

To Joint Stock Company
"STATUS Registrar Company"

RECOMMENDED FORM
APPLICATION OF THE OWNER
OF THE ORDINARY REGISTERED UNCERTIFIED SHARES
OF PUBLIC JOINT STOCK COMPANY TRANSCONTAINER

With regards to Request for Repurchase of issue-grade securities of Public Joint Stock Company TransContainer - ordinary registered uncertified shares, state registration number of the issue is 1-01-55194-E (the "Shares") sent by Limited Liability company Delo-Tsentr, received by Public Joint Stock Company TransContainer on June 1, 2020, and based on clause 6.1 of Article 84.8 of Federal Law of December 26, 1995 No. 208-Ф3 *On Joint Stock Companies*, I hereby provide the bank account details to which I ask you to transfer funds for Shares to be purchased:

Information on the person sending the Application

Last name, first name, patronymic of the individual Full corporate name of the legal entity	
Information on ID document of the individual (type, series, number, date of issue of the document, name of the body which issued the document) / Information on state registration of the legal entity (name, date of state registration, name of the registering authority which carried out state registration)	
Date of birth of the individual (if applicable)	
Place of residence of the individual /	
Corporate seat of the legal entity	
Correspondence address (postal address):	
Contact telephone (fax) number	

Information on the bank details of the person sending the Application

Payee (for a legal entity - full or short corporate name, for an individual - a full name)	
INN (Taxpayer Identification Number) (mandatory for a legal entity)	
INN of the Bank (mandatory for an individual)	
Code of foreign organization - payee (if any) KPP of the payee (for a Russian legal entity)	
Payee's settlement account (for individuals and legal entities)	
Payee's account (if any) (for individuals)	
Name of the beneficiary bank	
Address of the beneficiary bank	
BIK of the beneficiary bank	
Correspondent account of the beneficiary bank	

_____ 2020
(date of application filling-out)

(position name -
(signature) (full name)
for legal entities only)
L.S.

Power _____ of _____ Attorney _____ as _____ of _____
_____, 20____ No. _____
*

* Should the Application be signed by proxy, the application must be accompanied by the original power of attorney or a copy certified in the established manner (notarized). The power of attorney on behalf of the individual must be notarized.