Приложение

к Заявлению на возврат неиспользованного

остатка денежных средств с лицевого счета

**АНКЕТА ВЫГОДОПРИОБРЕТАТЕЛЯ**

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| **Категория выгодоприобретателя** | * **Физическое лицо** * **Индивидуальный предприниматель** |

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| Фамилия, имя, отчество  (при наличии последнего) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения |  |  | / |  |  | / |  |  |  |  | Гражданство | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Идентификационный номер налогоплательщика (при наличии) | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| ОГРНИП (для индивидуального предпринимателя) | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Сведения о документе, удостоверяющем личность:

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| Наименование |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Серия и номер документа | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Дата выдачи документа | | | |  |  | / |  |  | / |  |  |  |  | Код подразделения (при наличии) | | | | | | | | | | | | |  |  |  | - |  |  |  |
| Орган, выдавший документ |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Адрес места жительства (регистрации) или места пребывания | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Данные документа, подтверждающего право на пребывание (проживание) в РФ[[1]](#footnote-1):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Вид документа |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Серия и номер документа | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Дата начала пребывания | | | |  |  | / |  |  | / |  |  |  |  | Дата окончания пребывания | | | | | | | | | |  |  | / |  |  | / |  |  |  |  |

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| **Категория выгодоприобретателя** | * Юридическое лицо * Иностранная структура без образования юридического лица |

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| Наименование юридического лица с указанием организационно-правовой формы | | | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ИНН (при наличии) или код иностранной организации | | | | | | | | | | | | | | | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ОГРН; номер записи об аккредитации филиала, представительства иностранного юридического лица в государственном реестре аккредитованных филиалов, представительств иностранных юридических лиц, регистрационный номер юридического лица по месту учреждения и регистрации; регистрационный номер (номера), присвоенный иностранной структуре без образования юридического лица в государстве (на территории) ее регистрации (инкорпорации) при регистрации (инкорпорации) для иностранной | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| структуры без образования юридического лица | | | | | | | | | | | | | | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Адрес юридического лица/ место регистрации и адрес юридического лица на территории государства, в котором оно зарегистрировано | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ОКАТО (при наличии) |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Код (коды) (при наличии) иностранной структуры без образования юридического лица в государстве (на территории) ее регистрации (инкорпорации) в качестве налогоплательщика (или его (их) аналоги) | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Состав имущества, находящегося в управлении (собственности), фамилия, имя, отчество (при наличии) (наименование) и адрес места жительства (места нахождения) учредителей и доверительного собственника (управляющего) - в отношении трастов и иных иностранных структур без образования юридического лица с аналогичной структурой или функцией |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Место ведения основной деятельности иностранной структуры без образования юридического лица |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Достоверность сведений, указанных в настоящей Анкете подтверждаю.

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Подпись Ф.И.О. клиента/представителя клиента

М.П.

Приложение

к Заявлению на возврат неиспользованного

остатка денежных средств с лицевого счета

**АНКЕТА БЕНЕФИЦИАРНОГО ВЛАДЕЛЬЦА**

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| Фамилия, имя, отчество  (при наличии последнего) | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения | |  |  | / |  |  | / |  |  |  |  |  | Гражданство | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Идентификационный номер налогоплательщика (при наличии) | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |

Сведения о документе, удостоверяющем личность:

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| Наименование |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Серия и номер документа | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Дата выдачи документа |  |  | / |  |  | / |  |  |  |  |
| Орган, выдавший документ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| Код подразделения (при наличии) | | | |  |  |  | - |  |  |  |
| Адрес места жительства (регистрации) или места пребывания |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Данные документа, подтверждающего право на пребывание (проживание) в РФ[[2]](#footnote-2):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Вид документа |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Серия и номер документа | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Дата начала пребывания | |  |  | / |  |  | / |  |  |  |  |
| Дата окончания пребывания | | |  |  | / |  |  | / |  |  |  |  |

Достоверность сведений, указанных в настоящей Анкете подтверждаю.

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Подпись Ф.И.О. клиента/представителя клиента

М.П.

1. Данные заполняются, если Выгодоприобретатель является иностранным гражданином/лицом без гражданства [↑](#footnote-ref-1)
2. Данные заполняются, если Бенефициарный владелец является иностранным гражданином/лицом без гражданства [↑](#footnote-ref-2)