Reestr JSC

Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_date \_\_.\_\_.\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature and full name of Registrar employee)

Mobile TeleSystems Public Joint Stock Company (MTS PJSC)

Name of the securities Issuer

Russian Federation, 129090, Moscow, Bolshoy Balkansky per., 20, building1

Registrar's address for the submission of a Claim

CLAIM

for payment of unclaimed dividends of MTS PJSC

1. Information for identification of a Claimant entitled to receive dividends from MTS PJSC:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name of legal entity** (in Russian) | | | | | |  | | | | | |
| **Full name of legal entity** (in a foreign language for nonresidents) | | | | | |  | | | | | |
|  | | | | | | | | | | | |
| Information on state registration | | | | | | | | | | | |
| Number in the state register | | | | |  | | | Date of registration | | |  |
| Name of registration authority | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| TIN/CFO  (If any) | |  | | | | | KPP⁠(code of reason for tax registration) | |  | | |
|  | | | | | | | | | | | |
| Address of legal entity | | | | | | | | | | | |
| Postal code |  | | Address |  | | | | | | | |
|  | | | | | | | |
| Mailing address of legal entity | | | | | | | | | | | |
| Postal code |  | | Address |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | | | | | |
| Telephone | |  | | | | | | E-mail | |  | |

|  |
| --- |
|  |

Information on tax residency status

1. Details of the securities in respect of which the Claim is submitted:

Type, Bank of Russia category: **ordinary share**.

Share issue registration number: **1-01-04715-A**

ISIN share code: **RU0007775219**

Dividend record date: **July 12, 2022**

Number of depositary receipts as of July 12, 2022:

\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

in numbers in words

Number of shares after conversion:

\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

in numbers in words

1. Information about controlling party (for nonresidents from friendly and hostile countries):

🞎**YES**  🞎 **NO**

Appendix to \_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_) sheets (if yes)

1. CFC notification (for nonresidents from hostile countries)

🞎Yes 🞎 No

Appendix to \_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_) sheets (if yes)

1. Details of the Claimant’s bank account into which the dividends due are to be credited:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BIK code |  |  |  |  |  | |  |  |  |  | Bank’s INN | | | | |  |  |  |  |  |  |  |  |  |  |
| Bank name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Settlement account | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personal account | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Correspondent account | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country where Bank is located  (for foreign banks) | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of the recipient of the funds**  (must be the same as the Claimant’s full name) | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Claimant’s TIN | | | | | | | |  | | | | | | | | | | | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the specified bank account a type C account? yes/no

1. Contact details of the Depository/Broker registering the Claimant’s rights to the securities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name of Depository employee / Broker | |  | | |
| Telephone number |  | | E-mail  (If any) |  |

By signing this Claim, I hereby confirm that the information provided is complete, true and up-to-date. I take full responsibility for providing false information in accordance with the applicable laws of the Russian Federation, including by way of recourse. If I provide false information about myself, I understand that there may be legal and financial consequences, including criminal, civil and administrative penalties, and that I may be held accountable, including by way of recourse.

The Claimant has the right to own, dispose of and use the securities as of the dividend record date.

The Claimant provides representations and warranties that he or she had has received a dividend with respect to the securities that he or she held as of the dividend record date indicated in this Claim.

In the event that the representations and warranties provided by the Claimant in this Claim are untrue or breached by the Claimant, the Claimant undertakes to indemnify MTS PJSC for all losses, damages or expenses incurred by the latter arising as a result of the fact that MTS PJSC undertook the actions specified in Section 5 of the Claim. The Claimant also assumes the risk of being held liable pursuant to the laws of the Russian Federation, including those related to abuse of rights, acting in bad faith and other illegal actions.

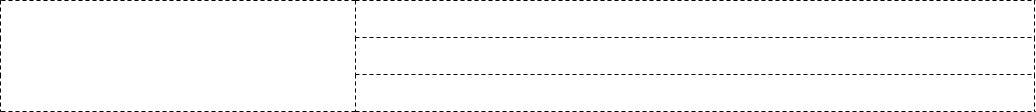
In the event that any documents are provided in a foreign language, the Claimant shall undertake to provide a translation thereof that has been certified in accordance with the established procedure. If consular legalization of said documents or an apostille is required, the Claimant shall undertake to comply with these requirements.

The Claimant understands and acknowledges that if there are reasonable doubts as to the completeness and/or veracity of the information specified in the Claim and the documents attached thereto, or if said information is insufficient, MTS PJSC has the right to refuse to pay dividends to the Claimant.

The Claimant understands that MTS PJSC has the right to request other documents that may be required by MTS PJSC to assess the completeness and veracity of the information specified in the Claim.

Claimant’s signature and full name written in the signatory’s own hand

(his or her authorized representative)



Date of completion and signing of the Claim \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.