

**Policy “Managing of Conflict of Interest”  
Annex 1. Sheet of 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\*\*** (information shall be indicated without abbreviations)

1. Are You and/or Your Associates directors, authorised to make decisions/ transactions on behalf of the legal entity, members of the Board of Directors, Management Board in third-party (except for MTS Group) legal entities?

YES  NO

Enter the name, TIN of the organisation, position, Associated Person (**without specifying your full name**):

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2. Do you have a part-time job (except for MTS Group); are You engaged in other entrepreneurial activities?

YES  NO

Describe the type of employment, name, TIN of the organisation, type of activity:

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3. Do You and/or Your Associates have a financial interest (in the form of ownership (20% or more) in relation to stakes or shares (other financial instruments) in third-party (except for MTS Group) legal entities?

YES  NO

List name, TIN of the organisation, % of ownership, Associated Person (**without specifying your full name**):

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4. Do You know about relations, arrangements, transactions, which may create a Conflict of Interest for You and/or Your Associated Persons?

YES  NO

If so, describe them (**Associated Person (without specifying your full name), relations, arrangements, transactions**).

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5. Do You have any Associates working for MTS Group and/or Competitor?

YES  NO

Indicate Associated Person (without specifying your full name), organization, department, division and position held

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6. If Your Associate holds a position with a Public Organization, which performs monitoring, supervisory or regulatory functions in respect to the company You work for?

YES  NO

Specify name of a Public Organization, the degree of kinship/relatedness (**without specifying your full name**),

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their job title

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7. Do you foresee a conflict of interest situation in the future?

YES  NO

Describe the situation:

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Hereby I agree with processing of personal data specified in the present 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 reliable.

Full name	Position	Date	Signature

**\*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** – collectively referred to as 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.

**\*\*\*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 fulfilment of legal requirements; international public organizations.

## Part 2: Assessing the existence of a Conflict of Interest

To be completed by:

- Employee's direct supervisor
- Compliance Manager, Director of Legal Department (in case of a Conflict of Interest of members of management bodies, other bodies, managers directly reporting to the President who are not members of the Company's management bodies)

Existence of Conflict of Interest	<ul style="list-style-type: none"> <li>• No Conflict of Interest detected;</li> <li>• The Conflict of Interest is present, admissible;</li> </ul>
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	<ul style="list-style-type: none"> <li>The Conflict of Interest is present, requires settlement.</li> </ul>
Description of the Conflict of Interest	
Parties involved in the conflict (including other employees, individuals and/or legal entities, TIN) (if any)	
Conflict of Interest Settlement	
Timeline and responsible for the implementation of settlement measures  (dd/mm/yyyy), Full name, position, division	
Full name, position, date, sign	

### Part 3: Agreeing Settlement Measures

#### To be completed by:

- Compliance Manager, Director of Legal Department (in case of a Conflict of Interest of members of management bodies, other bodies, managers directly reporting to the President who are not members of the Company's management bodies)

Decision	<input type="checkbox"/> agreed <input type="checkbox"/> agreed with the comment <input type="checkbox"/> disagreed
Comments/notes	
Full name, position, date, sign	

### Part 4: Enforcement of Settlement Measures (if any)

Management Measures	<input type="checkbox"/> completed <input type="checkbox"/> failed
Comments/notes	

Full name, position, date, sign	
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