**The questionnaire**

**For** **juridical persons**

**Dear ladies and gentlemen,**

**The State commodity & raw materials exchange of Turkmenistan pays much attention to improvement of quality of servicing and wishes to meet to your expectations and requirements which you show, having addressed to us.**

**With a view of the most qualitative servicing we suggest you to answer following questions.**

1. Full name of the client

|  |
| --- |
|  |

1. Short name of the client

|  |
| --- |
|  |

1. Organizationand legal form

|  |
| --- |
|  |

1. Register number

|  |
| --- |
|  |

1. Date of registration of number

|  |
| --- |
|  |

1. Body of the state registration

|  |
| --- |
|  |

1. Place of registration

|  |
| --- |
|  |

1. Tax code

|  |
| --- |
|  |

1. Address of location (place of registration)

|  |
| --- |
|  |

1. Address of actual location

|  |
| --- |
|  |

1. Postal address, the electronic address

|  |
| --- |
|  |

1. Numbers of contact phones and faxes

|  |
| --- |
|  |

1. Head

|  |
| --- |
| (name, date of birth, registered address of residence place) |

1. Please specify the banks which client you are

|  |  |  |
| --- | --- | --- |
| Account number |  |  |
| Date of opening of the account |  |  |
| Currency type |  |  |
| MFO or SWIFT (IBAN), bank code |  |  |
| The name of serving bank |  |  |
| The bank country |  |  |

1. Amountof registered and paid authorised capital or the authorised fund, property:

|  |
| --- |
|  |

1. Please specify data on controls of your organisation and note the body (bodies), present on the location (a place of the state registration) of your organisation:

|  |  |
| --- | --- |
| Controls | Personal |
| General meeting |  |
| The head |  |
| Board (management) |  |
| Other persons, having the right to act on behalf of your organisation without the letter of attorney |  |

1. Please specify data on persons having the right to sign contracts on behalf of your organisation:

|  |  |
| --- | --- |
| Surname, name, patronymic |  |
| Birth date and birth place |  |
| Citizenship |  |
| The address of residence (registration) |  |
| The address of place of stay |  |
| Data on the document proving the identity (name, series and number, by whom it is given out, issue date, period of validity) |  |
| Place of work and post |  |
| Tax code (if available) |  |
| Phone, fax |  |

18.Please specifydata on beneficiary:

|  |  |
| --- | --- |
| Yes |  |
| If "Yes", the following data is filled: |  |
| Surname, name, patronymic |  |
| Birth date and birth place |  |
| Citizenship |  |
| The address of residence (registration) |  |
| The address of place of stay |  |
| Data on the document proving the identity (the name, a series and number, by whom it is given out, issue date, period of validity) |  |
| Place of work and post |  |
| Tax code (at availability) |  |
| Phone, fax, the e-mail address |  |
| No |  |
| I do not know |  |

19. Please specify data of shareholders (participants, shareholders) owning shares (participation shares) at a rate of 25 % and more.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The name of shareholder (shareholder, participant) | Tax code | The Share in the capital of the organisation (%) | Location | Kinds of activity |
|  |  |  |  |  |
|  |  |  |  |  |

20. Whether your organisation plans to make operations to benefit of other persons, acting as the agent on the basis of the agency contract, the commission agent on the basis of the agreement of the commission, the attorney on the basis of the agreement of the order, the confidential managing director on the basis of the agreement of trust management with property?

|  |  |
| --- | --- |
| □Y | □N |

21. Please specify principal kinds of your activity

|  |
| --- |
|  |
|  |

22.Please specifylicences (permission) available for you for realisation of the activity (operations)

|  |  |  |  |
| --- | --- | --- | --- |
| Number of the licence (permission) | On realisation of what type of activity (operation) | Date of licensing (permission) | Body granted the licence (permission) |
|  |  |  |  |
|  |  |  |  |

23. On what sections of the goods would you like to participate?

|  |  |  |  |
| --- | --- | --- | --- |
| □  □  □  □  □  □ |  | □  □  □  □  □  □ |  |

24. How often do you plan to make the operations (to underlinenecessary)?

|  |
| --- |
| Daily  Weekly  Some times in a month  Some times in a quarter  Some times in a year |

25.What kind of transactions do you plan to make at the commodity exchange?

|  |  |  |  |
| --- | --- | --- | --- |
| □  □  □  □  □  □  □ | Export (manats)  Export (foreign exchange)  Import (manats)  Import (foreign exchange)  Donation  Barter  Own needs | □  □  □  +  □  □  □ |  |

31. Please specify an annual turnover of transactions which you plan to make at the commodity exchange

|  |  |  |
| --- | --- | --- |
| № | Amount | Currency |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

(A position of the authorised person) (Signature) (Name)

Organization’s seal Date:

**The questionnaire**

**forentrepreneurs without legal entity formation**

**Dear ladies and gentlemen,**

**The state commodity &raw materials exchange of Turkmenistan pays much attention to improvement of quality of servicing and wishes to meet your expectations and requirements which you show, having addressed to us.**

**With a view of the most qualitative servicing we suggest you to answer following questions.**

1. Surname, name, patronymic (if any)

|  |
| --- |
|  |

1. Date of birth

|  |
| --- |
|  |

1. Place of birth

|  |
| --- |
|  |

1. Citizenship

|  |
| --- |
|  |

1. Place of residence (registration)

|  |
| --- |
|  |

1. Document identifying the personality (name, series, number, issued by, date of issue, expiry date)

|  |
| --- |
|  |

1. Place of work and job

|  |
| --- |
|  |

1. Kind of entrepreneurial activity and existing licenses

|  |
| --- |
|  |

1. Tax code of STS (if available)

|  |
| --- |
|  |

1. Contact date (address (-es), phone (-s), fax (-es))

|  |
| --- |
|  |

1. Please specify the banks which client you are

|  |  |  |
| --- | --- | --- |
| Account number |  |  |
| Date of opening of the account |  |  |
| Currency type |  |  |
| MFO or SWIFT (IBAN), bank code |  |  |
| The name of serving bank |  |  |
| The bank country |  |  |

1. Please specify sources of your income

|  |
| --- |
| Salary  Pension  Income from entrepreneurial activity  Inheritance  Interest income on deposits  Personal savings  Other income |

13. How often do you plan to make the operations (underlinenecessary)?

|  |
| --- |
| Daily  Weekly  Some times in a month  Some times in a quarter  Some times in a year |

14.On what sections of the goods would you like to participate?

|  |  |  |  |
| --- | --- | --- | --- |
| □  □  □  □  □  □ |  | □  □  □  □  □  □ |  |

15.What kind of transactions do you plan to make at the commodity exchange?

|  |  |  |  |
| --- | --- | --- | --- |
| □  □  □  □  □  □  □ | Export (manats)  Export (foreign exchange)  Import (manats)  Import (foreign exchange) | □  □  □  □  □  □ | Donation  Barter  Own needs |

16. Please specify an annual turnover of transactions which you plan to make at the commodity exchange

|  |  |  |
| --- | --- | --- |
| № | Amount | Currency |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

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

(client’s signature)

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

(date)