

Appendix No. 1 to Order No. 201-IIP dated 10 September 2020

ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM
(CRS ENTITY)

Please complete Parts 1-3 in BLOCK CAPITALS

Part 1 – Identification of Account Holder

A. Legal Name of Entity/Branch

B. Country of Incorporation

C. Registered address – legal address

City

Street

Building/house number

Floor (if any)

Office Number (if any)

Country:

Postal Code/ZIP code

D. Current residence address *(please only complete if different from the address shown in Section C above)*

City

Street

Building/house number

Floor (if any)

Office (if any)



E. **Mailing address** Country: Postal Code/ZIP code

Address 1:

City

Street

Building/House Number

Floor (if any)

Office Number (if any)

Country: Postal Code/ZIP code

Address 2: *(please only complete if different from the address shown in the Address 1 field)*

City

Street

Building/House Number

Floor (if any)

Office Number (if any)

Country: Postal index/ZIP-code

Part 2 – Your entity type according to the CRS classification implemented under the Multilateral Agreement on Automatic Exchange of Financial Account Information).

If you know your company CRS status, please tick one of the boxes below

CRS 101

CRS 102

CRS 103

Entity Type. Please provide the Account Holder’s Status by ticking one of the following boxes.

1. (a) Financial Institution – Investment Entity

Investment Entity

(i) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(**Note!** if ticking this box please also complete Part 2 (2) below)

(ii) Other Investment Entity

(b) Financial Institution

If you have ticked (a) or (b) above, please provide, if held, the Account Holder’s **Global Intermediary Identification Number (“GIIN”)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(c) *Active NFE - a corporation the stock of which is regularly traded on established securities market or a corporation which is a related entity of such a corporation*

If you ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

<input type="text"/>

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in c) is a Related Entity of:



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- (d) Active NFE
- (e) Active NFE – a Government Entity or Central Bank
- (f) Active NFE – an International Organisation
- (g) Active NFE - other than c) and e), (for example a start-up NFE or non-profit NFE)
- (h) Passive NFE (**Note: if ticking this box please also complete Part 2 below!**)

2. If you have ticked 1(a) or 1(h) above, then please: indicate the name of any Controlling Person (s) of the Account Holder:

a. Specify the name of any Controlling Person(s) of the Account Holder:

Surname

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Given name

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Patronymic (if any)

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b. **Complete** “Controlling Person Self-Certification Form” for each Controlling Person of the Account Holder.

Note: If there are no Controlling Persons of the Account Holder, then the Controlling Person will be <u>the senior managing official of the Entity.</u>
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Part 3 – Country of Residence for Tax Purposes and Taxpayer Identification Number (functional equivalent TIN).

Please complete the following table indicating (i) countries/jurisdictions, where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated.

If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1, and provide its place of effective management or country in which its principal office is located.

If the Account Holder is tax resident in more than three countries, please use additional Self-Certification Forms for each country (if the Form is completed at the Bank Outlet/Branch, ask the Forms from the servicing Bank Manager).

If the Entity does not have IN please provide the appropriate reason **(A)**, **(B)**, **(C)**, where appropriate:

Reason A – The country where the Account Holder is liable to pay taxes, does not issue IN to its residents.

Reason B – The Account Holder is otherwise unable to obtain IN or equivalent number (Please explain why you are unable to obtain IN in the table below)

Reason C – No IN/TIN is required. (Note! Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed).

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

Please explain in the following boxes why you are unable to obtain a IN/TIN if you selected **Reason B** above.

1.	
2.	
3.	



Part 4 – Declarations and Signature.

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 authorized to sign this Form in respect of information related to all accounts belonging to the Entity that authorized me.

I certify that where I have provided information regarding any other person/completed Self-Certification Forms for Eurasian Bank JSC that I will, within 30 days of signing this form, notify those persons that such information may be provided to the tax authorities of the country/jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries (countries in the OECD list) in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of knowledge and belief, correct and complete.

I undertake to advise Eurasian Bank JSC within 30 calendar days of any change in circumstances, which affects the tax residency status of the Account Holder, identified in Part 1 of this form, or causes the information contained herein to become incorrect (including any changes to the information on controlling persons, identified in Part 2, question 2a), and to provide to Eurasian Bank JSC a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Full Name (in printed letters)

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Note: if you act on behalf of the Customer – and you are the Customer’s attorney, please, provide your authorities and complete Part 4 A. Information about the Attorney of the Customer Account Holder.

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.

Authorities: _____



Part 4 A – Attorney of the Customer Account Holder

Attorney

Surname

Name

Patronymic (if any)

Registered address

City, street, house, apartment (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

Expired on

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

Foster parent's certificate

Other

Specify document type

Document number

Issued on

Expired on

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

Full Name

Number of a notary's license:



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

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