



Appendix No. 4 to Order No. 201-ИП dated 10 September 2020

CRS INDIVIDUAL – RETAIL BUSINESS CUSTOMER SELF-CERTIFICATION FORM

To be completed by Individual Customer, or Customer Representative - Attorney

Please complete Parts 1-3 in BLOCK CAPITALS

Part 1 – Identification of Individual Account Holder

A. Name of Account Holder:

Surname

Name

Patronymic (if any)

B. Current residence address

City, House Number, Flat
Number (if any)

Country:

Postal code

C. Registration address

City, House Number, Flat
Number (if any)

Country:

Postal code

D. Date of birth

D	D	M	M	Y	Y	Y	Y
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E. Place of birth

Country

F. Contact phone number registered in the territory of a foreign country - completed if the Customer does not have a contact phone number registered in the territory of the Republic of Kazakhstan

Part 2. - Country/Jurisdiction of Residence for Tax Purposes.

Please complete the following table indicating:

1. country/jurisdiction of your residence for tax purposes.
2. taxpayer’s individual number IN, **issued by tax authorities of a foreign state.**

If you tax resident in more than three foreign countries (excluding the Republic of Kazakhstan), please use a separate Self-Certification Form.

If you are **not tax resident in the Republic of Kazakhstan** and you do not have taxpayer’s individual number IN, issued by a country of your citizenship/tax residency, please provide the appropriate reason A, B or C (description below):

Reason A – The country of citizenship/tax residency does not issue IN to its citizens/residents.

Reason B - The Account Holder is otherwise unable to obtain an IN or equivalent number. (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C – No IN is required under the law whose citizen/tax resident you are (only select this reason if the national law of the appropriate jurisdiction do not require IN, issued by such jurisdiction).

	Country of tax residence	IN	If no IN is available enter Reason A, B or C
1.			
2.			
3.			

Please explain why you do not have IN if you selected Reason B.

1.	
2.	
3.	

Part 3 – Declarations and Signature

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I understand that all the information supplied by me complies with the terms of the agreement/contract concluded with Eurasian Bank JSC and I understand how the supplied information is used.

I understand that the information supplied by me can be submitted to the national tax authority – the State Revenue Committee of the Ministry of Finance of the Republic of Kazakhstan (hereinafter – the SRC of the MF RK) and is subject to information exchange with a foreign tax authority pursuant to the legislation of the Republic of Kazakhstan and the terms and conditions of the intergovernmental agreement on exchange of financial account information.

I certify that I am the Account Holder/or am authorized to sign this Self-Certification Form on behalf of the Account Holder.

I declare that all statements made in this Self-Certification Form are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Eurasian Bank JSC **within 30 days** of any change in circumstances which affects the tax residency status, identified in Part 1 of this Self-Certification Form.

Signature _____
Full name
(printed
letters): _____

Date:

D	D	M	M	Y	Y	Y	Y
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Note: if you are not the Account Holder and act on behalf of the Customer – and you are the Customer’s attorney, please complete Part 3 A. In accordance with the approved List of documents, required for opening the current account by residents, non-residents of the Republic of Kazakhstan, pursuant to the requirements of the law of the Republic of Kazakhstan, **you are required to provide copies of the following documents:**
- a copy of a document certifying your identity,
- a copy of a power of attorney for the right to conduct transactions on the account, giving the right to sign documents on behalf and at the request of the Customer.

Signature: _____



Surname

Name

Patronymic (if any)

Current residence - registration address

City, house number, flat number (if any)

Country:

Date of birth

D	D	M	M	Y	Y	Y	Y
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Place of birth

Country

Attorney's contact phone number

The document certifying the identity of the attorney (tick).

Document type

Identity card

Passport

Other

Specify the document type

Document number

Country of document issuance

Issuing body

MIA RK

MJ RK

Other



Issued on

D	D	M	M	Y	Y	Y	Y
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Expired on

D	D	M	M	Y	Y	Y	Y
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IIN (RK if any)

IN/TIN (if any)

Citizenship, country

The document on the ground of which the attorney acts

Please select the document type, tick the box

Power of attorney

Other

Specify document type

Document number

Issued on

D	D	M	M	Y	Y	Y	Y
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Expired on

D	D	M	M	Y	Y	Y	Y
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The notary who certified the Customer's signature on the power of attorney issued to the Attorney:

Full Name

Notary's license number:

The notary's license issue date

D	D	M	M	Y	Y	Y	Y
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The issuing body of the notary's license