrepreneur, owner of Supermarket-chain 'ZAO Kirovsky Supermarket'**

Industry/Field of Work **Service sector**

Date of Birth (dd/mm/yyyy)

Country of Birth **Russian Federation**

Nationality (#1) **Russian Federation**

Nationality (#2)

Passport Number (If more than one nationality is held please provide the details of each passport held.)

[Redacted Passport Number]

Country of Issue **Russian Federation**

Expiry Date (dd/mm/yyyy)

Tax Residence Status **Russian Federation**