**Client Account Opening/Closing/Modification Request**

**NO**.      , **DATE**      /     /

(DD/MM/YYYY)

|  |  |
| --- | --- |
| **Client’s Full Name** |       |
| **Account Number** |       |

|  |
| --- |
| **Type of Request** |
| **[ ]  Opening** | **[ ]  Closing[[1]](#footnote-1)** | **[ ]  Modification[[2]](#footnote-2)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Account** | **Type of the Account \*** | **Status of the Client** |
|  | [ ]  House Account  | [ ]  Trading Account  | [ ]  ITS CCP Clearing Participant[ ]  Client of the ITS CCP Clearing Participant\*\*\* |
|  | [ ]  Omnibus Account | [ ]  Trading Account  | [ ]  ITS CCP Clearing Participant[ ]  Depository / Custodian of ITS CCP Clearing Participant\*\*[ ]  Client of the ITS CCP Clearing Participant\*\*\* |
| \*Check if a Trading Account must be opened |
| \*\*- Filled in by the Depository / Custodian of ITS CCP Clearing Participant:**[ ]**I hereby give my consent to the reflection of Transactions on the above Account related to my client's operations:       (name of the client – Clearing Participant)**[ ]**I hereby give my consent to the transmission of reports related to the above Account via electronic document management system (EDMS) of the specified Clearing Participant:       (EDMS code of the Clearing Participant) |
| \*\*\*- Filled in by the client of Clearing Participant**[ ]**I hereby give my consent to the reflection of Transactions on the above Account for the operations of the following Clearing Participant:       (name of the Clearing Participant)**[ ]**I hereby give my consent to the transmission of reports related to the above Account via electronic document management system (EDMS) of the specified Clearing Participant:       (EDMS code of the Clearing Participant) |

|  |  |
| --- | --- |
| Client’s Full Name |       |
| Client’s Short Company Name |       |
| Business Identification Number / Taxpayer Identification Number (if applicable) |       |
| Place of incorporation |       |
| Date of Registration |       |
| Number of State Registration |       |
| License No.: |       |
| Date of license issue: |       |
| Home Regulator name and country of jurisdiction of the home regulator: |       |
| Client’s Legal Address |       |
| Client’s Actual Address |       |
| First and Last Name ofContact Person |       |
| Phone Number of ContactPerson |       |
| Email |       |
| BIC code (if applicable) |       |
| EDMS code from ITS Tech (mandatory) |       |
| KCSD Unique Client Code (if applicable) |       |

**ACCOUNT DETAILS FOR CORPORATE ACTIONS[[3]](#footnote-3)**

|  |  |
| --- | --- |
| The method of receiving payments under corporate actions | **[ ]**Client’sbank account details |
| **[ ]**Client’strade clearing account (TCA) details opened with ITS CCP |

**APPLICANT’S BANK ACCOUNT DETAILS FOR CORPORATE ACTIONS (KZT)[[4]](#footnote-4)**

|  |  |
| --- | --- |
| Beneficiary |       |
| Business IdentificationNumber (if applicable) |       |
| Beneficiary’s Bank |       |
| Beneficiary’s AccountNumber (IBAN) |       |
| SWIFT Code |       |
| Cbe |       |
| Additional Information(if applicable) |       |

I hereby request ITS CSD Limited to appoint ITS Limited as the operator of the Trading Account (data are entered for the Clearing Participant, based on the results of clearing obligatory operations that will be carried out on the trading account).

[Signature]

[Name]

[Position]

1. Fill only the “Account Number” if Type of Request is “Closing” [↑](#footnote-ref-1)
2. Fill only changing fields if Type of Request is “Modification” [↑](#footnote-ref-2)
3. By providing the Client’s bank Account or Trade Clearing Account details for corporate actions, the Client hereby irrevocably instructs ITS CSD to transfer any interest, dividend, distribution, or other benefits received or accrued on any Securities to the relevant Client Account specified in this form. [↑](#footnote-ref-3)
4. Bank Account Details for the currencies other than KZT shall be provided in a free format letter [↑](#footnote-ref-4)