

THE RULES	Page 1 of 2
THE INTERNAL CONTROL RULES IIN THE AIMS OF	COUNTER-ACTING LEGALIZATION
(LAUNDERING) OF CRIMINALLY OBTAINED FUNDS	AND THE FINANCING OF TERRORISM

Appendix No. 8

Questionnaire of a customer – individual entrepreneur, attorney, private notary, private bailiff, professional mediator

Number: accordance of the stay: 11 11 11 11 11 11 11	Clanding	CUSTOMER INFORMATION			
Tax residency: Recidence of another same time of the Republic of Karakhstans classed of another state (in required to goespity) another state)	Tax residency: Comparison of Designation of Extractivity of its required to specify another state) Comparison of Extractivity of the Sequence of Security and the security associated and supplyed another state) Comparison of Extractivity of the Sequence of Security of Sec	The Name/ Full Name			
Residence of another state (is required to specify another state) Tappy number in all original colority. Sationality. 1 The Republic of Kazakhstun. 2 The Republic of Kazakhstun. 3 The Republic of Kazakhstun. 4 The Republic of Kazakhstun. 5 Th	Comparison of the content and content an				
Taylogor number in a foreign country of the cleam has not struct in several states/prinsdictions at the same time, it is required to indicate the existing tax residence and taxpayer number in all these states/prinsdictions at the same time, it is required to indicate the existing tax residence and taxpayer number in all these states/prinsdictions at the same time, it is required to indicate the existing tax residence and taxpayer number in all these states/prinsdictions at the same time, it is required to indicate the existing tax residence and taxpayer number in all these states are consistent as the same time, it is required to indicate the existing tax residence and taxpayer number in all these states are consistent as the same time, it is required to indicate the existing tax residence and taxpayer number in all these states. Date of britch Country: the Republic of Kazakhatan and Other (specify) Settlement: Begins To Other (specify) To Other	Trapper number in a foreign county (Fiftee-feel tha to rendere in several states-particulations) (Fiftee-feel than to rendere in several states-particulation) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function for the stay) (Fiftee-feel than to rendere in several states and part of the function f	Tax residency:			
Of the Chern has the research state-districtions at the same time, it is required to indicate the existing tax esistence and taxpayer number in all thes states and the characteristic of the charac	Of the clear has to residence in several state-spiredictions at the same time, it is required to indicate the existing tax residence and taxpuyer number in all these states of the control of the Republic of Kazakhstan Person without nationality				
Sationality: Country: De Republic of Kazakhstan Person without nationality	Southernormal Southernorma				
Notionality: Date of birth: Date of birth: Country:	Nationality: 0 The Republic of Kazakhstan				
Date of birth: Country:	Date of both.		☐ The Republic of Kazakhstan ☐ Person without nationality		
Date of birth: Country: De Republic of Kazakhstan Other (specify)	Due of brifts Country:	Nationality:			
Pace of birth: Country:	Prace of bittle Country: 0 the Regubble of Kazakhstan 0 Other (specify)	Date of hirth:			
Country: Other (specify) Settlement: Region: IDN (of anny):	Country: Die Requible of Kazakhstan C Other (specify) Settlement: Region:				
Region:	Region: Not of any:	T Mee of ontil	Country: the Republic of Kazakhstan Other (specify)		
Region:	Region: Not of any:		Settlement:		
INFORMATION ON A DOCUMENT VERTIFING AN IDENTITY Type:	INTORATION ON A DOCUMENT VERYING AN IDENTITY Type:				
INFORMATION ON A DOCUMENT VERNTHING AN IDENTITY	INFORMATION ON A DOCUMENT VERYING AN IDENTITY		Region:		
Type: Or Business ADDRESS Country: The Republic of Kazakhstan Other (opecify) Postcode: Region: Cay Settlement: Legal address: Country: The Republic of Kazakhstan Other (opecify) Legal address: Country: The Republic of Kazakhstan Other (opecify) Store date of the stay: Actual address (to be filled in in case of discrepancy with the legal address: Country: The Republic of Kazakhstan Other (opecify) Discrepancy with the legal address: Country: The Republic of Kazakhstan Other (opecify) Postcode: Region: Cay Settlement: Actual address (to be filled in in case of discrepancy with the legal address: Country: The Republic of Kazakhstan Other (opecify) Postcode: Region: Cay Settlement: Street: Microdistrict: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (opecify) Postcode: Region: Cay Settlement: Street: Microdistrict: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (opecify) Postcode: Region: Cay Settlement: Street: Microdistrict: Street: Mic	Type: Deard Passport Residence permit		<u> </u>		
Sories DODGOODOO Sumber: CODGOODOOO Susted etc. CODGOODOOOO Susted etc. CODGOODOOO Susted etc. CODGOODOOOO Susted etc. CODGOODOOO Susted etc. CODGOODOOOO Susted etc. CODGOODOOO	Series: DODDOGOOD Number: CONDODOOD Sust date: Sust date: CONDODOOD Sust date: CONDODOOD Sust date: Sust date: CONDODOOD Sust date: Sust date: CONDODOOD Sust date: Sust date: Sust date: CONDODOOD Sust date: Sust date: Sust date: CONDODOOD Sust date: Sust date: Sust date: Sust date: CONDODOOD Sust date:				
Series: DOCODODODO NUMBER: COLOCODODO Selving authority:	Series: DEGEDERATION ABOUT THE LICENSE (If the type of activity being carried out is licensed): Bayonanton About The License of the type of activity being carried out is licensed):	1 ype:			
Sauting authority:	Saving authority: a MIA of RR a MI of RR a Diter (specify)				
BIN (if any): INFORMATION ABOUT THE DOCUMENT CONFIRMING REGISTRATION AS AN INDIVIDUAL ENTREPRENEUR, INCLUDING AS THE HEAD OF A FARM The name of a document: Number: State date: INFORMATION ABOUT THE LICENSE (if the type of activity being carried out is licensed): Number: INFORMATION ABOUT THE LICENSE (if the type of activity being carried out is licensed): Number: CLIENT'S BUSINESS ADDRESS COUNTY: The Republic of Kazakhstan COther (specify) Postcode: Region: Clay-Settlement: Street: Microdistrict: House: Plat: In II I	BIX (if any): INFORMATION ABOUT THE DOCUMENT CONTIRMING REGISTRATION AS AN INDIVIDUAL ENTREPRENEUR, INCLUDING AS THE HEAD OF A FARM The name of a document: Number: Suse date: INFORMATION ABOUT THE LICENSE (if the type of activity behight): (specify) INFORMATION ABOUT THE LICENSE (if the type of activity behight): (specify) INFORMATION ABOUT THE LICENSE (if the type of activity behigh carried out is licensed): Number: CLIENT'S BINNESS ADDRESS COUNTY: COUNTY: The Republic of Kazakhstan Other (specify) Postcode: Region: City Settlement: Street: Microdistric: House: Flat: The data of the Client's migration card visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa				
REPORMATION ABOUT THE DOCUMENT CONFIRMING BEGISTRATION AS AN INDIVIDUAL ENTREPRENEUR, INCLUDING AS THE HEAD OF A FARM The name of a document: Number:	INFORMATION ABOUT THE DOCUMENT CONFIRMING REGISTRATION AS AN INDIVIDUAL ENTREPRENEUR, INCLUDING AS THE HEAD OF A FARM The name of a document: Number:		MI of KK MJ of KK Uner (specify)		
The name of a document:	The name of a document:		CONTINUES ON THE WORLD AND A SAME PROPERTY OF A SAM		
Sause date:	Number: TYPE OF BUSINESS ACTIVITY (activity of a private notary, lavyer, private builiff): (specify) Number: Dissect date:		CUMENT CONFIRMING REGISTRATION AS AN INDIVIDUAL ENTREPRENEUR, INCLUDING AS THE HEAD OF A FARM		
TYPE OF BUSINESS ACTIVITY (activity of a private notary, lawyer, private bailiff): (specify) INFORMATION ABOUT THE LICENSE (if the type of activity being carried out is licensed): Number:	TYPE OF BUSINESS ACTIVITY (activity of a private notary, lawyer, private bailiff): (opecify) INFORMATION ABOUT THE LICENSE (if the type of activity being carried out is licensed): Number: Street: Microdistrict: Bosse date:				
Specify Spec	Specify Specify Specify State	Issue date:			
INFORMATION ABOUT THE LICENSE (if the type of activity being carried out is licensed):	Interest	TYPE OF BUSINESS ACTIVITY (act	ivity of a private notary, lawyer, private bailiff):		
Susse date:	Sasue date:				
CLIENT'S BUSINESS ADDRESS Country: □ The Republic of Kazakhstan □Other (specify) Postcode: Region: City/Settlement: House: Flat: The data of the Client's migration card'visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa □ Migration Card Number: □ Usau □ Migration Card Number: □ Usau □ Aut date of the stay: □ Issue date: □00000000 Start date of the stay: □ - YES □ - NO Legal address: □ Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: □ City/Settlement: □ Actual address (to be filled in in case of discrepancy with the legal address): □ City/Settlement: □ City/Settlement: □ City/Settlement: □ Street: Microdistrict: □ Other (specify)	CLIENT'S BUSINESS ADDRESS Country: □ The Republic of Kazakhstan □Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Start date of the stay: Legal address: Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
Region: City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	Region: City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visia Migration Card Number: proposition Card N		issue date.		
Region: City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	Region: City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visia Migration Card Number: proposition Card N	Country = The Penublic of Kazakheta	n = Other (specify) Poetcode:		
City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	City/Settlement: Street: Microdistrict: House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visi		ii doniei (speeny) Postcoue.		
House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Number: condicionand Start date of the stay: Are you a foreign public official? Legal address: Country: controlled Region: City/Settlement: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Region: City/Settlement: Region: City/Settlement: Street: Microdistrict:	House: Flat: The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	Region:			
The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	City/Settlement:	Street: Microdistrict:		
The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	The data of the Client's migration card/visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person). Visa	House: Flat:			
Number: anononomona Start date of the stay: Start date of the sta	Start date of the stay: Start date of th		visa (to be filled in only by a foreign citizen of a state not part of the Eurasian Economic Union or a stateless person).		
Start date of the stay: Are you a foreign public official? Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Other (specify) Flat: City/Settlement: Street: Microdistrict:	Start date of the stay: Are you a foreign public official? Are you a foreign public official?				
Start date of the stay: Are you a foreign public official? Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Other (specify) Flat: City/Settlement: Street: Microdistrict:	Start date of the stay: Are you a foreign public official? Are you a foreign public official?	Number: ppppppppp	Issue date: nggngggg		
Are you a foreign public official? Legal address: Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): City/Settlement: Cit	Are you a foreign public official? Legal address: Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
Legal address: Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Legal address: Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)	Start date of the stay:	II		
Legal address: Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Legal address: Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)	Are you a foreign public official?	- YES		
Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		□ · NO		
Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)	Legal address:			
City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	City/Settlement: Street: Microdistrict: House: Flat: Actual address (to be filled in in case of discrepancy with the legal address): Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		Country: The Republic of Kazakhstan Other (specify) Postcode:		
Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		Region:		
Actual address (to be filled in in case of discrepancy with the legal address): Country: □ The Republic of Kazakhstan □ Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		City/Settlement: Street: Microdistrict:		
Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict:	Actual address (to be filled in in case of discrepancy with the legal address): Country: The Republic of Kazakhstan Other (specify) Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
of discrepancy with the legal address): Postcode: Region: City/Settlement: Street: Microdistrict:	of discrepancy with the legal address): Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)	Actual address (to be filled in in cose	HOUSE: PRICE		
Postcode: Region: City/Settlement: Street: Microdistrict:	Postcode: Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		Country: The Republic of Kazakhstan Other (specify)		
Region: City/Settlement: Street: Microdistrict:	Region: City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		Postcode:		
City/Settlement: Street: Microdistrict:	City/Settlement: Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
Street: Microdistrict:	Street: Microdistrict: House: Flat: ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
	House: Flat: E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		City/Settlement:		
	E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		Street: Microdistrict:		
House: Flat:	E-mail addresses ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		House: Flat:		
TOUS THE	ADDITIONAL INFORMATION ABOUT THE CLIENT Phone number(a) indicating international and long-distance codes (including mobile, office, home)		* THE STATE OF THE		
	Phone number(a) indicating international and long-distance codes (including mobile, office, home)				
	Email:	Phone number(a) indicating int	ernational and long-distance codes (including mobile, office, home) Email:		

	<u>MATION</u> ble) of the individual (-s), in whose interest business relations are established (a transaction is conducted ing a transaction) on one's own behalf, is acting within one's own interests:	d), or a note on that the individual that
Customer's signature Nationality (if available) of the benefic Individual identification number (if av Sign. of the authorized person Type of identity document, number, se of the beneficial owner The type of the document, verifying th	ailable) of the beneficiary owner	
	number, assigned to the beneficiary owner in a foreign state (if the beneficial owner has tax residence ing tax residence in all these states/jurisdictions)	in several states/jurisdictions at the same time
Contact phone number (if available) of		
Relatedness of the beneficiary owner -	a foreigner to foreign public officials or to persons related to them (family members)	
INFORMATION ON THE AUTHOR	ZED PERSON OF THE CUSTOMER (if available)	
Full Name (in full):		
	☐ The Republic of Kazakhstan ☐ Person with no nationality	
Nationality:	□ Other (specify the state)	
Date of birth:		
Place of birth:	Country: The Republic of Kazakhstan Other (specify)	
ADDRESSES OF THE CLIENT'S A	Settlement: Region:	
Legal address:	Country: The Republic of Kazakhstan Other (specify)	
	Postcode Region:	
	City/Settlement: Street Microdistrict	
	House Flat	
	Country: — Республика Казахстан — Other (specify)	
Actual address (to be filled in in case of discrepancy with the legal address):		
	City/Settlement: Street Microdistrict	
Are you a foreign public official?	House Flat	□ - NO
, , ,	rized representative indicating international and long-distance codes (including mobile, office, home):	
mob.: + ()	Tized representative mulcaung international and long-distance codes (including mobile, office, nome).	
work: + ()		
home: + ()		
INFORMATION ABOUT THE IDEN	TITY DOCUMENT OF THE CLIENT'S AUTHORIZED REPRESENTATIVE	
Document type:	☐ Identity card ☐ Passport ☐ Residence permit ☐ Other (specify)	
Series: 00000000 Number: 00		
	: 0000000	
Issuing body:	MIA RK MJ RK Other (specify)	
IIN (if any) addaddadada	I MIA KK I MI KK I Olici (speelly)	
INFORMATION ABOUT DOCUM	ENT, ON THE GROUND OF WHICH THE AUTHORIZED PERSON IS	
ACTING:		
 Power of attorney 	□ Custodian's certificate	
7/		
Number: 000000000000000000000000000000000000		
power of attorney issued to the auth	Expiry Date:	
Full Name: Notary's License Number:		
Notary's License Issue Date: 11 11	<u> </u>	
License Issuing Authority:		
Customer's Migration Card information Visa	on (to be completed by a foreign national or a person without nationality).	
No.:	Issue date:	
Stay start date:	Stay end date:	

INFORMATION ON SOURCES OF FINANCING OF CONDUCTED TRANSACTIONS

___ Position_

Customer's work place ___

Accounts in other banks/financial institutions (if available) (nar bank/financial institution where the account is available)	me of the	
Sources of advancement of cash and other valuables to accounts		
of the individual (a payroll, interests on deposits, dividends, from business activity, other)	incomes	
Characteristics of the financial standing (real estate property, to deposits, valuables, a share in the equity/per cent in shares of entity) (to be completed in case of in-depth identification)		
	nmediately inform on changes in the data, provided in this Questionnaire. By signing it, the stionnaire to the legal bodies of the Republic of Kazakhstan upon their demand and upon in reflected in this Questionnaire.	
Client's signature	Representative's signature	
(signature a	nd stamp)	(signature)
INTERNAL SERVICE NOTES		
Date of the Questionnaire reception:		
Signature of the Bank employee who received the Question	nnaire:	

(signature and stamp)

(position)

 $(Surname,\,initials)$