

Annex 1. Disclosure of Conflicts of Interest

Part 1: Disclosure of Conflicts of Interest*

Region:	Department:	Division:
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Please answer the questions below based on the information available to you, including in relation to Associates**

(Titles of positions, functional units and other shall be indicated without abbreviations)

1. Please list all legal entities and organizations (name, TIN), except for MTS AI LLC, where you and (or) your Associates** are a director, member of the Board of Directors, Management Board, consultant, agent or other representative, and describe the nature of your affiliation with them.

2. Please list all organizations (name, TIN, % of ownership), except for MTS AI LLC, in which you or your Associates have a financial interest (in the form of ownership (1% or more) of shares (other financial instruments).

3. Please describe all business relationships (**without giving their full name**) that your Associates** or organizations (name, TIN) where they work had with MTS AI LLC during the last 2 (two) years from the date of your previous submission of this form. Describe each of such links and your interest arising from them.

4. Do you know about any relations, arrangements, transactions or dealings which may create a Conflict of Interest* for your or any other persons, including your Associates***? If so, describe them (**without giving their full name**).

5. Do you have any Associates** working for MTS Group or Competitor****? If yes, specify the degree of relationship/relatedness, region, organization, department, division and position held (**without giving their full name**).

6. If your Associate holds a position with a Public Organization**** that performs monitoring, supervisory or regulatory functions in respect to MTS AI LLC, specify the relationship/relatedness (**without giving their full name**), their job title and place of work (name, TIN (if any)).

7. Specify any additional information, if you consider it necessary.

I hereby agree to processing of personal data given in this form and confirm that this form is filled in by me voluntarily, personally and the data provided by me in this form are full and correct.

Full name	Position	Date	Signature
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PERSONAL DATA CONTAINED HEREIN AND OBTAINED DIRECTLY FROM THE OWNER OF PERSONAL DATA ARE PROCESSED BY MTS CENTER FOR ARTIFICIAL INTELLIGENCE LIMITED LIABILITY COMPANY, HAVING ITS PLACE OF BUSINESS AT: 18 ANDROPOV AVENUE, BUILDING 9, OFFICE 21, FLOOR 3, MOSCOW 115432, IN ORDER TO SERVE THE LEGAL INTERESTS OF THE COMPANY IN CASE ANY CONFLICT BETWEEN THEM AND PERSONAL INTEREST OF THE PERSONAL DATA SUBJECT WHEN EXECUTING JOB RESPONSIBILITIES ARISE. PERSONAL DATA ARE PROCESSED WITH AND/OR WITHOUT USING AUTOMATION TOOLS THROUGH COLLECTING, SYSTEMATIZING, ACCUMULATING, STORING, ADJUSTING (UPDATING, MODIFYING), USING, BLOCKING, DEPERSONALIZING AND DESTROYING. CONDITIONS FOR TERMINATION OF DATA PROCESSING ARE REVOCATION OF THE CONSENT TO PERSONAL DATA PROCESSING, ACHIEVEMENT OF PERSONAL DATA PROCESSING GOAL, LOSS OF NEED FOR ITS ACHIEVEMENT.

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***Conflict of Interest** means a situation in which a Personal Interest (direct or indirect) of the Person covered by the Policy, or the fact that such a Person or their Associates occupy positions in the management bodies of other organizations not being a part of MTS Group, affects or may affect proper, objective and impartial performance of their duties (exercise of powers) in the Company.

Personal Interest means the possibility for the Person covered by the Policy and (or) their Associates to receive income (except for income under employment agreements with the Company, which is a constant part of the wage) in the form of money, other property, including property rights, monetized services, work deliverables or any other benefits (advantages, including in the form of debt cancellation).

** **Associates** is the collective name used for Family Members and individuals or entities with whom the Person covered by the Policy and (or) Members of their family are linked by property, corporate or other close relationships that provide for the Personal Interest to appear.

Family Members mean the persons being in close relationship or property, namely spouses (including divorced and (or) unregistered (common-law) marriage), parents, children, adoptive parents and adopted children, guardians and trustees, grandfathers, grandmothers, grandchildren; full and half brothers and sisters (including cousins), as well as their children (including adopted children) and spouses; children (including adopted children) of spouses and spouses of children; brothers, sisters (including cousins) and parents (including adoptive parents, guardians), grandmothers, grandfathers and grandchildren of the spouses, as well as other persons living together and (or) running a joint household with them.

*** **Competitor** means an entity that sells or purchases goods (work, services) in those product markets where MTS AI LLC operates.

******Public Organization** means any state and administrating authority of the Russian Federation and foreign states, their constituent entities (including government ministries, services, agencies, government departments and their structural units) and local authorities; any political party; all legal entities directly or indirectly controlled by the state (Russian or foreign); legal entities whose activities are perceived by society as the exercise of a public function for the state, except for the fulfillment of legal requirements; international public organizations.

Part 2: Analysis to establish existence of Conflict of Interest

To be filled in:

By direct supervisor (in case of an Employee's Conflict of Interest)

By Compliance Manager, Director of the Legal Department (in case of Conflict of Interest of a member of a management body and other bodies of the Company, managers reporting directly to the Chief Executive Officer)

Existence of conflict	<input type="checkbox"/> No conflict <input type="checkbox"/> Exists, is admissible <input type="checkbox"/> Exists, requires settlement
Description of the essence of the conflict of interest	
Parties to the conflict of interest (including other employees, individuals and/or legal entities, TIN) (if any)	
Management required	
Timing and designated persons in charge of the management measures <i>(DD/MM/YYYY), full name, position, subdivision</i>	
Full name, position, date, signature	

Part 3: Approval of management measures

To be filled in:

By Compliance Manager (in case of an Employee's Conflict of Interest)

By Compliance Manager, Director of the Legal Department (in case of Conflict of Interest of a member of a management body and other bodies of the Company, managers reporting directly to the Chief Executive Officer)

Resolution	<input type="checkbox"/> approved <input type="checkbox"/> approved with a comment ¹ <input type="checkbox"/> not approved ²
Comments/notes ³	
<i>*For reviewing conflicts of interest of members of management bodies and other bodies of the Company⁴</i>	
Full name, position, date, signature	

Part 4: Execution

(if management measures were required)

Management measures	<input type="checkbox"/> completed <input type="checkbox"/> not completed
Comments/notes	
Full name, position, date, signature	

¹ Conclusions regarding the situation and/or selection of the settlement method are correct, on the whole, but require small adjustments/additions;

² The conclusion regarding the situation and/or selection of the settlement method is incorrect and needs to be reviewed by the Direct Supervisor or Compliance Manager, Director of the Legal Department (in case of Conflict of Interest of a member of a management body and other bodies of the Company). The above persons should make changes to Part 2 and re-submit it for approval within the following working day.

³ To be filled in if the status is "approved with comments" or "not approved".

⁴ If the measurement measures require the decision to be made by the Company's Chief Executive Officer or the Board of Directors.

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