



THE RULES

THE RULES OF INTERNAL CONTROL FOR THE PURPOSES OF COUNTER-ACTING LEGALIZATION (LAUNDERING) OF ILLEGALLY OBTAINED INCOMES, AND THE FINANCING OF TERRORISM

Annex No. 9

Questionnaire of Client – Legal Entity

- first filing update of information change of information
 resident non-resident

| 1. CLIENT INFORMATION | | |
|--|---|--|
| 1.1. Full company name: _____ (hereinafter – the Client) | | |
| 1.2. Abbreviated company name: _____ (hereinafter – the Client) | | |
| 1.3. Legal form | <input type="checkbox"/> Joint-stock company <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other (please indicate) _____ | |
| 1.4. Number of staff | _____ | |
| 1.5. Type of document confirming registration of the legal entity: _____ | | |
| 1.6. Registration number (code) | _____ | |
| 1.7. Date of initial registration: □□□□□□□□ | 1.8. Date of re-registration: □□□□□□□□ <i>If there has been no re-registration, please indicate:</i> _____ | 1.9. Business Identification Number (if available): □□□□□□□□ □□□□□□□□ |
| 1.10. Place of registration | Country: <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (please indicate) _____ Settlement: _____ Region: _____ | |
| 1.11. Registration authority | <input type="checkbox"/> MIN OF JUSTICE OF THE RK <input type="checkbox"/> Other (please indicate) _____ | |
| 1.12. Tax identification code in a state of registration (for a foreign legal entity): _____ | | |
| 1.13. Type(s) of activity carried out: _____ | | |

| | | | | | | | | | | | | |
|---|-------|--|--|--|--|--|--|--|--|--|--|--|
| 2 | _____ | | | | | | | | | | | |
| 3 | _____ | | | | | | | | | | | |
| 4 | _____ | | | | | | | | | | | |

Effective date of the extract from the shareholder (owner) register or other document, on which the owners/founders/shareholders are registered:

Explanation for completion of item 5 of the Questionnaire INFORMATION CONCERNING CLIENT OWNERS/FOUNDERS/SHAREHOLDERS:

1. Information concerning level 1 (first level) owners (individuals and legal entities) must be provided in the table. A level 1 (first level) owner is a direct owner/founder/shareholder of the Client.
2. Information concerning level 2 (second level) owners (individuals and legal entities) must be provided in the table. Information concerning a level 2 (second level) owner, holding more than twenty-five (25) percent of the participating shares in the registered capital or allocated shares (less preference shares and shares repurchased by the Company) of the level 1 (first level) owner as well as information concerning the individual indicated in item 7 of the present Explanation. A level 2 (second level) owner is a direct owner/founder/shareholder of a level 1 (first level) owner (legal entity).
3. Information concerning level 3 (third level) owners (individuals and legal entities) must be provided in the table. Information concerning a level 3 (third level) owner, holding more than twenty-five (25) percent of the participating shares in the registered capital or allocated shares (less preference shares and shares repurchased by the Company) of the level 2 (second level) owner as well as information concerning the individual provided in item 7 of the present Explanation. A level 3 (third level) owner is a direct owner/founder/shareholder of a level 2 (second level) owner (legal entity).
4. The hierarchy of determining indirect ownership interest in the legal entity (the Client) is:
 - a) the direct ownership interest of the level 1 (first level) owner of the legal entity (the Client);
 - b) where a level 2 (second level) owner is present: the direct ownership interest of the level 2 (second level) owner in the level 1 (first level) legal entity must be determined;
 - c) where a level 3 (third level) owner is present: the direct ownership interest of the level 3 (third level) owner in the level 2 (second level) legal entity must be determined.
- z) multiply the shares given;
- d) An example of determining indirect ownership share in the legal entity (the Client) is:
 - 100% of the second level owner belongs to a level 3 (third level) owner;
 - 75% of the first level owner belongs to a level 2 (second level) owner;
 - 50% of the legal entity (the Client) belongs to a level 1 (first level) owner.

According to the example, the calculation of the indirect ownership share of the level 3 (third level) owner in the legal entity (the Client) is as follows:
 $(1 \times 0.75 \times 0.5) \times 100\% = 37.5\%$
5. In the case that level 4 (fourth level) or subsequent other level owners are present, information concerning level 4 (fourth level) and subsequent level owners must be added to the form as a table with similar information as for level 2 (second level) and level 3 (third level) owners.
6. In the case of one legal entity having several direct owners/founders/shareholders with a share of greater than twenty-five (25) percent, all direct owners/founders/shareholders holding a share greater than twenty-five (25) percent in the legal entity must be indicated.
7. In the instance that the same individual is an owner at several levels simultaneously, the separate share of which is less than twenty-five (25) percent, but totally (adding the shares of this individual at all levels) has a share greater than 25 (twenty-five) percent, then the shares belonging to this individual at each level must be indicated in the table.

6. INFORMATION ON PERSONAL COMPOSITION OF OTHER MANAGEMENT BODIES (if available)

| No. | Full name (in full) | Position | Individual Identification Number (if applicable) | Date and place of birth | Nationality (if applicable) | Relatedness to a foreign public official (YES/NO) | To be completed at further identification: | |
|-----|---------------------|----------|--|-------------------------|-----------------------------|---|--|---|
| | | | | | | | Identity document (title, number, series (if available), date of issue, validity period, issuing authority)) | Document on the basis of which the person is authorized to perform the function of Director or member of management body (title, number and date of a document) |
| 1 | _____ | | | | | | | |
| 2 | _____ | | | | | | | |
| 3 | _____ | | | | | | | |
| 4 | _____ | | | | | | | |
| 5 | _____ | | | | | | | |
| ... | _____ | | | | | | | |

7. INFORMATION ON BENEFICIAL OWNERS

A **Beneficial Owner** is an individual who directly or indirectly owns more than twenty-five percent of the participation shares in the registered capital or in the allocated shares (less the preference and shares repurchased by the Company) of the Client - legal entity, and equally an individual exercising control over the Client otherwise, or in whose interests the Client conducts transactions with money and (or) other property.

7.1. Who are the beneficial owners of your company (legal entity)?

Owner/founder/shareholder (indicate the full name (in full)): _____

Head of the collegial executive body (single executive body)
(Indicate the full name (in full)): _____

Member of other management body of your entity/company (legal entity) (indicate the full name (in full)):

Other person (indicate the full name (in full)):




Unknown to me.

| | |
|---|--|
| 7.2. Nationality (if applicable) of the beneficial owner | |
| 7.3. Individual identification number (if applicable) of the beneficial owner | |
| 7.4. Type of the beneficial owner's identity document, number, series (if applicable) | |
| 7.5. The name of the body issuing the beneficial owner's identify document, the date of issue and the validity period of the identity document | |
| 7.6. Tax residency, including the tax identification code assigned to the beneficial owner in a foreign state (if the beneficial owner has tax residencies in several states/jurisdictions, then the existing tax residencies and tax identification codes for all the states/jurisdictions must be provided) | |
| 7.7. Contact telephone number (if applicable) of the beneficial owner | |
| 7.8. Relatedness of the beneficial owner - foreigner to foreign public officials or of the persons (family members) related to them | |

8. CLIENT ADDRESS

| | |
|---|---|
| 8.1. Legal address | Country <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (please indicate) _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Region _____ City/settlement _____ Street _____ Microdistrict _____ House _____ Flat _____ |
| 8.2. Actual address (to be completed where this does not correspond to the legal address) | Country <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (please indicate) _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Region _____ City/settlement _____ Street _____ Microdistrict _____ House _____ Flat _____ |

9. ADDITIONAL CLIENT INFORMATION

| Telephone number(s) including international and area codes (incl. mobile, home and office numbers) | | E-mail address |
|--|------------|----------------|
|  mob. | + () | e-mail: |
|  office | + () | e-mail: |
|  fax | + () | e-mail: |

10. INFORMATION ON THE CLIENT'S REPRESENTATIVE (if applicable)

| | |
|---------------------------|---|
| 10.1. Full name (in full) | |
| 10.2. Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 10.3. Place of birth | |

| | | | |
|---|--|-----------------|----------------------|
| 10.4. Nationality (if applicable) | | | |
| 10.5 Type of document used for identification | <input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Residence permit <input type="checkbox"/> Other (please indicate) _____ | | |
| Serial number | <input type="text"/> | Number | <input type="text"/> |
| Date of issue | <input type="text"/> | Validity period | <input type="text"/> |
| Issuing authority | <input type="checkbox"/> Ministry of Internal Affairs of the RK <input type="checkbox"/> Ministry of Justice of the RK <input type="checkbox"/> Other (please indicate) _____ | | |
| 10.6. Individual Identification Number (if applicable) | <input type="text"/> | | |
| 10.7. Legal address of the Client's representative | Country <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (please indicate) _____ Postcode <input type="text"/> Region _____ City/settlement _____ Street _____ Microdistrict _____ House _____ Flat _____ | | |
| 10.8. Actual address of the client's representative (to be completed where this does not correspond to the legal address) | Country <input type="checkbox"/> The Republic of Kazakhstan <input type="checkbox"/> Other (please indicate) _____ Postcode <input type="text"/> Region _____ City/settlement _____ Street _____ Microdistrict _____ House _____ Flat _____ | | |
| 10.9. Contact telephone number of the Client's representative | | | |
| 10.10. Are you a foreign public official? | <input type="checkbox"/> - YES <input type="checkbox"/> - NO | | |
| 11. INFORMATION ON THE DOCUMENT BY WHICH THE REPRESENTATIVE IS AUTHORIZED TO ACT | | | |
| <input type="checkbox"/> Proxy <input type="checkbox"/> Order <input type="checkbox"/> Other (please indicate) _____ | | | |
| Number | <input type="text"/> | Date of issue | <input type="text"/> |
| | | Validity period | <input type="text"/> |
| Full name of the person signing the document, authorizing the representative to perform legally significant actions in the name of the legal entity: _____ | | | |
| 12. Information from the representative's migration card/visa (only to be completed by a citizen of a country outside of the Eurasian Economic Union or a person of no citizenship). | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Migration card | | | |

Signature of Bank employee who received the Questionnaire:

(Surname, Initials)

(position)

(Signature and Stamp)