**Counterparty Questionnaire P.12-370.1 (ENG)**

**General Counterparty Information**

|  |  |  |
| --- | --- | --- |
| Item No. | Description | Counterparty Information (to Be Completed by Counterparty) |
| 1. | Counterparty Full Name |  |
| 3. | Address of Record |   |
| 4. | Physical Address |  |
| 6. | Statutory Information:Tax ID (INN), OGRN (Primary Government Registration No.) (Foreign Entity Code (KIO) for a foreign entity)Payment Information (bank name, current account No.) |  |
| 7. | Contacts (phone, fax, website, email) |  |
| 8. | Authorized Executive: Full Name, (Full) TitleAuthority granted by:  |  |
| 9. | Person authorized to enter into contracts:Full Name, (Full) Title, Authority granted by  |  |
| 10. | Operator: Full Name, (Full) Title, Phone number |  |
| 11. | Specify type of activity to be contracted for |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Manager (Full Name)

 (Apply seal here)

**Supplemental Counterparty Information** (to Be Completed by Vendors of Goods/Services, Contractors as well as Contractors for Licensed Activities).

Similar Work and Delivery Experience (Previous Three Years)

*1. Total value of similar deliveries or works (x RUB 1,000)*

*2. General listing of similar contracts completed:*

*(Feedback and recommendations, if any, to be provided for all contracts listed in table).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item No. | Customer (Name, Address) | Subject Matter or Contract | Value, x RUB 1,000 | Start Date | End Date |
|  |  |  |  |  |  |

*3. List of similar contracts completed for OMK Group:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item No. | Customer | Subject Matter of Contract | Value, x RUB 1,000 | Due Date |
|  |  |  |  |  |

*4. List of equipment/special machinery required to complete work:*

|  |  |  |
| --- | --- | --- |
| Item No. | *Description* | *Quantity* |
|  |  |  |

*5. Organization staffing:*

|  |  |  |  |
| --- | --- | --- | --- |
| Item No. | *Title* | *Educational Background* | *Number of People* |
|  |  |  |  |

*6. Licenses*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item No. | Series, Number | Date of Issue | Activity Type | Validity |
|  |  |  |  |  |

*7. In the event that subcontractors are to be involved in performance under the contract, please specify:*

|  |  |
| --- | --- |
| Have you completed subcontractor qualification?  |  |
| What procedures does your company have in place to qualify counterparties? |  |

Responsible Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)

 (signature)