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47, Petar Parchevich str., 1000 Sofia, Bulgaria, UIC 175203485
tel.: + 359 2 935 89 44, Fax: + 359 2 925 03 94. www.bulgargaz.bg

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| **Bulgargaz EAD KYC questionnaire**Counterparty information and KYC questionnaireBULGARGAZ EAD requires all of its prospective business partners to provide certain information and to complete the form below as accurately and completely as possible, and to provide certain additional requested documents as listed in the last section of this form.If additional information is required after this questionnaire, it will be requested in a separate communication.Thank you for your cooperation! |
| 1. **Registration data and policies**
 |
| 1. **Full name of the company as per registration**
 |  |
| 1. **The full name of the registered company in English and original language**
 |  |
| 1. **Date of incorporation**
 |  |
| 1. **Address of registration (in English and original language)**
 |  |
| 1. **Physical address of the head office (in English and original language)**
 |  |
| 1. **City/town, postcode**
 |  |
| 1. **Phone number**
 |  |
| 1. **Contact details of the designated contact person - name, telephone number and email address**
 |  |
| 1. **Historical Contract Non-Performance and Pending Litigations**
 |  |
| 1. **Contact details for the finance department - name, phone number and email address**
 |  |
| 1. **Names of director(s)**
 |  |
| 1. **Names and percentage interest of beneficial owner(s)**
 |  |
| 1. **Company registration number and VAT registration number**
 |  |
| 1. **Information about the company's policies regarding:**
 |  |
| **13.1. Health, safety and environment;** |  |
| **13.2. Compliance procedures and codes of ethics;**  |  |
| **13.3. Anti-Money Laundering Policy;** |  |
| **13.4. KYC - third party due diligence;** |  |
| **13.5. Other** |  |
|  |  |
| 1. **Bank details:**
 |
| 1. **Bank**
 |  |
| 1. **Bank branch address details**
 |  |
| 1. **Bank, City and Country**
 |  |
| 1. **Name of bank account**
 |  |
| 1. **Bank account number**
 |  |
| 1. **Mechanism for issuing letters of credit (please tick accordingly)**
 |  |
| 1. **Name of Bank Relationship Manager**
 |  |
| 1. **Name, phone number and email address**
 |  |
| 1. **Credit lines (amount in USD)**
 |  |
| 1. **Proof of financial capacity (letter of confirmation from a bank) to finance the delivery of at least two LNG cargoes**
 |  |
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| Details of previous experience: |

|  |  |
| --- | --- |
| 1. **Turnover from LNG deliveries**
 |  |
| 1. **Sources of LNG supply**
 |  |
| 1. **Ownership of the company**
 |  |
| 1. **Reliability with regard to banks and reputation**
 |  |
| 1. **Countries of destination of LNG delivered**
 |  |
| 1. **Number of LNG cargoes delivered**
 |  |
| 1. **Dimensions of delivered cargo**
 |  |
| 1. **Agreed cargoes for future delivery, if applicable.**
 |  |
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