

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

CUSTOMER INFORMATION	
The Name/ Full Name (in full):	
Tax residency:	<input type="checkbox"/> Resident of the Republic of Kazakhstan <input type="checkbox"/> Resident of another state (it is required to specify another state) Taxpayer number in a foreign country (if the client has tax residence in several states/jurisdictions at the same time, it is required to indicate the existing tax residence and taxpayer number in all these states/jurisdictions):
Nationality:	<input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Person without nationality <input type="checkbox"/> Other (specify the state)
Date of birth:	□□□□□□□□
Place of birth:	Country: <input type="checkbox"/> the Republic of Kazakhstan <input type="checkbox"/> Other (specify) Settlement: Region:
IIN (if any):	□□□□□□□□□□□□□□□□
INFORMATION ON A DOCUMENT VERIFYING AN IDENTITY	
Type:	<input type="checkbox"/> ID card <input type="checkbox"/> Passport <input type="checkbox"/> Residence permit <input type="checkbox"/> Other (specify)
Series: □□□□□□□□ Number: □□□□□□□□	
Issue date: □□□□□□□□ Expiry Date: □□□□□□□□	
Issuing authority:	<input type="checkbox"/> MIA of RK <input type="checkbox"/> MJ of RK <input type="checkbox"/> Other (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: □□□□□□□□□□□□	
Issue date: □□□□□□□□	
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: □□□□□□□□□□□□ Issue date: □□□□□□□□ Expiry date: □□□□□□□□	
CLIENT'S BUSINESS ADDRESS	
Country: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> 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).	
<input type="checkbox"/> Visa <input type="checkbox"/> Migration Card	
Number: □□□□□□□□ Issue date: □□□□□□□□	
Start date of the stay: 11 11 11 11 11 11 11 11 End date of the stay: □□□□□□□□	
Are you a foreign public official? <input type="checkbox"/> - YES <input type="checkbox"/> - NO	
LEGAL AND ACTUAL ADDRESS	
Legal address:	Country: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> 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: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> 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)	
mob: + ()	Email:

office: + ()
home: + ()

email:
email:

BENEFICIARY OWNER INFORMATION

Surname, Name, Patronymic (if available) of the individual (-s), in whose interest business relations are established (a transaction is conducted), or a note on that the individual that established business relations (conducting a transaction) on one's own behalf, is acting within one's own interests:

Customer's signature

Nationality (if available) of the beneficiary owner _____

Individual identification number (if available) of the beneficiary owner _____

Sign. of the authorized person _____

Type of identity document, number, series (if any)

of the beneficial owner

The type of the document, verifying the identity, number, series (if available) of the beneficiary owner, issue date, expiry date

Tax residency, including a taxpayer's number, assigned to the beneficiary owner in a foreign state (if the beneficial owner has tax residence in several states/jurisdictions at the same time, then it is necessary to indicate the existing tax residence in all these states/jurisdictions)

Contact phone number (if available) of the beneficiary owner

Relatedness of the beneficiary owner – a foreigner to foreign public officials or to persons related to them (family members)

INFORMATION ON THE AUTHORIZED PERSON OF THE CUSTOMER (if available)

Full Name (in full):

Nationality:	<input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Person with no nationality <input type="checkbox"/> Other (specify the state)
Date of birth:	□□□□□□□□
Place of birth:	Country: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (specify) Settlement: _____ Region: _____
ADDRESSES OF THE CLIENT'S AUTHORIZED PERSON	
Legal address:	Country: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> 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: <input type="checkbox"/> Республика Казахстан <input type="checkbox"/> Other (specify) Postcode _____ Region: _____ City/Settlement: _____ Street _____ Microdistrict _____ House _____ Flat _____

Are you a foreign public official? - YES - NO

Phone number (s) of the Client's authorized representative indicating international and long-distance codes (including mobile, office, home):

mob.: + ()

work: + ()

home: + ()

INFORMATION ABOUT THE IDENTITY DOCUMENT OF THE CLIENT'S AUTHORIZED REPRESENTATIVE

Identity card Passport Residence permit

Document type: Other (specify) _____

Series: □□□□□□□□ Number: □□□□□□□□

Issue Date: □□□□□□□□ Expiry Date: □□□□□□□□

Issuing body: MIA RK MJ RK Other (specify)

IIN (if any) □□□□□□□□□□□□□□□□

INFORMATION ABOUT DOCUMENT, ON THE GROUND OF WHICH THE AUTHORIZED PERSON IS ACTING:

Power of attorney Custodian's certificate

Other (specify) _____

Number: □□□□□□□□

Issue Date: □□□□□□□□

Expiry Date: □□□□□□□□

Information about the notary who certified the Client's signature on the power of attorney issued to the authorized person:

Full Name: _____

Notary's License Number: _____

Notary's License Issue Date: | 11 11 11 11 11 11 11 |

License Issuing Authority: _____

Customer's Migration Card information (to be completed by a foreign national or a person without nationality).

Visa Migration card

No.: □□□□□□□□□□ Issue date: □□□□□□□□□□

Stay start date: □□□□□□□□□□ Stay end date: □□□□□□□□□□

Customer's work place _____ Position _____

INFORMATION ON SOURCES OF FINANCING OF CONDUCTED TRANSACTIONS

Accounts in other banks/financial institutions (if available) (name of the bank/financial institution where the account is available)	
Sources of advancement of cash and other valuables to accounts/in favor of the individual (a payroll, interests on deposits, dividends, incomes from business activity, other)	
Characteristics of the financial standing (real estate property, term bank deposits, valuables, a share in the equity/per cent in shares of a legal entity) (to be completed in case of in-depth identification)	

The customer certifies authenticity of information and shall immediately inform on changes in the data, provided in this Questionnaire. By signing it, the Customer confirms his consent and permits provision by the Bank of the data provided by him in this Questionnaire to the legal bodies of the Republic of Kazakhstan upon their demand and upon inquiries of foreign correspondent banks. The customer shall be liable for provision of inaccurate data, reflected in this Questionnaire.

Client's signature

Representative's signature

(signature and stamp)

(signature)

INTERNAL SERVICE NOTES

Date of the Questionnaire reception:

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Signature of the Bank employee who received the Questionnaire:

(Surname, initials)

(position)

(signature and stamp)