

Accurate Background International Criminal, Education, and Employment Verification
Questionnaire

SUBMIT PHOTOCOPIES OF INTERNATIONAL PASSPORTS OR GOVERNMENT ISSUED IDS

If you are unable to provide any of the information requested, enter "N/A" in the appropriate field.

Step 1: General Information

Current full and complete legal name:

A. Tatyana Songsmo
*(First) *(Middle) *(Last)

Full and complete legal name while living internationally (if different than current):

B. _____
*(First) *(Middle) *(Last)

C. *Gender: ☐ Male ☒ Female

*Are you currently a Refugee? Yes ☐ No ☒

D. *Date of Birth (MM/DD/YYYY): 10/07/1974 *Place of Birth: Belarus, Minsk

E. *Current or Valid Passport/National ID #: MP 3333831

F. *Type of ID: (Circle One) Passport National ID *Issuing Country: Belarus

G. *Mother's full and complete name:
Alena Busei
(First) (Middle) (Last)

H. *Mother's full and complete maiden (unmarried) name:
Alena Gaichuk
(First) (Middle) (Last)

I. *Father's full and complete name:
Mikhail Busei
(First) (Middle) (Last)

Only complete the below section if applicable:

Mexico only:

Brazil only:

J. RFC # OR CURP #: _____ CPF #: _____ Location CPF number issued: _____

Colombia/Costa Rica/Dominican Republic/Ecuador/El Salvador only:

K. Cedula #: _____

Step 2: *International residential addresses for the last seven (7) years (begin with current/most recent address):

Address 1:

4-2 Kizhewatowa st, 24 (House Number and Street Name) (Apt./Unit#)
220024 (State/Province) (Zip/Postal Code) Belarus (City)
23.03.2001- (Dates at residence)
current

Address 2:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Address 3:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Address 4:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Address 5:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Address 6:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Address 7:

(House Number and Street Name) (Apt./Unit#) (City)
(State/Province) (Zip/Postal Code) (Country) (Dates at residence)

Step 3: International Education Information

I have not attended school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 4)

Degree #1:

SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION

- A. Is your current name the name that appears on school records? Yes: ☐ No: ☐

***If No, your name as it appears in school records:**

B. _____
(First) (Middle) (Last)

C. *Complete name of school/university attended internationally:

D. Name of school campus (*if different from school name):

E. *Complete address of school:

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

F. *Phone: _____ Fax: _____

G. Website: _____ Email: _____ Student ID: _____

H. *Name of degree claimed as issued by school (Do not use U.S. equivalent):

I. ***Degree Type: (Circle one/U.S. Equivalent)** High School / Associates / Bachelors / Masters / Doctorate / Other _____

J. *Start date of attendance: _____ *End date of attendance: _____ GPA: _____
 *(mm/dd/yyyy) *(mm/dd/yyyy)

K. *Graduation Date: _____ *Date Degree Issued: _____ *Major: _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have not attended a second school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 4)

Degree #2:

SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION

A. Is your current name the name that appears on school records? Yes: ☐ No: ☒

B. *If No, your name as it appears in school records:

Tatyana Mikhailowna Busei
(First) (Middle) (Last)

C. *Complete name of school/university attended internationally:

Institut Pravovedeniya

D. *Name of school campus if different from school name:

E. *Complete address of school:

Karalia, 3 Minsk 220000 Belarus
(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

F. *Phone: _____ Fax: _____

G. Website: n.bip-ip.by Email: bip-edu@tut.by Student ID: N/A

H. *Name of degree claimed as issued by school. Do not use U.S. equivalent:

lawyer

I. *Degree Type: (Circle one/U.S. Equivalent) High School / Associates Bachelors Masters / Doctorate / Other _____

J. *Start date of attendance: 01.08.1992 *End date of attendance: 25.06.1996 GPA: N/A
*(mm/dd/yyyy) *(mm/dd/yyyy)

K. *Graduation Date: 25.06.96 *Date Degree Issued: 24.06.96 *Major: legal support
(mm/dd/yyyy) (mm/dd/yyyy) international trade
activities

If you have more than two degrees, please photocopy this blank form and add additional degrees as applicable

Step 4: International Employment Information

I have not been employed outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #1:

SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☒

B. *If no, your name as it appears in employer records:

Tatyana Mikhailovna Busei
(First) (Middle) (Last)

C. *Employer's full company name:

Court of the Frunzensky District

D. *Complete address of employer:

Dunina - Marcinkievica, 1/2 Minsk 220000 Belarus
(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. *Main Phone#: 375 17 2050984 Fax: _____

F. Website: N/A Email: N/A

G. *Start date of employment: 1996
(mm/dd/yyyy)

*End date of employment: 1997
(mm/dd/yyyy)

H. Department employed: N/A

Ending position title: Secretary

I. Employee Code/ID: N/A

J. *Paid or Unpaid (Circle one) *If Paid, Salary: N/A Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. *Supervisor's Name: N/A Supervisor's title: N/A

L. Supervisor's phone#: N/A

M. *Is this your current employer or related to your current employer? Yes ☐ No ☒ *May we contact this employer? Yes ☒ No ☐

I have not had a second employer outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #2:

SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☒

B. *If no, your name as it appears in employer records:

Tatyana Mikhailovna Busei
(First) (Middle) (Last)

C. *Employer's full company name:

"Broolly" insurance company

D. *Complete address of employer:

Ulyanovskaya, 31 Minse 220 000 Belarus
(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. *Main Phone#: 37517 2224880 Fax: _____

F. Website: N/A Email: N/A

G. *Start date of employment: 1997 *End date of employment: 1998
(mm/dd/yyyy) (mm/dd/yyyy)

H. Department employed: legal Ending position title: lawyer

I. Employee Code/ID: N/A

J. *Paid or Unpaid (Circle One) *If Paid, Salary: N/A Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. *Supervisor's Name: N/A Supervisor's title: N/A

L. Supervisor's phone#: N/A

M. *Is this your current employer or related to your current employer? Yes ☐ No ☒ *May we contact this employer? Yes ☒ No ☐

If you have more than two employers, please photocopy this blank form and add additional employers as applicable.

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND SCREENING

The organization requesting a background screening, (the "Company") has engaged a third-party service provider, Accurate Background ("Accurate"), to process the background screening on their behalf. Accurate may utilize data processors to assist with the processing of the screening.

CONFIRMATION AND AUTHORIZATION

I hereby authorize for Accurate or its data processors, to receive information related to my background screening. I further authorize the source of this information to release any and all background information related to the screening request to Accurate and/or its data processors. Furthermore, I authorize to the transfer of my personally identifiable information from the country in which it was collected to Accurate or its data processors, and the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

Name: (Print): Tatjana Jongsma

Signature: [Signature]

Date (DD/MM/YYYY): 19/2/2021

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ІНШЫЯ АДЗНАКІ / ДРУГІЕ ОТМЕТКИ
OTHER NOTES

РЭСПУБЛІКА БЕЛАРУСЬ / РЕСПУБЛИКА БЕЛАРУСЬ

Прозвішча/Фамілія
ЙОНГСМА / ЙОНГСМА

Імя/Імя

ТАЦЫЯНА / ТАТЬЯНА

Імя па бацьку/Отчество

МІХАЙЛАЎНА / МИХАЙЛОВНА

Дата нараджэння/Дата рождения Ідэнтыфікацыйны №/Идентификационный №

07 10 1974

4071074A022RB9

Месца нараджэння/Место рождения

РЭСПУБЛІКА БЕЛАРУСЬ, Г МІНСК / РЕСПУБЛИКА БЕЛАРУСЬ, Г МИНСК

Дата выдачы/Дата выдачи

18 07 2013

Тэрмін дзеяння/Срок действия

18 07 2023

Орган, які выдаў пашпарт/Орган, выдавший паспорт

КАСТРЫЧНІЦКАЕ РУУС Г.МІНСКА /
ОКТЯБРЬСКОЕ РУВД Г.МИНСКА

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ДЫПЛОМ

А № 0001703

Гэты дыплом выданы
 Імя выкладчыка Бусел
 Імя выкладчыка Міхайлаўне
 у тым, што Яна ў 1999 годзе паступіла ў
 Беларускі незалежны
 інстытут правазнаўства
 і ў 1996 годзе скончыла поўны курс
 названага інстытута
 па спецыяльнасці "Правознаўства"

Рашэннем Дзяржаўнай экзаменацыйнай камісіі
 ад "24" жэрвеня 1998 года пратакол № 8
 Бусел Я. М.
 прысвоена кваліфікацыя юрыст

М.П. Старшыня Дзяржаўнай
 экзаменацыйнай камісіі /подпіс/
 Рэктар /подпіс/
 Сакратар /подпіс/

Горад Мінск "25" жэрвеня 1998 года
 Рэгістрацыйны № 233

ДИПЛОМ

А № 0001703

Настоящий диплом выдан
 Имя выкладчика Бусел
 Имя выкладчика Михайловне
 в том, что она в 1999 году поступила в
 Белорусский независимый
 институт правазнавства
 и в 1996 году окончила полный курс
 названного института
 по специальности "Правоведение"

Решением Государственной экзаменационной комиссии
 от "24" жэрвеня 1998 года протокол № 8
 Бусел Я. М.
 присвоена квалификация юрист

М.П. Председатель Государственной
 экзаменационной комиссии /подпись/
 Ректор /подпись/
 Секретарь /подпись/

Город Минск "25" июня 1998 года
 Регистрационный № 233