Евразийский Банк

THE RULES	Page 1	l of 9

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 informa	tion
		resident	non-resident	
1. CLIENT INFORM	MATION			
1. CEREITI INFOR	MATION			
1.1. Full company nar	ne:			(hereinafter – the Client)
1.2. Abbreviated comp	pany name:		(hereinafter – the C	Client)
1.3. Legal form	☐ Joint-stock company ☐	Limited liability company		
	Other (please indicate)			
1.4. Number of staff	Guier (piease mureae)		-	
1.5. Type of documen	t confirming registration of the legal entity:		_	
1.6. Registration number (code)				
1.7. Date of initial reg	istration:	1.8. Date of re-registration:		1.9. Business Identification Number (if available):
1.10. Place of registration	Country: The Republic of Kazakhstan	Other (please indicate)		
	Settlement:	Region:		
1.11. Registration authority	☐ MIN OF JUSTICE OF THE RK ☐ Other	(please indicate)		
	n code in a state of registration			
(for a foreign legal en	•,			
1.13. Type(s) of activi				

1.14. Ge	1.14. General classification code for economic activity (OKED) (if available):									
2. LICE	2. LICENSE INFORMATION (if the type of activity carried out is licensed):									
Number	Number: Date of issue: Date of issue: Validity period: Date of issue									
License	License issuing authority:									
3. INFO	DRMATION ON BODIES OF THE L	EGAL ENTITY	Y (in accordance	with constituent documents):						
Supi	reme body (indicate the name):									
☐ Exec	cutive body (indicate the name):					_				
Othe	er bodies (if available) (indicate the name	e):								
Date of	last edition of constituent documents									
foundin	g the structure of bodies for the legal ent	ity:								
4. INFO	DRMATION ON PERSONAL COMP	OSITION OF	THE EXECUTIV	E BODY						
No.	Full name (in full)	Position	Individual Identification Number (if applicable)	Identity document (title, number, series (if given) date of issue, validity period, issuing authority)	Date and place of birth	Nationali ty (if applicabl e)	Legal and actual address (state/jurisdiction, postcode, settlement, street/area, building number and flat number)	Contact telephone number	Document on the basis of which the person is authorized to carry out the function of Director or member of executive body (title, number and date of document)	Relatedness to a foreign public official (YES/NO)
1									,	
2										
3										
4										
5										

	INFORMATION CONCERNING	FORMATION CONCERNING CLIENT OWNERS/FOUNDERS/SHAREHOLDERS									
			FOUNDE		1) 1 1				2 (41' 1) 1 1 1		
N o	1 (first) leve (Direct owners/founders/sh		nf)	(second) level owner ounders/shareholders o	f the Client)			3 (third) level owner /founders/shareholde	ers of the Clien	f)
	(2110000,11013,100110013,311			(211411222 3 % 11213/13	WITHOUT 57 51141 51101461 5 0	2 1110 (110110)		(11111111111111111111111111111111111111	7104114015/514120141	25 01 010 01101	
1	2	3	4	5	6	7	8	9	10	11	12
	Full name (in full) Nationality (if	Individual	Direct	Full name (in full)	Individual	Direct	Indirect	Full name (in full)	Individual	Direct	Indirect
	applicable) of the individual and place of registration of the	Identification Number	partici pation/	Nationality (if applicable) of the individual and place of	Identification Number	ownershi p interest	owners	Nationality (if applicable) of the	Identification Number	ownership interest	owners
	individual not holding citizenship	(if applicable) of	placed	registration of the individual	(if applicable) of the	in the	hip interest	individual and place of	(if applicable) of	in the	hip interest
	of the Republic of Kazakhstan,	the individual, and	(less	not holding citizenship of the	individual, and the	first level	in the	registration of the	the individual, and	second	in the
	full name and place of	the identity	preferr	Republic of Kazakhstan, full	identity document of	owner	client	individual not holding	the identity	level owner	client
	registration of the legal entity	document of the individual (title,	ed and	name and place of	the individual (title, number, serial	(%)	(%)	citizenship of the	document of the individual (title,	(%)	(%)
		number, serial	repurc hased	registration of the legal entity	number, serial number (if			Republic of Kazakhstan, full name and place of	number, serial		
		number (if	by the		applicable) date of			registration of the legal	number (if		
		applicable) date of	compa		issue, validity			entity	applicable) date of		
		issue, validity	ny)		period, issuing				issue, validity		
		period, issuing authority) and	shares (%)		authority) and Business				period, issuing authority) and		
		Business	(/0)		Identification				Business		
		Identification			Number				Identification		
		Number			(if applicable), and				Number		
		(if applicable), and the date of			the date of initial registration and re-				(if applicable), and the date of		
		initial registration			registration of the				initial registration		
		and re-registration			legal entity or, for a				and re-registration		
		of the legal entity			foreign legal entity -				of the legal entity		
		or, for a foreign legal entity - the			the registration number (code),				or, for a foreign legal entity - the		
		registration			assigned by the				registration		
		number (code),			authorized authority				number (code),		
		assigned by the			in the state of				assigned by the		
		authorized authority in the			registration and the date of its issuance				authorized authority in the		
		state of			uate of its issuance				state of		
		registration and							registration and		
		the date of its							the date of its		
1		assignment	-						issuance		
1											
						1					

2											
3											
4											
	ffective date of the extract from the shareholder (owner) register or other document, n which the owners/founders/shareholders are registered:										
E	Explanation for completion of item 5 o	f the	Questionnaire IN	VFORMA?	TION CONCERNING CLIENT	OWNERS/FOUNDERS	S/SHAREHO	LDERS:			
1.	. Information concerning level 1 (first l	level	l) owners (individu	als and le	gal entities) must be provided in th	he table. A level 1 (first i	level) owner i	s a direct or	wner/founder/shareholder of	f the Client.	
	. Information concerning level 2 (second										

- 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);
- 6) 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;
- 6) 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.
- 2) 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	Date and place of birth	Nationality (if applicable)	Relatedness to a foreign public official	To be completed at f	urther identification:
			Number (if applicable)		(i apparent)	(YES/NO)	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. INFO	DRMATION ON BENEFICIAL OWNER	RS						
A Benef	ficial Owner is an individual who directly any) of the Client - legal entity, and equally a	or indirectly owns me	ore than twenty-fi	ve percent of the participation sha	res in the registered	capital or in the allocated s	hares (less the preference an	d shares repurchased by the
	ho are the beneficial owners of your co			Chent otherwise, or in whose inter	ests the Chent cond	ucts transactions with money	and (or) other property.	
	ner/founder/shareholder (indicate the f							
	ad of the collegial executive body (sing the the full name (in full)):							

Member of other management body of your entity/company (legal en	ntity) (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 The Republic of Kazakhstan	Other (please indicate)		
		•		
	Postcode Region			
	City/settlement	Street		
	City/settlement House	Flat		
8.2. Actual address (to be completed where this does not correspond to the legal address)	Country The Republic of Kazakhstan	Other (please indicate)		
address)				
	Postcode Region			
	City/settlement House	Street		
	MicrodistrictHouse	Flat		
A ADDITIONAL OF HINT INTODICATION				
9. ADDITIONAL CLIENT INFORMATION Telephone number(s) including international and area codes (incl. mobile, home	and office numbers)	mail address		
mob. + ()		mail:		
office + ()		mail:		
fax + ()		nail:		
10. INFORMATION ON THE CLIENT'S REPRESENTATIVE (if applicable		inui.		
10.1. Full name (in	ic)			
full)				
10.2. Date of birth				
10.3. Place of birth				

10.4. Nationality (if applicable)						
10.5 Type of document used for	☐ Identity card	Passport Residence permit				
identification Other (please indicate)						
Serial number		Number				
Date of issue		Validity period				
Issuing authority		☐ Ministry of Internal Affairs of the RK ☐ Ministry of Justice of the RK ☐ Other (please indicate)				
10.6. Individual Identif	fication Number (if app	licable)				
10.7. Legal address of representative	the Client's	Country The Republic of Kazakhstan Other (please indicate)				
		Postcode Region Region				
		City/settlement Street Microdistrict House Flat				
		Microdistrict House Flat				
10.8. Actual address of representative (to be co	ompleted where this	Country The Republic of Kazakhstan Other (please indicate)				
does not correspond to	the legal address)	Postcode Region Region				
		City/settlement Street Microdistrict House Flat				
		Microdistrict House House Flat				
10.9. Contact telephone Client's representative						
10.10. Are you a foreig		□- YES □-NO				
		T BY WHICH THE REPRESENTATIVE IS AUTHORISED TO ACT Order				
Proxy						
Other (please indicate)	ate)					
Number		Date of issue Validity period Validity period				
Full name of the person	on signing the docum	ent, authorizing the representative to perform legally significant actions				
in the name of the leg	al entity:					
12. Information from		nigration card/visa (only to be completed by a citizen of a country outside of the Eurasian Economic Union or a person of no citizenship).				
☐ Visa	☐ Migration card					

Number:	Date of issue:		
Date of beginning of stay:		Date of end of stay:	
13. INFORMATION ON THE P	RESENCE OR ABSENCE OF BANK ACC	COUNTS OF THE CLIENT REGISTERED IN AN OFFSHORE ZONE	
	not have such accounts	Client has such accounts	
	CING SOURCES FOR TRANSACTIONS ancial companies (if applicable) (the name of		
bank/financial company with whic	h the account is held)		
Sources of money and other valual entity (income from business activ	ples flows to the account / in favor of the legal ities, dividends, voluntary property		
contributions and donations, other)			
	eal estate, valuables, equity stake/percentage be completed for further identification)		
Description of financial standing o	f the beneficial owner (real estate, valuables,		
equity stake/percentage of shares of further identification)	f another legal entity)(to be completed for		
On signing the Client confirms the	ne accuracy of the information given above	and is bound to immediately provide information concerning any change in t	he data given in the present Questionnaire.
On signing the Client confirms the and the request of foreign corres		on the information in the present Questionnaire to law enforcement authoriti	es of the Republic of Kazakhstan according to their requirements
The Client shall bear responsibil	ity for the provision of inaccurate data give	en in the present Questionnaire.	
The Client shall bear responsibil CLIENT'S SIGNATURE		en in the present Questionnaire. SIGNATURE OF AUTHORISED PERSON	
•			
•			
•			
•			
•			
•	ty for the provision of inaccurate data give		
•	ty for the provision of inaccurate data give		
•	Stamp here		
CLIENT'S SIGNATURE Date of completion of the Question Changes to information contained with documents or does not requi In the instance that the Client's fo	Stamp here Stamp here naire is intended for submission to Eurasia in the Client's record are made on submiss re documentary confirmation in accordance		ges to the Client's record where information cannot be confirmed ween the Bank and the Client.

Date of receipt of the Questionnaire:

Signature of Bank employee who receive	d the Questionnaire:	
(Surname, Initials)	(position)	(Signature and Stamp)