

To the Central Bank of the Republic of Azerbaijan

INITIAL APPEAL

concerning the issuance of licenses for activities of a bank, insurance (reinsurance), securities market licensee, joint stock investment fund or investment fund management, as well as a local branch of a foreign bank or a foreign investment company

1. Information on the founded (established) institution:

1.1. Name _____

1.2. Address and zip code _____

1.3. Contact number _____

1.4. E-mail address (if any) _____

1.5. Date and number of the decision of the founding meeting (*please specify the name of the governing body that made the decision to establish a local branch of a foreign bank or a foreign investment company, the date and number of the decision*)

2. If a foreign bank or a foreign investment company is a part of any holding (group of companies), the name and address of that holding (group of companies), as well as the names and addresses of persons with qualifying holding in other organizations included in the holding (group of companies), officers of these persons – if an individual, his/her last and first names; if a legal entity, its name and address (*when applying for a license to operate a local subsidiary bank of a foreign bank or a foreign bank holding company, as well as a branch of a foreign bank or a foreign investment company*)

3. Name, address and TIN of the manager, the depository of the fund, which will manage the joint-stock investment fund (*when applying for a license of a joint-stock investment fund or investment fund management activities*)

4. Name of the external auditor to perform an audit review in the joint-stock investment fund or the manager, the name of the authority that issued the relevant license, the registration number, and the date of issue of the license (*when applying for a license of a joint-stock investment fund or investment fund management activities*)

5. Core and ancillary services to be provided as part of the license (*when applying for investment company (a branch of a foreign investment company) activities*)

6. Types of markets in which to organize trading for stock exchange activity (*when applying for a stock exchange license*)

I kindly request that you review the initial appeal for the issuance of a license for

The name of the activity in financial markets

7. In accordance with Articles 8.2 and 9.3 of the Law of the Republic of Azerbaijan 'on Banks', Article 44 of the 'Law on Insurance Activity', Articles 66 and 71.3 of the 'Law on the Securities Market' and Article 36 of the 'Law on Investment Funds', the application is attached with the following documents and information, as well as the document confirming the authority of the signatory of the initial appeal:

No	Document name	Number of copies	Number of pages	Note

Note:

1. If the relevant information is required by law, that information in the form of a questionnaire of an individual (legal entity) founder (participant), the manager and other individuals holding positions, and persons engaged in independent expert activities in insurance, relations between shareholders (participants), and the beneficiary owner, as well as civil impeccability information is submitted.
2. When a bank (a local branch of a foreign bank) makes an initial appeal to obtain an investment service (operation) license, the name of the bank (the local branch of a foreign bank), the information on core and ancillary investment services to be provided as part of the license and the documents under Article 74-2 of the 'Law on the Securities Market' are presented.

8. Date of application _____
(Day, month, year)

9. Authorized person _____
Last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

To the Central Bank of the Republic of Azerbaijan

FINAL APPEAL

concerning the issuance of licenses for activities of a bank, insurance (reinsurance), securities market licensee, joint stock investment fund or investment fund management, as well as a local branch of a foreign bank or a foreign investment company

1. Applicant information:

1.1. Name

1.2. Legal address and zip code

1.3. State registration date and number (TIN)

1.4. Current account number and the name of the bank the account is held with (*when the appeal is made by an insurer (reinsurer), an investment company, a local branch of a foreign investment company, a stock exchange, a clearing house, an investment fund depository, a joint-stock investment fund or an investment fund manager*):

1.5. Contact number

1.6. E-mail address

2. Information whether there are changes to the information and documents submitted during the initial license appeal _____

In case of any changes, comments on those changes _____

I kindly request that you review the final appeal for the issuance of a license for

The name of the activity in financial markets

3. In accordance with Articles 8.10 of the Law of the Republic of Azerbaijan 'on Banks', Article 50 of the 'Law on Insurance Activity', Articles 68 and 71.4 of the 'Law on the Securities Market' and Article 38 of the 'Law on Investment Funds', the application is attached with the following documents and information, as well as the document confirming the authority of the signatory of the final appeal:

№	Document name	Number of copies	Number of pages	Note

Note: When a bank (a local branch of a foreign bank) makes a final appeal to obtain an investment service (operation) license, Parts 1.1 and 2 of this Form are completed and the documents specified in Article 74-3 of the 'Law on the Securities Market' are presented in accordance with Part 3 of the Form.

4. Date of application _____
(Day, month, year)

5. Authorized person _____
Last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

APPLICATION

concerning the issuance of a permit to open a foreign branch, representative office of a local bank, insurer (reinsurer), investment company

1. Applicant information:

1.1. Name _____

1.2. Branch/representative office name _____

1.3. Branch/representative office address, zip code (if any)

1.4. Contact number _____

1.5. E-mail address _____

2. Name of the decision-making body to open a foreign branch/representative office, the date and number of the decision

3. Core and ancillary services to be provided by the foreign branch (*when applying for a permit to operate a foreign branch of a local investment company*):

I kindly request to permit to open a foreign branch/representative office.

4. The application is attached with the following documents and information in accordance with Article 11.3 of the Law of the Republic of Azerbaijan 'on Banks' and Article 72.2 of the Law of the Republic of Azerbaijan 'on the Securities Market':

№	Document name	Number of copies	Number of pages	Note

5. Date of application _____
(Day, month, year)

6. Authorized person _____
Position, last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

APPLICATION

concerning the issuance of a permit to open a local representative office of a foreign bank, investment company, investment fund or investment fund manager

1. Applicant information:

1.1. Name _____

1.2. Representative office _____

1.3. Representative office address and zip code

1.4. Contact number _____

1.5. E-mail address _____

2. Name of the decision-making body to open a foreign branch/representative office, the date and number of the decision _____

I kindly request to permit to open a foreign branch/representative office.

3. The application is attached with the following documents and information in accordance with Article 12.2 of the Law of the Republic of Azerbaijan 'on Banks', Article 73.2 of the Law of the Republic of Azerbaijan 'on the Securities Market' and Article 42.2 of the Law of the Republic of Azerbaijan 'on Investment Funds', as well as the document confirming the authority of the signatory of the application:

No	Document name	Number of copies	Number of pages	Note

4. Date of application

(Day, month, year)

5. Authorized person

Position, last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

APPLICATION

for obtaining licenses for granting loans by non-bank credit institutions, as well as legal entity insurance intermediation activities

1. Applicant information:

1.1. Name _____

1.2. Legal address and zip code _____

1.3. State registration date and number (TIN) _____

1.4. Contact number _____

1.5. E-mail address (if any) _____

I kindly request that you review the final appeal for the issuance of a license for

Name of the activity in financial markets

2. The application is attached with the following documents and information in accordance with Article 11.1 of the Law of the Republic of Azerbaijan 'on Non-bank credit institutions' and Article 84 of the Law of the Republic of Azerbaijan 'on Insurance Activity':

№	Document name	Number of copies	Number of pages	Note

Note: If relevant information is required by law, that information in the form of a questionnaire of an individual (legal entity) founder (participant), the manager and other individuals holding positions, as well as persons engaged in independent expert activities in the insurance field, relations between shareholders (participants), and the beneficiary owner, as well as civil impeccability information is submitted.

3. Date of application _____
(Day, month, year)

4. Authorized person _____
Position, last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

APPLICATION

for obtaining a license for activities of a payment institution, electronic money institution, and payment system operator, as well as for acquiring payment institution status and inclusion in the register of a legal entity seeking to exclusively engage in account information services

1. Applicant information:

1.1. Name _____

1.2. Legal address and zip code _____

1.3. State registration date and number (TIN) _____

1.4. Contact number _____

1.5. E-mail address _____

2. Types of payment services to be provided under a payment institution and an electronic money institution license

I kindly request to issue a license for the provision of the payment services specified in Part 2 of this Application/acquire payment institution status and be included to the register to exclusively engage in account information services.

3. The following documents and information are attached with the Application in accordance with Articles 49.2, 52.1, 55.1, 57.1 and 59.2 of the Law of the Republic of Azerbaijan 'on Payment Services and Payment Systems':

№	Document name	Number of copies	Number of pages	Note

Note:

1. If relevant information is required by law, that information in the form of a questionnaire of an individual (legal entity) founder (participant), the manager and other individuals holding positions, as well as persons engaged in independent expert activities in the insurance field, relations between shareholders (participants), and the beneficial owner, as well as civil impeccability information is submitted.
2. This Application Form also applies to the local branch of a foreign payment institution or foreign electronic money institution, as well as to the local branch of a foreign operator.

4. Date of application _____
(Day, month, year)

5. Authorized person _____
Position, last, first, middle names

I, the undersigned, hereby acknowledge the accuracy of the information within this application and all attached documents. I certify, to the best of my knowledge, that they are both accurate and complete.

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

APPLICATION

**for obtaining a permit for expanding investment services (operations) or markets
where the stock exchange trades**

1. Applicant information:

1.1. Name _____

1.2. Contact number _____

1.3. E-mail address _____

2. Name of the decision-making body, the date and number of the decision

3. Core and ancillary investment services to be provided (*when applied by an investment company and a bank*):

4. New and existing markets to trade (*when applied by a stock exchange*):

I kindly request to issue a permit for expanding investment services (operations)/markets for trading.

5. The Application is attached with the following documents and information specified in Article 74.2 of the Law of the Republic of Azerbaijan 'on the Securities Market' (considering Article 74.8 of the said Law):

No	Document name	Number of copies	Number of pages	Note

6. Date of application _____
(Day, month, year)

7. Authorized person _____
Position, last, first, middle names

Signature _____

STAMP

To the Central Bank of the Republic of Azerbaijan

QUESTIONNAIRE
of an individual founder (participant)

1. Founder/participant name _____
(Last, first, middle names)

2. Date of birth _____
(Day, month, year)

3. Place of birth _____
(Country, city, district)

4. Personal identification number (if not applicable, the type and number of an identity document) _____

5. Citizenship _____

6. Registration address _____
(Country, city, district, street, house, apartment, zip code)

7. Residential address (If different from the residential address)

(Country, city, district, street, house, apartment, zip code)

8. Contact number _____
(home) (work) (GSM)

9. E-mail address(es) (if any) _____

10. Name of the supervised entity founded/participated by him/her _____

11. Participation share amount and weight in authorized capital (%)

12. Source of funds channeled to the acquisition of the participation share

13. Income earned over recent five years

Year	Total income for the year	Source of income

14. Employment (primary and secondary)

a) Please provide the following information about your primary and secondary jobs in chronological order (starting with your most recent employment).

Organization name	Position	Period of employment	Reason for leaving the job	Primary or secondary job

a) Type and duration of independent employment

15. Last, first and middle names used or changed

Please provide all other former last, first, and middle names, along with the reasons for their change and the periods of use (maiden name, last names from previous marriages, legally changed last names, etc.).

Last, first, middle names	Period of use	Reasons for change

16. Family members

a) Close relatives (spouses, parents, including in-laws, grandparents, children, the adopted (adoptees), siblings):

Last, first, middle names	Date of birth	Kinship

Out of them last, first, middle names, positions of those employed with the supervised entity

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

17. Education

Name of the educational institution	Period of education	Qualification	Series and number of the diploma or education certificate	Education level	The number and date of the certificate for the recognition of foreign countries' higher education qualifications (in the absence of a

					relevant educational document on higher education received within the country)

18. Business reputation and other information

a) Are you currently under prosecution?

Yes

No

The article of the criminal law under which criminal prosecution is conducted _____

b) Have you been found guilty of committing any administrative offense resulting from entrepreneurial or professional activity, as well as non-performance or improper performance of duties by the decision of a court or other body in the last 5 years?

Yes

No

Date of the decision and the name and nature of the administrative offence

c) Are you currently acting as a counterparty to the supervised entity of which you are the founder (participant) in court proceedings on civil cases and commercial disputes?

Yes

No

Information about as which subject you are participating in the proceedings and the type of claim _____

d) Have you been involved in the processes of determining the legal entity's activity strategy and decision-making before the date of the decision on liquidation or bankruptcy in a legal entity that was compulsorily liquidated or declared bankrupt due to the deterioration of the financial situation?

Yes

No

Name of the legal entity and period of your activities with that entity

d) Have you been dismissed or released from your position by the decision of any authority and (or) employer?

Yes

No

Name of the decision-making authority and (or) employer, the date of the decision and the reason for your dismissal _____

e) Please specify information on legal entities or foreign legal entities you participate in.

No	Name and address of the legal entity or the foreign legal entity	Activity type	Participation share (%)	Participation share amount (AZN)

f) Please specify the following information about legal entities (limited liability company, joint-stock company, business partnership, etc.) in which you are the member of the supervisory board (board of directors), executive body, revision commission, audit committee, or employee or other head of the internal audit service (unit).

No	Name and address of the legal entity	Activity type	Position	Period	
				From	To

f) Business partners

Individuals who are other founders or beneficiary owners in the legal entity or foreign legal entity they participate in (whether they are founders or beneficiary owners):

Last, first, middle names of founders and/or beneficiary owners	Name of the legal entity or foreign legal institution	Participation share (%)

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

g) other individuals you have business relations with:

Individual's last, first, middle names	Nature of business relations

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

h) Do you have politically exposed person status?

Yes

No

Please specify your status _____

I) Are you a close relative of politically exposed persons?

Yes

No

Please specify the politically exposed person, your status and kinship

j) Are you a close associate of politically exposed persons?

Yes

No

Please specify the politically exposed person, your status and kinship

k) Have you been engaged in any type of licensed (permit required) activity in the past or currently?

Yes

No

Type of licensed (permit required) activity

l) Has your license (permit) been revoked?

Yes

No

Grounds for license (permit) revocation

m) If you possess any additional information that confirm that you are a fit and proper person or your expertise, please specify

n) Have you any financial liability in relation to the supervised entity in which you have qualifying holding?

Yes

No

Information about financial liability

I acknowledge the accuracy of the information provided in this Questionnaire and undertake to promptly inform the Central Bank of any changes to that information.

Note:

1. The 'politically exposed persons', 'close relatives of politically exposed persons' and 'close associates of politically exposed persons' in this Questionnaire bear the meanings specified in Articles 1.1.24, 1.1.25 and 1.1.26 of the Law of the Republic of Azerbaijan 'on Prevention of the legalization of criminally obtained property and the financing of terrorism'.

2. This Questionnaire is completed at the stage of licensing of the supervised entity in relation to legal entity founders who are not qualifying holding owners, and in relation to the legal entity qualifying holding owners both at the licensing stage and during the acquisition of qualifying holding and is signed by the authorized representative of the legal entity (indicating last, first and middle names of the relevant person in the signature field) according to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Insurance activity', 'on the Securities market', 'on Investment funds', 'on Non-bank credit institutions' and 'on Payment services and payment systems'.

3. If not specifically distinguished, all parts of this Questionnaire are completed in relation to legal entity qualifying holding owners, if information on certain parts is not available, a corresponding note is made.

Signature: _____

Date: _____

To the Central Bank of the Republic of Azerbaijan

QUESTIONNAIRE
of the legal entity founder (participant)

1. Name of the legal entity founder/participant _____

2. Address _____

(Country, city, district, street, zip code)

3. Contact number _____

4. E-mail address(es) (if any) _____

5. TIN (if any) _____

6. Activity types _____

7. Head(s) of the executive body _____

(Last, first, middle names)

8. Name of the supervised entity it is the founder/participant of _____

9. Amount of participation share and the weight in authorized capital (%) _____

10. Source of funds channeled to the acquisition of the participation share

11. Information on related parties of the securities market licensee, as well as of the legal entity founder of the joint stock investment fund or the manager

№	Name and TIN of the legal entity, which is a related party to the legal entity / last, first, middle names of the individual	Grounds for being a related party under Article 49-1.1 of the Civil Code of the Republic of Azerbaijan

12. Rating issued by international rating organizations to qualifying holding owner in an insurer or reinsurer which is a foreign legal entity _____

13. If applicable, information on qualifying holding of the founder/participant which owns qualifying holding in other legal entities

№	Name and address of the legal entity or a foreign legal entity	Activity type	Participation share (%)	Participation share amount (AZN)

14. Information on qualifying holding of other legal entities and individuals in authorized capital of the qualifying holding owner founder/participant

No	Name and address of the legal entity/individual's last, first, middle names	Activity type	Participation share (%)	Participation share amount (AZN)

The information relevant to Part 5, Article 62.6.1.4 of the Law of the Republic of Azerbaijan 'on the Securities Market' and Article 28.5.1.4.5 of the Law of the Republic of Azerbaijan 'on Investment Funds' is included to this part of the Questionnaire.

15. Is the qualifying holding owner founder in the bank a part of a group of companies?

Yes

No

***If yes, please complete Items a-c.**

a) Name of the group of companies _____

b) Please specify the following information on other organizations included to the group of companies.

No	Name of the legal entity or the foreign legal entity	Activity type	Qualifying holding owners	Participation share (%)

c) Please specify the following information on officers (persons holding managerial positions) of legal entities with qualifying holding in organizations included in the group of companies.

No	Last, first, middle names	The organization where he/she holds the position	Position	Appointment date

16. Is there a legally binding court decision to take criminal-legal actions against the founder/participant with qualifying holding in the payment institution, electronic money institution and payment system operator or declare such a founder/participant bankrupt?

Yes

No

Type of criminal-legal action and the article of the criminal law providing for the application of such an action/Date of declaring bankrupt

17. Business reputation of the heads of the executive body of the qualifying holding owner founder/participant and other information

a) Is he/she currently under prosecution?

Yes

No

The article of the criminal law under which criminal prosecution is conducted

b) Has he/she been found guilty of committing any administrative offense resulting from entrepreneurial or professional activity, as well as non-performance or improper performance of duties by the decision of a court or other body in the last 5 years?

Yes

No

Date of the decision and the name and nature of the administrative offence

c) Is he/she currently involved as a party in court proceedings for civil cases and commercial disputes?

Yes

No

Information about as which subject you are participating in the proceedings and the type of claim

d) Has he/she been involved in the processes of determining the legal entity's activity strategy and decision-making before the date of the decision on liquidation or bankruptcy in a legal entity that was compulsorily liquidated or declared bankrupt due to the deterioration of the financial situation?

Yes

No

Name of the legal entity and the duration of your activity in that entity

d) Has he/she been dismissed or released from his/her position by the decision of any authority and (or) employer?

Yes

No

Name of the decision-making authority and (or) employer, the date of the decision and the reason for your dismissal

e) Please specify information on legal entities or foreign legal entities he/she participates in.

No	Name of the legal entity or the foreign legal entity	Participation share (%)	Participation share amount (AZN)

f) Please specify the following information about legal entities (limited liability company, joint-stock company, business partnership, etc.) in which he/she is the member of the supervisory board (board of directors), executive body, revision commission, audit committee, or employee or other head of the internal audit service (unit).

No	Name and address of the legal entity	Activity type	Position	Period	
				from	to

g) Business partners

Individuals who are other founders or beneficiary owners in the legal entity or foreign legal entity they participate in (whether they are founders or beneficiary owners):

Last, first, middle names of founders and/or beneficiary owners	Name of the legal entity or foreign legal institution	Participation share (%)

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

g) Individuals with whom he/she is in other business relations:

Individual's last, first, middle names	Nature of business relations

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

h) Is he/she a politically exposed person?

Yes

No

Please specify _____

l) Is he/she a close relative of politically exposed persons?

Yes

No

Please specify the politically exposed person, his/her status, and kinship with him/her

j) Is he/she a close associate of the politically exposed person?

Yes

No

Please specify the politically exposed person, his/her status, and kinship with him/her

k) Has he/she been engaged in any type of licensed (permit required) activity in the past or currently?

Yes

No

Type of the licensed (permit required) activity

l) Has his/her license (permit) been revoked?

Yes

No

Grounds for the license (permit) revocation

I acknowledge the accuracy of the information provided in this Questionnaire and undertake to promptly inform the Central Bank of any changes to that information.

Note:

1. The 'politically exposed persons', 'close relatives of politically exposed persons' and 'close associates of politically exposed persons' in this Questionnaire bear the meanings specified in Articles 1.1.24, 1.1.25 and 1.1.26 of the Law of the Republic of Azerbaijan 'on Prevention of the legalization of criminally obtained property and the financing of terrorism'.

2. This Questionnaire is completed at the stage of licensing of the supervised entity in relation to legal entity founders who are not qualifying holding owners, and in relation to the legal entity qualifying holding owners both at the licensing stage and during the acquisition of qualifying holding and is signed by the authorized representative of the legal entity (indicating last, first and middle names of the relevant person in the signature field) according to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Insurance activity', 'on the Securities Market', 'on Investment Funds', 'on Non-bank Credit Institutions' and 'on Payment Services and Payment Systems'.

3. Only parts 1-11 of this Questionnaire are completed for legal entity founders who are not qualifying holding owners (part 11 is completed only for the founders of the persons specified in that part).

4. If not specifically distinguished, all parts of this Questionnaire are completed in relation to legal entity qualifying holding owners, if information on certain parts is not available, a corresponding note is made.

Date

Position, last, first, middle names

Signature

STAMP

**To the Central Bank of the Republic of
Azerbaijan**

**QUESTIONNAIRE
of the founder of the legal entity insurance broker and the legal entity exclusively
engaged in insurance agent activities
(For individual founders)**

1. Founder name _____
(Last, first, middle names)
2. Date of birth _____
(Day, month, year)
3. Place of birth _____
(Country, city, district)
4. PIN (if not applicable, the type and number of an identity document) _____
5. Citizenship _____
6. Registration address _____
(Country, city, district, street, house, apartment, zip code)
7. Residential address (If different from the residential address)

(Country, city, district, street, house, apartment, zip code)
8. Contact number _____
(home) (work) (GSM)
9. E-mail address(es) (if any) _____
10. Name of the supervised entity founded by you _____
11. Employment (primary and secondary)

a) Please provide the following information about your primary and secondary jobs in chronological order (starting with your most recent employment).

Organization name	Position	Period of employment	Reason for leaving the job	Primary or secondary employment

a) Type and duration of independent employment

12. If any, information on founder's shares in other legal entities

No	Name and address of the legal entity or the foreign legal entity	Activity type	Participation share (%)	Participation share amount (AZN)

13. Information on foreign individuals

a) Have you been engaged in insurance intermediation activities in the past or currently?

Yes

No

Period of activity _____

b) Have you been banned from engaging in insurance brokerage activities in a foreign country?

Yes

No

Grounds, date, and duration of the ban on activity

I acknowledge the accuracy of the information provided in this Questionnaire and undertake to promptly inform the Central Bank of any changes to that information.

Note:

1. This Questionnaire is completed and signed by the individual founder according to the Law of the Republic of Azerbaijan 'on Insurance Activity' at the stage of licensing of the supervised entity (indicating relevant person's last, first, middle names in the signature field).

2. All parts of this Questionnaire (except for Parts 11 and 12 in relation to a legal entity founder exclusively engaged in insurance agent activities) is completed by relevant persons, if information is not available on certain parts, appropriate notes are made.

Signature: _____

Date: _____

To the Central Bank of the Republic of Azerbaijan

QUESTIONNAIRE

of the founder of the legal entity insurance broker and the legal entity exclusively engaged in insurance agent activities

(For legal entity founders)

1. Legal entity founder's name _____

2. Address _____

(Country, city, district, street, zip code)

3. Contact numbers _____

4. E-mail address(es) (if any) _____

5. TIN (if any) _____

6. Types of activity _____

7. Name of the supervised entity founded _____

8. If any, information on founder's shares in other legal entities

No	Name and address of the legal entity or the foreign legal entity	Activity type	Participation share (%)	Participation share amount (AZN)

9. Information on a foreign legal entity and a domestic legal entity that is a subsidiary of a foreign legal entity

a) Has it been engaged in insurance intermediation activities in the past and currently?

Yes

No

Period of activity _____

b) Has it been banned from engaging in insurance brokerage activities in a foreign country?

Yes

No

Grounds, date, and duration of the ban on activity

I acknowledge the accuracy of the information provided in this Questionnaire and undertake to promptly inform the Central Bank of any changes to that information.

Note:

1. This Questionnaire is completed and signed by the authorized representative of the legal entity according to the Law of the Republic of Azerbaijan 'on Insurance Activity' at the stage of licensing of the supervised entity (indicating relevant person's last, first, middle names in the signature field).

2. All parts of this Questionnaire (except for Part 8 in relation to the founder of the exclusively engaged in insurance agent activities) is completed by relevant persons, if information is not available on certain parts, appropriate notes are made.

date

Position, last, first, middle names

Signature

STAMP

To the Central Bank of the Republic of Azerbaijan

Information on relations between shareholders (participants)

1. Supervised entity name _____
2. Last, first, middle names and participation share (%) in the supervised entity of shareholders (participants) _____

2.1. If in kinship with each other:

Individual's last, first, middle names	Individual's last, first, middle names	Kinship

2.2. When one is related to the other, as well as when one is dependent on the other in another form (legal, financial, service or otherwise):

Legal entity name/ Individual's last, first, middle names	Legal entity name/ Individual's last, first, middle names	Grounds for being a related party and (or) being dependent in another form in accordance with Article 49-1.1 of the Civil Code of the Republic of Azerbaijan (e.g., employee-employer, debtor-creditor, incapacitated/restricted person-guardian/protectress, etc.)

2.3. On the participation of one person in the management of another (legal entity) in another form:

Legal entity name/ Individual's last, first, middle names	Legal entity name	Other grounds for exercising significant influence on a legal entity or acting as an external manager to exercise significant influence on a legal entity (e.g., the veto right in management decision-making, etc.)

Note:

1. This information form is completed and signed by the authorized official of the supervised entity according to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Securities Market', 'on Investment Funds', 'on the Insurance Activity', 'on Non-bank Credit Institutions', 'on Currency Regulation' and 'on Payment Services and Payment Systems' (please specify relevant person's last, first, middle names in the signature field).
2. If there are no relations between shareholders, related information signed by the authorized person of the supervised entity is submitted.

Signature: _____

Date: _____

To the Central Bank of the Republic of Azerbaijan

Beneficiary owner information

1. Beneficiary owner name _____
(Last, first, middle names)

2. Date of birth _____
(Day, month, year)

3. Place of birth _____
(Country, city/district)

4. PIN (if not applicable, the type and number of an identity document) _____

5. Citizenship _____

6. Registration address _____
(Country, city, district, street, house, apartment, zip code)

7. Residential address (if different from the residential address) _____

(Country, city, district, street, house, apartment, zip code)

8. Contact number _____ (home) _____ (work) _____ (GSM)

9. E-mail address(es) (if any) _____

10. Grounds for being a beneficiary owner:

- a) qualifying holding amount, weight in authorized capital (%) and source of funds channeled to the acquisition of the share

- b) other grounds/ influence options _____

11. Last, first and middle names used or changed

Please provide all other former last, first, and middle names, along with the reasons for their change and the periods of use (maiden name, last names from previous marriages, legally changed last names, etc.).

Last, first, middle names	Period of use	Reasons for change

12. Family members

Close relatives (spouses), parents, including in-laws, grandparents, the adopted (adoptees), siblings):

Last, first, middle names	Date of birth	Kinship

Out of them last, first, middle names, positions of those employed with the relevant supervised entity, if a shareholder in the supervised entity, his/her last, first, middle names and the volume of share

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

13. Education

Name of the educational institution	Period of education	Qualification	Series and number of the diploma or education certificate	Education level	The number and date of the certificate for the recognition of foreign countries' higher education qualifications (in the absence of a relevant educational document on higher education received within the country)

14. Employment (primary and secondary) and activities

a) Please provide the following information about your primary and secondary jobs in chronological order (starting with your most recent employment

Organization name	Position	Period of employment	Reason for leaving the job	Primary or secondary employment

b) Type and duration of independent employment

15. Civil impeccability information

a) Does he/she have criminal conviction?

Yes

No

Date of conviction and the article of criminal law _____

b) Has he/she ever been held criminally responsible for committing grave or particularly grave crimes related to property and economic activities in the past?

Yes

No

Date of conviction and the article of criminal law _____

c) Has he/she been legally barred from holding a specific position or participating in professional activities by a court ruling?

Yes

No

Date of deprivation, name of the position or activity for which deprivation occurred, and duration of the deprivation _____

d) Has there been or is there any criminal conspiracy with individuals of common interest that does not meet the requirements outlined in Items a-c of this section?

Yes

No

Information on the person(s)

16. Business reputation and other information

a) Is he/she currently under prosecution?

Yes

No

The article of the criminal law under which criminal prosecution is conducted

b) Is he/she currently involved as a party in court proceedings for civil cases and commercial disputes?

Yes

No

Information about as which subject you are participating in the proceedings and the type of claim _____

c) Has he/she been involved in the processes of determining the legal entity's activity strategy and decision-making before the date of the decision on liquidation or bankruptcy in a legal entity that was compulsorily liquidated or declared bankrupt due to the deterioration of the financial situation?

Yes

No

Legal entity name and period of activity with that person _____

d) Has he/she been dismissed or released from his/her position by the decision of any authority and (or) employer?

Yes

No

Name of the decision-making body and (or) employer, the date of the decision and the reason for dismissal

e) Information on legal entities or foreign legal entities he/she participates in

No	Name and address of the legal entity or the foreign	Activity type	Participation share (%)	Participation share amount (AZN)
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	legal entity			

f) Please specify the following information about legal entities (limited liability company, joint-stock company, business partnership, etc.) in which he/she is the member of the supervisory board (board of directors), executive body, revision commission, audit committee, or employee or other head of the internal audit service (unit).

№	Legal entity name and address	Activity type	Position	Period	
				From	To

g) Business partners

Individuals who are other founders or beneficiary owners with qualifying holding in the legal entity or foreign legal entity they participate in (please specify whether they are founders or beneficiary owners):

Last, first and middle names of founders and/or beneficiary owners	Name of the legal entity or the foreign legal entity	Participation share (%)

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

h) Individuals with whom he/she is in other business relations:

Individual's last, first, middle names	Nature of the business relation

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

I) Is he/she a politically exposed person?

Yes

No

Please specify the status _____

j) Is he/she a close relative of politically exposed persons?

Yes

No

Please specify the politically exposed person, his/her status, and kinship

k) Is he/she a close associate of politically exposed persons?

Yes

No

Please specify the politically exposed person, his/her status, and kinship

l) Has he/she been engaged in any type of licensed (permit required) activity in the past or currently?

Yes

No

Type of licensed (permit required) activity

m) Has his/her license (permit) been revoked?

Yes

No

Grounds for the license (permit) revocation

n) Does the beneficiary owner have any financial liability in relation to the supervised entity he/she relates to?

Yes

No

Information on the financial liability

o) Income earned over recent five years

Year	Total income on the year	Source of income

Note:

1. The 'politically exposed persons', 'close relatives of politically exposed persons' and 'close associates of politically exposed persons' in this Questionnaire bear the meanings specified in Articles 1.1.24, 1.1.25 and 1.1.26 of the Law of the Republic of Azerbaijan 'on Prevention of the legalization of criminally obtained property and the financing of terrorism'.
2. According to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Securities Market', 'on Investment Funds', 'on the Insurance Activity', 'on Non-bank Credit Institutions', 'on Currency Regulation' and 'on Payment Services and Payment Systems', this Information Form is completed separately for each beneficiary owner for whom beneficiary owner information is requested and signed by the beneficiary owner him/herself or the authorized official of the supervised entity (please specify relevant person's last, first, middle names, if signed by the authorized official of the supervised entity, also his/her position in the signature field). In case of any changes to the information specified in this Information Form, updated information needs to be provided.
3. All fields of this Information Form are completed, if facts are not available on certain parts, relevant notes are made.
4. This Information Form is submitted when a beneficiary owner changes, or a new beneficiary owner is designated as well.

Signature: _____

Date: _____

To the Central Bank of the Republic of Azerbaijan

Civil impeccability information

1. Last, first, middle names _____

2. PIN (if not applicable, the type and number of an identity document) _____

3. Do you have a criminal conviction?

Yes

No

Date of conviction and the article of criminal law _____

4. Have you ever been held criminally responsible for committing grave or particularly grave crimes related to property and economic activities in the past?*

Yes

No

Date of conviction and the article of criminal law _____

5. Have you been deprived of the right to hold a certain position or engage in a certain activity for a specific period by a court ruling?

Yes

No

Date of deprivation, name of the position or activity for which deprivation occurred, and duration of the deprivation _____

6. Have you been declared bankrupt by a court ruling?*

Yes

No

Date of being declared bankrupt _____

7. Have you had any past or present criminal dealings with individuals with whom you share a common interest that fails to meet the civil impeccability requirements listed in Parts 3-6 of this Information Form?

Yes

No

Information on that/those person(s) specified in Parts 1-2 of this Information Form

Note:

1. According to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Securities Market', 'on Investment Funds', 'on the Insurance Activity', 'on Non-bank Credit Institutions', 'on Currency Regulation' and 'on Payment Services and Payment Systems', this Information Form is completed separately for each person on whom civil impeccability is required (except for the cases, when the Beneficiary Owner Information Form, as well as the questionnaire (application) completed by the candidates to be interviewed and certified, are submitted) and signed by the person him/herself or the authorized official of the supervised entity (please specify relevant person's last, first, middle names, if signed by the authorized official of the supervised entity, also his/her position in the signature field).

2. The information specified in Part 4 of this Information Form is provided according to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Securities Market', 'on Investment Funds', and 'on the Insurance Activity', while the information specified in Part 6 is submitted on the persons on whom civil impeccability is required according to Laws of the Republic of Azerbaijan 'on Banks' and 'on Investment Funds'.

3. In case of any changes to the information specified in this Information Form, updated information needs to be provided.

Signature: _____

Date: _____

To the Central Bank of the Republic of Azerbaijan

QUESTIONNAIRE

for managers and other persons holding positions, as well as persons engaged in independent insurance expert activities

1. Name _____
(Last, first, middle names)

2. Date of birth _____
(Day, month, year)

3. Place of birth _____
(Country, city, district)

4. PIN (if not applicable, the type and number of an identity document) _____

5. Citizenship _____

6. Registration address _____
(Country, city, district, street, house, apartment, zip code)

7. Residential address (If different from the residential address)

(Country, city, district, street, house, apartment, zip code)

8. Contact number _____
(home) (work) (GSM)

9. E-mail address(es) (if any) _____

10. The following information about the claimed position (the person seeking to engage in independent expert activities specifies only the name of the activity area claimed):

a) Name of the supervised entity he/she is appointed to

b) Claimed position _____

c) period of appointment to the claimed position

d) time of commencing the performance of duties

e) reasons for replacement if there was a previous replacement for this position

11. Last, first and middle names used or changed.

Please provide all other former last, first, and middle names, along with the reasons for their change and the periods of use (maiden name, last names from previous marriages, legally changed last names, etc.).

Last, first, middle names	Period of use	Reasons for change

12. Family members

Close relatives (spouses), parents, including in-laws, grandparents, the adopted (adoptees), siblings):

Last, first, middle names	Date of birth	Kinship

Out of them last, first, middle names, positions of those employed with the relevant supervised entity, if a shareholder (participant) in the supervised entity, his/her last, first, middle names and the volume of share

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

13. Education

Name of the educational institution	Period of education	Qualification	Series and number of the diploma or education certificate	Education level	Number and date of the certificate for recognition of foreign countries' higher education qualifications (in the absence of a relevant educational document on higher education received within the country)

14. Employment (primary and secondary) and activities

a) Please provide the following information about your primary and secondary jobs in chronological order (starting with your most recent employment).

Organization name	Position	Period of employment	Reason for leaving the job	Primary or secondary employment

b) Type and duration of independent employment

15. Business reputation and other information

a) Are you currently under prosecution?

Yes

No

The article of the criminal law under which criminal prosecution is conducted _____

b) Have you been found guilty of committing any administrative offense resulting from entrepreneurial or professional activity, as well as non-performance or improper performance of duties by the decision of a court or other body in the last 5 years?

Yes

No

Date of the decision and the name and nature of the administrative offence

c) Are you currently acting in civil and commercial litigation, including as a counterparty to the supervised entity to which you are appointed?

Yes

No

Information about as which subject you are participating in the proceedings and the type of claim _____

d) Have you been involved in the processes of determining the legal entity's activity strategy and decision-making before the date of the decision on liquidation or bankruptcy in a legal entity that was compulsorily liquidated or declared bankrupt due to the deterioration of the financial situation?

Yes

No

Legal entity name, your position and period of employment

e) Have you been dismissed or released from your position by the decision of any authority and (or) employer?

Yes

No

Name of the decision-making authority and (or) employer, the date of the decision and the reason for your dismissal

f) Please specify the legal entities or foreign legal entities you participated in.

No	Name of the legal entity or the foreign legal institution	Participation share (%)	Participation share amount (AZN)

g) Please specify the following information about legal entities (limited liability company, joint-stock company, business partnership, etc.) in which he/she is the member of the supervisory board (board of directors), executive body, revision commission, audit committee, or employee or other head of the internal audit service (unit).

№	Legal entity name and address	Activity type	Position	Period	
				From	To

h) Business partners

Individuals who are other founders or beneficiary owners of the legal entity or foreign legal entity you participate in (please specify whether they are founders or beneficiary owners):

First, last, and middle names of founders and/or beneficiary owners	Name of a legal entity or a foreign legal entity	Participation share (%)

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

I) other individuals you have business relations with:

Individual's last, first and middle names	Nature of business relations

Information about whether they have a conviction or not _____

Date of conviction and the article of criminal law _____

j) Do you have politically exposed person status?

Yes

No

Please specify your status _____

k) Are you a close relative of politically exposed persons?

Yes

No

Please specify the politically exposed person, his/her status, and kinship

l) Are you a close associate of the politically exposed person?

Yes

No

Please specify the politically exposed person, his/her status, and kinship

m) Have you been engaged in any type of licensed (permit required) activity in the past or currently?

Yes

No

Type of licensed (permit required) activity

n) Has your license (permit) been revoked?

Yes

No

Grounds for license (permit) revocation

o) If you possess any additional information that confirm that you are a fit and proper person or your expertise, please specify.

p) Do you have any financial liabilities against the supervised entity you are nominated to?

Yes

No

Please specify your financial liability

I acknowledge the accuracy of the information provided in this Questionnaire and undertake to promptly inform the Central Bank of any changes to that information.

Note:

1. The 'politically exposed persons', 'close relatives of politically exposed persons' and 'close associates of politically exposed persons' bear the meanings specified in Articles 1.1.24, 1.1.25 and 1.1.26 of the Law of the Republic of Azerbaijan 'on Prevention of the legalization of criminally obtained property and the financing of terrorism'.
2. According to the Laws of the Republic of Azerbaijan 'on Banks', 'on the Securities Market', 'on Investment Funds' and 'on the Insurance Activity', this Questionnaire is completed and signed by a bank officer, a person licensed in the securities market, a member of the audit committee in a joint-stock investment fund and manager, a chief accountant (the person performing these duties), the head and staff of the internal audit service, managers at an insurer (reinsurer), a legal entity insurance broker and a legal entity exclusively engaged in insurance agent activities, as well as by each of the persons claiming to engage in independent expert activities separately (except for the cases when a questionnaire (application) completed by candidates to be interviewed, the head of the executive body of the legal entity insurance broker and a legal entity exclusively engaged in insurance agent activities to be certified, is submitted) (please specify relevant person's last, first, middle names in the signature field).
3. All parts of this Questionnaire are completed if information is not available on certain parts, appropriate notes are made.

Signature: _____

Date: _____