*Annex 1*



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Sofia 1000, 47 “Petar Parchevich”, UIC 175203485

Tel.: 02 935 89 44, Fax: 02 925 03 94, www.bulgargaz.bg

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| **Inquiry of Bulgargaz EAD to get to know a potential partner company.**  Counterparty information and KYC questionnaire  BULGARGAZ 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. **Registration full name of the company** |  |
| 1. **Registration full name of the 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. **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;** |  |
| * 1. **Compliance procedures and Code of conduct ;** |  |
| * 1. **Anti-Money Laundering Policy;** |  |
| * 1. **KYC - third party due diligence;** |  |
| * 1. **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)** |  |
| 1. **Evidence of financial capacity to finance the delivery of at least 3 000 000 MWh of natural gas** |  |

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| Details of previous experience: |

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| 1. **Turnover from natural gas deliveries** |  |
| 1. **Sources of natural gas supply** |  |
| 1. **Ownership of the company** |  |
| 1. **Reliability with regard to banks and reputation** |  |
| 1. **Countries of destination of natural gas delivered** |  |
| 1. **Volume of natural gas delivered** |  |
| 1. **Contracted volumes for future delivery, if applicable.** |  |
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