

REGULATIONS FOR CLEARING OPERATIONS ON THE COMMODITY MARKET
International Trading System Limited

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1. GENERAL PROVISIONS

These Regulations for Clearing Operations on the Commodity Market of Private company “International Trading System Limited” (hereinafter - “Clearing Regulations”) establish the Operating Day schedule of International Trading System Limited (hereinafter - “Clearing Organization”), define the procedure for interaction between the Clearing Organization and Clearing Members upon conclusion of the Clearing Services Agreement, as well as during the clearing process, and establish samples (forms) of documents exchanged between Clearing Members and the Clearing Organization.

The terms and definitions used in these Clearing Regulations are applied in the meanings established by the Rules for Clearing Operations on the Commodity Market International Trading System Limited (hereinafter - “Clearing Rules”), as well as the AIFC Legislation.

When interacting with the Clearing Organization, Clearing Members are guided by these Clearing Regulations and the Clearing Rules.

2. PROCEDURE FOR INTERACTION BETWEEN THE CLEARING ORGANIZATION AND CLEARING MEMBERS UPON CONCLUSION OF THE CLEARING SERVICES AGREEMENT AND DURING THE CLEARING PROCESS

1. For registration as a Clearing Member, Applicants must provide the Clearing Organization with documents according to the list provided in Appendix 1 to these Clearing Regulations.

Documents are submitted in one of the following ways:

1) Electronically or in hard copy by submitting documents to the Trading Platform based on an interaction agreement, according to which the Clearing Organization authorizes the Trading Platform to collect and transfer documents from the Applicant to the Clearing Organization for registration as a Clearing Member and granting access to clearing services. The exchange of Electronic Documents between the Clearing Organization and the Trading Platform is carried out using an electronic document management system.

2) In hard copy by submitting documents to the Clearing Organization.

By submitting the documents specified in this clause, the Applicant confirms that it has the consent of individuals who are the subjects of personal data included in the specified documents to transfer their personal data to the Clearing Organization and the Trading Platform. The Applicant/Clearing Member undertakes to provide consent and other documents confirming the legal basis for the processing of personal data upon written request from the Clearing Organization no later than 10 (ten) business days from the date of the request. The Clearing Organization and the Applicant/Clearing Member confirm that, in accordance with these Clearing Regulations, they are independently acting operators with respect to the processing of personal data, and that the transfer of personal data is not considered by them as an assignment of personal data processing.

2. Upon registration as Clearing Members, the Clearing Organization assigns unique codes to Applicants, which allow identification of these Applicants, in accordance with the procedure for assigning codes to Clearing Members, provided in Appendix 6 to these Clearing Regulations.

3. In order to gain access to clearing services, a Clearing Member must have access to the electronic document flow system designated by the Clearing Organization and must also be a Trading Member of Private company “ETSE Ltd” (hereinafter – “ETSE Ltd”).

4. The Clearing Member transfers funds to the Clearing Account in the Settlement Organization according to the details posted on the Website for use as Clearing Collateral. When transferring funds to the Clearing Account, the payment purpose must indicate the number and date of the Clearing Services Agreement between the Clearing Member and the Clearing Organization, as well as the clearing register number. In the case of transferring funds as a Prepayment under the Contract, the payment details must additionally indicate the details of this Contract.

In case of transferring funds to the Clearing Account as part of the Clearing Collateral with an error in the payment purpose, the said funds are credited to the Clearing Member's clearing registers only on the basis of a letter from the Clearing Member. If such a letter is submitted to the Clearing Organization no later than 12:00, the funds are credited to the Clearing Member's clearing registers on the current Operating Day. If the letter is submitted to the Clearing Organization after 12:00, the funds are credited to the Clearing Member's clearing registers on the next Operating Day.

5. The exchange of documents between the Clearing Organization and Clearing Members can be carried out either using hard-copy documents or using Electronic Documents signed with an Electronic Signature.

Electronic document flow between the Clearing Organization and Clearing Members is carried out provided that Clearing Members gain access to the electronic document management system based on an agreement concluded with the technical center designated by the Clearing Organization, information about which is disclosed on the Website. The procedure for generating and transferring Electronic Documents through the electronic document flow system is established by the said agreement.

6. Document forms are defined in Appendices 2, 4, and 5 to these Clearing Regulations.

7. Electronical Document workflow between the Clearing Organization and Clearing Members within the framework of performed operations:

No	Operation	Condition/Term/Basis	Result of Operations	Sender	Recipient	Document No. from Clearing Regulations
1	Submission of documents to the Clearing Organization for the conclusion of a Clearing Services Agreement		Application for registration of the Applicant as a Clearing Member	Applicant	Clearing Organization	Appendix 2
2	Clearing Member Registration	Clearing Organization's decision on concluding the Clearing Services Agreement no later than 10 (ten) business days	Notification of Clearing Member Registration	Clearing Organization	Clearing Member	Form No. CO-1
		Change of Clearing Member Data	Notification of Clearing Member Code Update	Clearing Organization	Clearing Member	Form No. CO-4
3	Admission of a Clearing Member to clearing services	Admission of a Clearing Member to clearing services	Notification of Admission to Clearing Services	Clearing Organization	Clearing Member	Form No. CO-2
		Denial of a Clearing Member access to clearing services	Notification of Denial of Access to Clearing Services	Clearing Organization	Clearing Member	Form No. CO-3
4	Opening a Trading and Clearing Account for a Clearing Member / Client of the Clearing Member		Application for Opening a Trading and Clearing Account	Clearing Member	Clearing Organization	Form No. CM-6
5	Suspension / Resumption / Termination of a Clearing Member's access to clearing services	Existence of grounds for suspension / resumption / termination of access to clearing services	Notification of Suspension / Resumption / Termination of access to Clearing Services	Clearing Organization	Clearing Member	Form No. CO-7
			Application for Termination of Access to Clearing Services	Clearing Member	Clearing Organization	Form No. CM-5
6	Termination of the Clearing Services Agreement		Application for Termination of the Clearing Services Agreement	Clearing Member	Clearing Organization	Form No. CM-4
7	Crediting funds of the Clearing Member / Client of the Clearing Member to the Clearing Account and/or Clearing Member's instruction to transfer funds to secure trading	09:00 to 18:00; Based on the Settlement Organization's statement	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account	Clearing Organization	Clearing Member	Form No. CO-6
		09:00 to 13:00 Execution: 09:00 to 10:00 and 12:00 to 13:00	Instruction to transfer funds between clearing registers	Clearing Member	Clearing Organization	Form No. CM-1
8	Settlement of trades, blocking of the Guarantee Security under concluded Contracts	Within 1 hour after receiving the Contracts Register from the Trading Platform	Report on Obligations Admitted to Clearing under Contracts Concluded on ETSE Ltd.	Clearing Organization	Clearing Member	Form No. CO-5
			Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account	Clearing Organization	Clearing Member	Form No. CO-6
9	Crediting funds of the Clearing Member / Client of the Clearing Member to the Clearing Account and/or Clearing Member's instruction to transfer funds to ensure fulfillment of obligations with indication of Contract details	09:00 to 18:00; Based on the Settlement Organization's statement	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account	Clearing Organization	Clearing Member	Form No. CO-6
		09:00 to 18:00;	Instruction to transfer funds between clearing registers	Clearing Member	Clearing Organization	Form No. CM-1
10	Generation of reports for Clearing Members on the results of performed operations	Until 18:00	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account	Clearing Organization	Clearing Member	Form No. CO-6

11	Withdrawal of funds by Clearing Members / Clients of the Clearing Member	Submission of instruction before crediting funds to the "Available Funds" clearing register and/or if available funds are present	Instruction for Withdrawal of Funds	Clearing Member	Clearing Organization	Form No. CM-2
12	Debit of funds from the Clearing Account according to the received instruction for withdrawal of funds	Until 17:00 on the day of receipt of instruction under clause 11, until 10:00 the next day if the instruction is received after 16:30	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account	Clearing Organization	Clearing Member	Form No. CO-6
13	Provision by the Supplier/Buyer of documents confirming the transfer (delivery) of the Commodity under the Contract	Any day from the Security Date to the Delivery Completion Date established by the Contract	List of documents confirming the transfer (delivery) of the Commodity, in accordance with the terms of the Contract	Clearing Member	Clearing Organization	
14	Conducting operations to debit funds in the amount of the Prepayment under the Contract from the Buyer's "Funds blocked for security/performance" clearing register and crediting these funds to the Supplier's "Available Funds" clearing register. Unblocking of the Guarantee Security funds of the Buyer and Supplier under the fulfilled Contract. Termination of obligations under the Contract	On the day of receipt of documents confirming the transfer (delivery) of the Commodity, if received before 17:00. If the documents confirming the transfer (delivery) of the Commodity are received after 17:00 - until 10:00 the next business day	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account Report on Obligations Admitted to Clearing under Contracts Concluded on ETSE Ltd.	Clearing Organization	Clearing Member	Form No. CO-6 Form No. CO-5
15	Debit of the Guarantee Security in the absence of a Prepayment under the Contract in the amount of the Guarantee Security of this Contract from the Buyer's "Funds blocked for security/performance" clearing register for a Contract that has not passed the security control procedure, and crediting this amount to the Supplier's "Available Funds" clearing register. Termination of obligations under the Contract	After 17:00 of the Security Date	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account Report on Obligations Admitted to Clearing under Contracts Concluded on ETSE Ltd.	Clearing Organization	Clearing Member	Form No. CO-6 Form No. CO-5
16	Violation of the requirements for providing documents confirming the transfer (delivery) of the Commodity under the Contract. Debit of the Penalty in the amount of the Guarantee Security of this Contract from the "Funds blocked for security/performance" clearing register of the Supplier/Buyer obliged to pay the Penalty, and crediting this amount to the "Available Funds" clearing register of the Buyer/Supplier to whom it is to be paid. Termination of obligations under the Contract	Operating Day following the Delivery Completion Date established by the Contract	Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account Report on Obligations Admitted to Clearing under Contracts Concluded on ETSE Ltd.	Clearing Organization	Clearing Member	Form No. CO-6 Form No. CO-5

**LIST OF DOCUMENTS REQUIRED FOR REGISTRATION OF AN APPLICANT - LEGAL ENTITY
AS A CLEARING MEMBER**

General requirements for Applicant

	Requirement
1	To be a legal entity
2	To be a recognized company

Forms and applications

1. Application form for registration;
2. Application (file);
3. "KNOW YOUR CUSTOMER" QUESTIONNAIRE;
4. Consent to the personal data processing (to be provided by the individuals indicated in clause 6 and clause 8 of table);
5. Form of self-certification of a legal entity (for the purposes of FATCA and CRS);
6. Clearing service agreement;
7. Statement of addresses to be used in the Electronic Document Management System;
8. Confirmation of Beneficiary Ownership of Income for tax non-residents of the Republic of Kazakhstan.

Registration documents:

	Name of the document	Form of provision	
		Physical medium document flow	Electronic document flow
1.	Registered founding documents of the Applicant with current changes and supplements.	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
2.	Document confirming state registration of the Applicant: extract from the trade register of the country of registration of the Applicant or other document confirming legal status of the Applicant in accordance with legislation of the country of their registration.	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
3.	Certificate of registration of the Applicant with a tax authority or other document issued by a tax authority in accordance with legislation of the country of registration of the Applicant.	Notarised copy or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
4.	Document confirming the fact of election (appointment) of sole	Original or notarised copy or a copy certified by an authorised employee of the Applicant (if the original	as an Electronic Document signed with a Digital Signature

	executive body of the Applicant.	document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	
5.	Order on assumption of office by sole executive body of the Applicant with indication of the date of assumption of office.	Original or notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
6.	ID document of the person assigned as sole executive body of the Applicant.	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
7.	Employment agreement (contract) of sole executive body of the Applicant. The said document is provided to the Company only if founding documents of the Applicant or the document on election (appointment) of sole executive body do not indicate the term, for which sole executive body is elected.	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
8.	Letter of attorney confirming authorities of persons, regarding which the information is provided in sections Information on Representatives (individuals) and Information on Representatives (legal entities, unincorporated foreign structures) of the Applicant's Application and/or an Application of the client's representative being a legal entity/ Application of the client's representative being an individual is submitted, except for sole executive body of the Applicant.	Original or notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
9.	ID document of the individual indicated in clause 8 of this table.	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is	as an Electronic Document signed with a Digital Signature

		available).	
10.	<p>Documents of the managing organization (if applicable).</p> <p>If authorities of the Applicant's sole executive body and signing powers are transferred to a managing organization, documents confirming legal capacity of the said managing organization are submitted to ITS, as indicated in clauses 1-8 of this table.</p>	Original or notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
11.	<p>Ownership structure of the Applicant or extract(s) from the shareholder register of the Applicant and their shareholders (if necessary).</p> <p>Ownership structure of the Applicant is disclosed up to individuals, who in the end directly or indirectly (through third persons) own (have majority share of over 25 per cent in the Applicant's capital) or may control actions of the Applicant.</p> <p>Country of registration/ incorporation (citizenship) of foreign legal entities and individuals from the Ownership structure is indicated.</p>	Original or notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
12.	Certificate of incorporation (or other document) issued by AIFC certifying that the Applicant is recognized company	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
13.	Local Regulator's license and/or AIFC license (if applicable)	Notarised copy or a copy certified by an authorised employee of the Applicant (if the original document is provided to the Company), or a copy certified by an authorised employee of the Company (if the original is available).	as an Electronic Document signed with a Digital Signature
14.	Information on business reputation of the Applicant	Original or notarised copy.	as an Electronic Document signed with a Digital Signature
15.	Details about the Applicant's	Financial statements prepared in English or Russian in accordance	as an Electronic Document

	financial status	with the requirements defined by International Financial Reporting Standards.	signed with a Digital Signature
16.	Wolfsberg Questionnaire (filled in by Applicants who are credit institutions)	The Original.	as an Electronic Document signed with a Digital Signature
17.	<p>Certificate of tax residency of the Applicant for the year in which the conclusion of the clearing service agreement takes place, in the form approved in the jurisdiction of tax residency of the Applicant, if applicable (in the presence / absence of a valid double taxation treaty concluded by the country of tax residency of the Applicant and the Republic of Kazakhstan) and in accordance with the requirements for such a certificate approved in the Republic of Kazakhstan)</p> <p>(for tax non-residents of the Republic of Kazakhstan)</p>	<p>The Original, legalized in the manner prescribed by the legislation of the Republic of Kazakhstan (where applicable) and a notarized translation into Russian (where applicable) or a notarized copy of the original document.</p> <p>The signature and seal of the foreign notary must be legalized in the manner prescribed by the legislation of the Republic of Kazakhstan;</p> <p>or an electronic version posted on the Internet resource of the state body performing legalization, or other state organization or public chamber of notaries collecting (storing) electronic apostilles of a foreign state;</p> <p>or a paper copy of such certificate posted on the Internet resource of the competent authority of a foreign state.</p>	as an Electronic Document signed with a Digital Signature

Notwithstanding anything provided by the Company to the contrary, all documents submitted shall be provided in English. Documents composed in a language other than English shall be provided with a notarized translation into English attached. Unless otherwise provided by an international treaty ratified by the Republic of Kazakhstan, documents issued outside of the Republic of Kazakhstan shall require legalization or, where applicable, legalization in the form of an apostille.

Financial reports and other documents to be submitted by Applicants to the Clearing Organization and deadlines for their submission

Name and form of reporting	Frequency of submission	Deadline for submission
Financial reports (if there is a subsidiary organization(s) - consolidated and separate financial statements) prepared in Russian or English in accordance with the requirements specified by International Financial Reporting Standards or other standards applicable in the jurisdiction of the Applicant/Clearing Member	If the Applicant submits documents for registration as a Clearing Member then it shall be for 4 reporting periods preceding the date of submission of documents. After registering as a Clearing Member: quarterly	<ul style="list-style-type: none"> - For Applicant: upon submission of documents for registration as a Member. - For Member: quarterly - not later than the last working day of the month following the reporting quarter; - Annual audited financial statements as of 31 December - not later than 01 July of the year following the reporting quarter.
Information on compliance with mandatory financial requirements and other norms and limits set by the competent regulatory authority of the financial market and organizations of the state or place where the Applicant/ Clearing Member is registered (if applicable)	When the Applicant submits documents for registration as a Clearing Member - for the last 12 months preceding the date of submission of documents. After registration as a Clearing Member - on a quarterly basis	Applicants - when submitting documents for registration as a Clearing Member. After registration as a Clearing Member: Not later than the 10th working day of the month following the reporting quarter
Information on the Applicant/Clearing Member's violation of mandatory financial requirements and other norms and limits set by the competent regulatory authority of the financial market and organizations of the state or place where the Applicant/Clearing Member is registered (if applicable)	When the Applicant submits documents for registration as a Clearing Member and after registration as a Clearing Member - permanently	Within one working day from the date of occurrence of the violation
Information on initiation of bankruptcy proceedings	When the Applicant submits documents for registration as a Clearing Member and after registration as a Clearing Member - permanently	Within one working day from the date of occurrence of the event
Certificate of tax residency of the Applicant/Clearing Member (for tax non-residents of the Republic of Kazakhstan)	When the Applicant/Clearing Member submits documents for registration as a Clearing Member: for the year in which the conclusion of Clearing Service Agreement takes place, in the	Applicants: upon submission of documents for registration as a Clearing Member Upon registration as a Clearing Member: <ul style="list-style-type: none"> - no later than 31 January for the year in question

	form approved in the jurisdiction of tax residence of the Applicant/Clearing Member, if applicable (in the presence / absence of a valid double taxation treaty concluded by the country of tax residence of the Applicant/Clearing Member and the Republic of Kazakhstan) and in accordance with the requirements for such certificate approved in the Republic of Kazakhstan	
Confirmation of Beneficiary Ownership of Income of the Applicant/Clearing Member, signed by an authorised representative of the Applicant/Clearing Member (for tax non-residents of the Republic of Kazakhstan)	When the Applicant submits documents for registration as a Clearing Member: for the year in which the conclusion of the Clearing Service Agreement takes place. After registering as a Clearing Member: annually	Applicants: upon submission of documents for registration as a Clearing Member Upon registration as a Clearing Member: no later than January 31 for the current year

The Financial Statements of the Clearing Member are submitted to the Clearing organization as the Electronic Document signed with the Digital Signature or in hard copy.

LIST OF DOCUMENTS REQUIRED FOR APPLICANTS FOR TECHNICAL CENTRE

To sign the agreement, the Applicant provides the Technical Centre with the following documents (the Registration Documents):

- constituent documents of the legal entity in accordance with legislation of the country of its registration, with all the registered changes and supplements thereto (copies certified by notary public or competent state authority or by an authorised employee of the Applicant or as an Electronic Document received from the Clearing Organization with the use of the document exchange system);

- document confirming state registration of the legal entity in accordance with legislation of the country of the legal entity registration (a copy certified by notary public or competent state authority or by an authorised employee of the Applicant or as an electronic document received from the Clearing Organization with the use of the document exchange system);

- document confirming location of the organization (a copy certified by notary public or competent state authority or by an authorised employee of the Applicant or as an electronic document signed received from the Clearing Organization with the use of the document exchange system);

- document confirming election (assignment) of director(s) of the legal entity (a copy certified by notary public or competent state authority or by an authorised employee of the Applicant or as an electronic;

- registration application;

- application for EDO;

- Agreement No. on Informational and Technical Support

Registration Documents provided by legal entities, if compiled not in English, must be legalised (apostilled) under the established procedure and translated into English (correctness of the translation or signature of the translator must be certified). Documents in Russian issued by the authorized state bodies in country of registration of the Applicant, shall be provided in Russian. The Technical Centre may request other documents, in addition to that provisioned in this clause, in cases, if this does not contradict AIFC Regulations and Rules. If agreement in the name of a legal entity and/ or natural person is signed by an authorised representative, the Technical Centre must be provided with the letter of attorney for the representative or another document indicating authorities of the representative (original or a certified copy). If the Applicant issues a Technological Key to an attorney-in-fact, the letter of attorney must be compiled in the form set out in Annex No. 4 to the Agreement on the Use of the Document Exchange System. If the letter of attorney is issued in the name of a natural person, as well as if the Applicant issues a Technological Key to an attorney-in-fact, such letter of attorney must be certified by notary public. If the letter of attorney (other document containing authorities of a representative) is compiled in a foreign language, such letter of attorney must be translated into English (correctness of the translation or signature of the translator must be certified).

Forms of Documents Submitted for Registration of an Applicant as a Clearing Member

**Application
for registration as a Clearing Member**

_____20____

(full name of the Applicant in accordance with the Articles of Association)

represented by _____ acting under _____, hereinafter referred to as the "Applicant", in accordance with the Rules for Clearing Operations on the Commodity Market of International Trading System Limited (the "Clearing Rules") sends this application and requests to register the Applicant as a Clearing Member with admission to clearing services.

Documents required to register as a Clearing Member in accordance with the Regulations for Clearing Operations on the Commodity Market are enclosed with this application form.

Contacts of the Applicant's employees:

Title	Full name	Phone, e-mail*
Sole executive body		
Compliance officer		
Employee in charge of commodity market operations		
Back office employee/ other responsible employee (distribution of changes to regulations, reports, notifications and other documents)		
Service payment officer (invoices, certificates)		
Employee in charge of FATCA/CRS		
Employee responsible for technical issues		

*The Applicant hereby confirms that the email addresses provided belong to the Applicant and that no unauthorised persons have access to the said email addresses. In case of suspicion of access of unauthorised persons to the specified e-mail addresses, the Applicant undertakes to immediately inform International Trading System Limited. The Applicant hereby confirms that it has the consent of the individuals who are the subjects of personal data included in this questionnaire to transfer their personal data to International Trading System Limited for processing for the purpose of granting the Applicant admission to clearing services and admission to the Trading and conclusion of the trading service agreement and clearing service agreement.

_____/_____/_____
(title) (signature) (full name)

L.S.

Signatures of International Trading System Limited
(to be completed by authorised persons of International Trading System Limited)

Registered on " " 20 .

_____/_____/_____
(title) (signature) (full name)

The Application (File) of the Clearing Member – Legal Entity

Part 1. General information

Full Legal Name	
Registered Name/Short Name	
Legal form/Structure	
Business Identification Number (BIN)/Tax Identification Number (TIN) (or equivalent)	
Date of Incorporation/Establishment	
Country of Incorporation	
Country of Business (If different)	

Registered Address	
Country City/Town Street/ District Building Office/Apartment	
Business Address (if different from Registered Address)	
Country City/Town Street/ District Building Office/Apartment	

Contact details	
telephone	
e-mail	
website	

Please provide information on purpose and intended nature of the business relationship _____

Scope of business activities carried out by Clearing Member	
Industry sector	
Products or Service provided	

Regulation/License details (if applicable)

License number	
Name of authority that issued license	
Date of issue	
Date of expiry	
Scope of licensed activities	

Part 2. Control structure & ownership information

Ownership Information (any person who owns 10 percent or more of the total combined voting power of all classes of stock of such corporation entitled to vote, or in the case of an obligation issued by a partnership, any person who owns 10 percent or more of the capital or profits interest in such partnership)

Shareholder legal person

Full Name	
Ownership %	
Date of Incorporation	
Country of Incorporation	
Country of Business (if different from Incorporation)	
Business Identification Number (BIN)/Tax Identification Number (TIN) (or equivalent)	
Registered Address Country City/Town Street/ District Building	

Office/Apartment	
Business Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	

Shareholder Individual

First Name	
Surname	
Middle Name (if applicable)	
Ownership %	
Nationality	
Date of Birth	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Residential Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Individual Identification Number (IIN)/Tax Identification Number (TIN) (or equivalent)	
Passport, ID or another similar document details (Number, Issued authority, expire date)	

Beneficial Owner details

*Beneficial owner a **natural person** who, directly or indirectly, owns or controls at least 25% of the shares, participation interest or voting rights of the legal person; or a natural person who, directly or indirectly, otherwise exercises control over the legal person's management.*

Please provide details on Beneficial Owner (-s).

Alternatively, please confirm that

<input type="checkbox"/> There are no individuals who ultimately own, directly or indirectly (have a majority equity stake of more than 25 per cent in the legal person's capital), or control, directly or indirectly, the legal person's actions
--

Beneficial Owner information

First Name	
Surname	
Middle Name (if applicable)	
Effective Ownership % in Entity	
Nationality	
Date of Birth	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Residential Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Individual Identification Number (IIN)/Tax Identification Number (TIN) (or equivalent)	
Passport, ID or another similar document details (Number, Issued authority, expire date)	

Chief Executive Officer/General Director/President

Provide details of head person responsible for managing Company day-to-day activity

First Name	
Surname	
Middle Name (if applicable)	

Nationality	
Date of Birth	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Residential Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Individual Identification Number (IIN)/Tax Identification Number (TIN) (or equivalent)	
Passport, ID or another similar document details (Number, Issued authority, expire date)	

Board of Directors/Management Board (if applicable)

Provide details of key persons for each Director/Member

First Name	
Surname	
Middle Name (if applicable)	
Position	
Nationality	
Date of Birth	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Residential Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Individual Identification Number (IIN)/Tax Identification Number (TIN) (or equivalent)	
Passport, ID or another similar document details (Number, Issued authority, expire date)	

Representative (persons holding PoA) (if applicable)

Provide details of representative (Individual)

First Name	
Surname	
Middle Name (if applicable)	
Position	
Nationality	
Date of Birth	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Residential Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Individual Identification Number (IIN)/Tax Identification Number (TIN) (or equivalent)	
Passport, ID or another similar document details (Number, Issued authority, expire date)	
Document that empowers to act on behalf of Company; Name, date of issue, expiry date, number of the document	

Provide details of representative (legal person)

Full Name	
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Date of Incorporation	
Country of Incorporation	
Country of Business (if different from Incorporation)	
Business Identification Number (BIN)/Tax Identification Number (TIN) (or equivalent)	
Registered Address Country City/Town Street/ District Building Office/Apartment	
Business Address (if different from Registered Address) Country City/Town Street/ District Building Office/Apartment	
Document that empowers to act on behalf of Company; Name, date of issue, expiry date, number of the document	

Politically Exposed Persons (PEPs)

Politically Exposed Persons (PEPs) a natural person (including a family member or known associate) who is or has been entrusted with a prominent public function, including but not limited to: a head of state or of government, senior politician, member of a legislative or constitutional assembly, senior government official, senior judicial official, senior military officer, ambassador, senior person in an international organisation, senior executive of a state-owned entity, a senior political party official, or an individual who has been entrusted with similar functions such as a director or a deputy director; at an international, national, or regional level. This definition does not include middle-ranking or more junior individuals in the above categories;

Are there any director(-s), beneficial owner(-s), representative(-s) or senior manager(-s) classified as PEP?

	Yes	No
Beneficial owners	<input type="checkbox"/>	<input type="checkbox"/>
CEO/General Director/President	<input type="checkbox"/>	<input type="checkbox"/>
Board of Directors/Management Board	<input type="checkbox"/>	<input type="checkbox"/>
Representative	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please specify details of PEP status:

Grounds for PEP status: _____
Provide information on source of funds (include in Member's capital, if applicable): _____

Part 3. Financial background

Please provide information on legal person's origin of funds and/or other assets

<input type="checkbox"/> operating revenue <input type="checkbox"/> raising loans and/or credits <input type="checkbox"/> financial assistance from the founders (members/shareholders etc.) <input type="checkbox"/> other (please specify) _____

Please provide financial details

Total assets	
Annual income and annual expenses	
Anticipated account turnover and nature of the transactions	

Part 4. Other information

Is Clearing Member subject for Tax regulation in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide TIN _____
---	--

I confirm on behalf of the Clearing Member that the information given in this application is complete and correct. I undertake to immediately inform the ITS Ltd. in writing of any changes in the information provided.

(Clearing Member's representative full name)

(signature)

_____ 20____.
(date)

L.S.

The questionnaire is to be filled out in accordance with the requirements of legal acts of the International Financial Center Astana ("AIFC") AIFC Anti-Money Laundering, Counter-Terrorist Financing and Sanctions. Rules, of the Law of the Republic of Kazakhstan «On counteracting legalization (laundering) of proceeds obtained through criminal means and financing of terrorism».

ITS Ltd. guarantees the confidentiality of the information received from you.

Complete the questionnaire in block letters in black or blue ink, and where appropriate, mark with an "X".

"KNOW YOUR CUSTOMER" QUESTIONNAIRE

(for Legal Entities, Branches/Representatives)

It is obligatory to fill in all fields

To be filled in for the first time (for new Customers) *Updating/changing profile records*

ITS Ltd. guarantees the confidentiality of the information contained in this Questionnaire.

1. Information on the sources of financing of transactions, counterparties, business partners

1.1. Source of financing of transactions/operations planned to be carried out in ITS	<input type="checkbox"/> recurring revenues arising from operating activities <input type="checkbox"/> voluntary property contributions <input type="checkbox"/> Profit from incidental transactions and deals <input type="checkbox"/> investments of participants (shareholders) <input type="checkbox"/> loan funds (specify from whom) <input type="checkbox"/> dividends <input type="checkbox"/> donations <input type="checkbox"/> receipts from buyers or recipients of goods/services <input type="checkbox"/> third-party receipts ¹ : _____ <input type="checkbox"/> other: _____
1.2. Main business partners (counterparties) of the organization, with whom long-term contracts have been concluded, or new contracts are regularly concluded	
1.3. Average monthly turnover of the organization, including cash and non-cash payments	<input type="checkbox"/> up to 10,000,000 KZT <input type="checkbox"/> from 10,000,000 KZT to 50,000,000 KZT <input type="checkbox"/> from 50,000,000 KZT to 100,000,000 KZT <input type="checkbox"/> over 100,000,000 KZT
1.4. Planned maximum investment volume	_____

2. Information on branches/subsidiaries

Please indicate all branches or subsidiaries according to table:

Name	Short name	Address of registration	Actual address

3. General information

¹ The customer needs to provide a loan agreement, contract, invoice or other documents

3.1.	Please provide details of person responsible for AML/CFT	Full name: _____ Name of position, department: _____ contact details: e-mail _____ contact phone _____
3.2.	Is your institution a publicly traded company? <i>If your answer is "Yes," please list Exchange & Symbol of your institution:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3.	Do the requirements of your internal AML/CFT documents of your parent organization apply to your branches/subsidiaries? <i>If the answer is "No" please provide a detailed explanation:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4.	Is identification or any AML/CFT functions performed by 3rd parties? <i>If the answer is "Yes", please provide details, by whom is it carried out, company name, what are the functions?</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5.	Have there been any significant changes in ownership (exceeding 25%) over the last five years? <i>If yes, please provide details:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6.	Have there been any financial regulators fines imposed for non-compliance with Anti-Money Laundering (AML) regulations, including Know Your Customer (KYC), and customers due diligence (CDD), as well as sanctions violations during the last five years? <i>If the answer is "Yes", you must provide detailed information</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Anti-Money Laundering & Financing Terrorism Controls

Question	Yes	No	N/a
4.1. Are there laws / regulations designed to prevent and deal with money laundering and terrorist financing in the country of incorporation of your company? If yes, please list the names of the relevant laws: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>4.2. Does your AML/CFT policy comply with local AML/CFT legislation and the FATF (Financial Action Task Force) standards?</p> <p><i>If the answer is "Yes", it is necessary to list the internal AML/CFT documents, according to the form below:</i></p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<table border="1"> <thead> <tr> <th>Name of the document</th> <th>Date of approval</th> <th>Amended date</th> <th>By which body was approved internal document</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name of the document	Date of approval	Amended date	By which body was approved internal document							
Name of the document	Date of approval	Amended date	By which body was approved internal document											
<p>4.3. Are there separate provisions of the AML/CFT policy or internal documents developed for the purpose of monitoring suspicious activity and reporting data on suspicious activity/transactions and possible cases of terrorist financing to the authorized bodies?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.4. Is your company subject to the supervision of any regulatory authority?</p> <p><i>If yes, please give the name of the supervisory/regulatory authority:</i></p> <p>_____</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.5. Does these laws and regulations prohibit your company from conducting business with or on behalf shell companies/shell banks?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.6. Does your company policy require you to identify the source of your customers' funds or income?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.7. In addition to inspections by the government supervisors/regulators, does your company have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?</p> <p><i>If the answer is "Yes", specify the name of division/third party:</i></p> <p>_____</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.8. Does your company have an established Anti-bribery and corruption Policy?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.9. Does your company have policies to cover relationships with Politically Exposed Persons (PEPs), their families and close associates?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.10. Does your company have appropriate record retention procedures pursuant to applicable laws?</p> <p><i>If yes, please state the period of time for which records are kept:</i></p> <p>_____</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.11. Does your company have a risk-based assessment of customer base and their transactions, including with the results of financial monitoring of operations/transactions?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.12. Does your company 's internal control policy provide for enhanced due diligence measures for customers with a high risk of money laundering/financing of terrorism?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>4.13. Does your company require the verification of identification information for all customers and counterparties (individuals or entities) at the establishment of the relationship? (such as; name, nationality, address, telephone number, occupation, age/date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)?</p>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

4.14. Does your company have procedures to establish a record for each new customer that contains their respective identification documents and 'Know Your Customer' information?			
4.15. Is the degree of exposure of your company's services (products) to ML/TF risks assessed on a periodic basis, accompanied by a description of possible measures aimed at minimizing the identified risks, including changes in procedures for identifying and monitoring customer transactions, setting limits on transactions, changing the terms and conditions of services (products), and refusal to provide services (products)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16. Does your customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, such as international private banking and correspondent banking customers, or customers from high risk money laundering and terrorist financing jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.17. Does your company have a periodic process to review and, where appropriate, update high-risk customer information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.18. Does your company have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? Including identification of suspicious activity by money laundering typologies and schemes developed by the regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.19. Does your company provide AML/CFT/sanctions and embargo training to staff, that includes: A. Identifying and reporting data on transactions subject to financial monitoring including transactions and activities with the ML/FT signs and sector-specific typologies/schemes; B. Examples of different forms of money laundering involving the institution's products and services; C. International AML, local regulatory AML requirements and the company's internal AML policy and procedures requirements; D. Employee roles and responsibilities; E. If yes, how often are these trainings conducted? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.20. Does your company retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.21. Does your company have policies to communicate new ML/CTF/Sanctions & Embargoes related laws or changes to existing AML/CTF/Sanctions & Embargoes related policies or practices to relevant employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>4.22. Does your company employ third parties to carry out some of the AML/CFT/ Sanctions & Embargoes functions of the institution? If YES kindly answer below question. Whether training is provided to third party in relation to: - Identifying and reporting transactions that are required to be reported to government authorities. <input type="checkbox"/> Yes <input type="checkbox"/> No - Typical schemes for laundering the proceeds of crime using your financial institution's products and services. <input type="checkbox"/> Yes <input type="checkbox"/> No - Internal policies to prevent money laundering. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.22. Does your company screen clients and transactions for presence of sanctions risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.23. Do you confirm that no sanctions have been imposed on your company, beneficial owner/founder/shareholder, member of the governing body, representative, chief executive officer of the company by the United Nations Security Council, the United States of America, the European Union and the United Kingdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.24. Is it prohibited to establish/continue business relationships with a client/counterparty/bank subject to sanctions restrictions imposed by the United Nations Security Council, the United States of America, the European Union and the United Kingdom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.25. Is it prohibited to establish/continue business relationships with a customer/counterparty/bank which place of registration is the Democratic People's Republic of Korea, the Islamic Republic of Iran, the Republic of Cuba, the Syrian Arab Republic, the Republic of Crimea, the Lugansk People's Republic, the Donetsk People's Republic, the Federal Republic of Somalia, the Democratic Republic of the Congo, the Republic of Iraq, the State of Libya, the Republic of Yemen, the Republic of South Sudan, as well as to carry out activities or planned activity in the envisaged jurisdictions/territories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4.26. Please specify which lists your company is screening against in relation to clients, beneficial owners/founders/shareholders, members of the governing body, representatives, chief executive officer: <input type="checkbox"/> OFAC <input type="checkbox"/> UN <input type="checkbox"/> EU <input type="checkbox"/> HM Treasury Sanctions List <input type="checkbox"/> Local lists, please specify: _____ <input type="checkbox"/> Other lists, please specify: _____</p>			
<p>4.27. Please give the name of the authority to which you must report in case of a suspicion of money laundering and terrorist financing: _____</p>			

Date of Completion of Questionnaire: « _____ » _____ 20____.

 (Full name and position of the authorized person with the right of first signature)

 (signature, stamp)

For internal use:

Employees of ITS Ltd. responsible for the completeness of the questionnaire and verification of the accuracy of information:

 (Full name)

 (date)

 (signature)

 (Full name)

 (date)

 (signature)

 (Full name) (date) (signature)

CONSENT
to the personal data processing

I, _____, residing at following address:
_____, passport
series _____ number _____ issued by _____ on _____,

hereby provide my consent to processing by the Private company "International Trading System Limited" ("ITS Ltd.", "Company"), location: _____ of my personal data (surname, name, patronymic, ID document details, place of residence, position, information on qualification certificate) processed to admit _____ (company name) for admission to organised trading arranged by the Company.

This consent is provided for performance by the Company of following actions regarding the said personal data: collection, registration, classification, accumulation, storage, rectification (updating, modification), extraction, anonymisation, blocking, deletion, destruction, use of personal data in the Company activities aimed at arrangement of organised trading, as well as transfer (provision, access) of personal data in course of preparation, compilation, and submission of reporting, transfer (provision, access) to state authorities and other persons in accordance with the AIFC Regulations and Rules.

This consent remains valid throughout the term of the Company's activities.

This consent can be withdrawn by me by way of submission of an original of relevant written application to the Company, unless otherwise provisioned in the AIFC Regulations and Rules.

_____ 20 ____

(signature, full name)

CLEARING SERVICE AGREEMENT No.

Astana

Private company "International Trading System Limited" (hereinafter - "ITS") represented by Senior Executive Officer Chingiz Kanapyanov, acting under the Articles of Association, and _____ (hereinafter - "Clearing Member") represented by _____ acting under _____, have concluded this clearing service agreement (hereinafter - "Agreement") as follows:

1. The ITS undertakes to render clearing services and other related services to the Clearing Member in accordance with the Rules for Clearing Operations on the Commodity Market of International Trading System Limited (hereinafter - "Clearing Rules").
2. The Clearing Member shall be obliged to comply with the requirements of the Clearing Rules and pay for the services rendered by ITS.
3. This Agreement shall be concluded by accession of the Clearing Member to it. The composition of services rendered by ITS, terms and procedure of their rendering, amount and procedure of payment, as well as rights and obligations of the parties to the Agreement related to clearing are established by the Clearing Rules and other internal regulations of ITS, which are an integral part of the Agreement.
4. The Agreement is concluded for an indefinite term and shall come into force since the signing by the parties.
5. The Agreement shall be terminated in cases stipulated by the Clearing Rules, as well as in other cases stipulated by the regulatory documents and AIFC rules.
6. Details of the Parties:

Private company "International Trading System Limited"

Location:

Bank details:

Recipient's name:

Recipient's account:

SWIFT of the recipient bank:

Correspondent bank:

Account with correspondent bank:

SWIFT of the correspondent bank:

Senior Executive Officer

_____/ Chingiz Kanapyanov /

L.S.

Clearing Member

Location:

Bank details:

Recipient's name:

Recipient's account:

SWIFT of the recipient bank:

Correspondent bank:

Account with correspondent bank:

SWIFT of the correspondent bank:

_____/ _____ /

L. S.

ДОГОВОР ОБ ОКАЗАНИИ КЛИРИНГОВЫХ УСЛУГ №

Астана

Private company "International Trading System Limited" (далее – "ITS") в лице Главного Исполнительного Директора Канапьянова Чингиза Сержановича, действующего на основании Устава, и _____ (далее – Участник клиринга) в лице _____, действующего на основании _____, заключили настоящий договор об оказании клиринговых услуг (далее – Договор) о нижеследующем:

1. ITS обязуется оказывать Участнику клиринга клиринговые услуги и иные связанные с ними услуги в соответствии с Правилами осуществления клиринговой деятельности на товарном рынке ITS (далее – "Правила клиринга").
2. Участник клиринга обязуется соблюдать требования Правил клиринга и оплачивать оказываемые ITS услуги.
3. Настоящий Договор заключается путем присоединения к нему Участника клиринга. Состав оказываемых ITS услуг, условия и порядок их оказания, размер и порядок оплаты, а также права и обязанности сторон Договора, связанные с осуществлением клиринга, устанавливаются Правилами клиринга и иными внутренними документами ITS, которые являются неотъемлемой частью Договора.
4. Договор заключается на неопределенный срок и вступает в силу с момента его подписания сторонами.
5. Договор прекращает свое действие в случаях, установленных Правилами клиринга, а также в иных случаях, предусмотренных нормативными документами и правилами МФЦА.
6. Реквизиты Сторон:

Частная компания "International Trading System Limited"

Место нахождения:

Банковские реквизиты:

Наименование получателя:

Счет получателя:

Код SWIFT банка-получателя:

Банк-корреспондент:

Счет в банке-корреспонденте:

Код SWIFT банка-корреспондента:

Senior Executive Officer

_____/ Chingiz Kanapyanov /

L.S.

Участник клиринга

Место нахождения:

Банковские реквизиты:

Наименование получателя:

Счет получателя:

Код SWIFT банка-получателя:

Банк-корреспондент:

Счет в банке-корреспонденте:

Код SWIFT банка-корреспондента:

_____/ _____ /

L. S.

Application is submitted on corporate letterhead

International Trading System Limited

Statement of addresses used in the Electronic Document Management System

dated “ ” 20 .

(full name)

Please use the following e-mail addresses to communicate with International Trading System Limited via Electronic Document Management System:

Position

(*company director* (full name)

or other authorised person of the Member)

L. S.

Please be informed that this document should be provided
only by a non-tax residents of Republic of Kazakhstan

Обращаем ваше внимание, что данный документ должен быть предоставлен только лицами, не
являющимися налоговыми резидентами Республики Казахстан

PLEASE INSERT YOUR OFFICAL LETTER-HEAD

ПОЖАЛУЙСТА, ВСТАВЬТЕ ВАШ ОФИЦИАЛЬНЫЙ БЛАНК

**Confirmation of Beneficiary Ownership of Income/
Подтверждение фактического права на Доход**

_____.20____ (indicate the
date before the date of the first payment in the calendar year/указать дату до даты
первой выплаты в календарном году)

Dear Sirs / Уважаемые господа,

Hereby confirm that _____ (Applicant's name) is the beneficial recipient of some types of income indicated below under the Agreement on the provision of clearing services and has the characteristics for achieving the benefits set forth by Convention (Agreement) for the avoidance of double taxation and prevention of fiscal evasion with respect to taxes on income and capital effective between the country of Applicant's tax residence and the Republic of Kazakhstan, that declares the following confirmations that:

Настоящим подтверждаем, что _____ (указать наименование Заявителя) является бенефициарным собственником (фактическим получателем) отдельных видов доходов, выделенных ниже, по Договору об оказании клиринговых услуг и имеет основания для предоставления льгот, предусмотренных Конвенцией (Соглашением) об избежании двойного налогообложения и предотвращении уклонения от уплаты налогов в отношении налогов на доходы и капитал, действующего между страной налогового резидентства Заявителя и Республикой Казахстан, что подтверждается следующими заявлениями:

- has address: _____ (Applicant's address);
- is a tax resident of _____ (country of Applicant's tax residence) with the meaning of the Convention and registered under number _____ (register number of Applicant);
- is a beneficial owner of the following types of income, i.e. the entity which actually obtains benefit from the income, has the right to independently use and dispose of this income:
 - penalties, including for improper settlement of obligations stipulated by the provisions of the Clearing Rules of International Trading System Limited;
 - interest on repo transactions;
 - _____ (if needed please indicate the additional types of income or delete this line), received from International Trading System Limited, performing all relevant functions and
- имеет адрес местонахождения: _____ (адрес регистрации Заявителя);
- является налоговым резидентом _____ (указать страну налогового резидентства Заявителя) в смысле положений Конвенции и имеет регистрационный номер _____ (регистрационный номер Заявителя);
- является бенефициарным владельцем следующих видов доходов, т.е. лицом, которое фактически получает выгоду от дохода, имеет право самостоятельно его использовать и распоряжаться этим доходом:
 - штрафы, в том числе за ненадлежащее исполнение обязательств, предусмотренные положениями Правил осуществления клиринговой деятельности International Trading System Limited;
 - проценты по сделкам репо;
 - _____ (если необходимо, пожалуйста, добавьте дополнительные виды доходов или удалите эту строчку), полученные от International Trading System Limited, осуществляет функции и принимает на

assuming all associated risks connected with the arrangement with International Trading System Limited;

- confirms that it independently carries out actual activities bears risks and pays taxes on income received in full in the country of tax residence at a rate of ___% (*indicate applicable corporate income tax rate*);
- does not have any legal restrictions to use the mentioned above types of income from International Trading System Limited and does not have any obligations to distribute such earnings to any other entity;
- does not act as an conduit entity or as an agent for any other entity with respect to the mentioned above types of income received from International Trading System Limited;
- has all rights and the abilities to define the economic purpose of the income received from International Trading System Limited;
- confirms that it is responsible for providing false information that may lead to financial (tax) risks and assures that in case any changes occur to the above information in relation to the beneficial rights on mentioned above types of income inform about it prior to the next subsequent income payment by providing the updated version of the Confirmation of Beneficiary Ownership of Income.

This Confirmation is made available in relation to the mentioned above types of income paid in 20___. In respect of income not reflected in this letter, the Applicant will not be considered as the beneficial owner of the income.

This Confirmation is made in English and Russian, both texts being equally authentic.

Yours sincerely / С уважением,

(Name/имя, position/должность)

Signed for and on behalf of / Подписано от имени

(the Applicant / указать наименование Заявителя)

себя все риски, связанные с договором с International Trading System Limited;

- подтверждает, что самостоятельно осуществляет фактическую деятельность, несет риски и уплачивает налоги на доходы, полученные в полном объеме в стране своего налогового резидентства, по ставке ___% (*указать применимую ставку корпоративного подоходного налога*);
- не имеет каких-либо юридических ограничений на использование указанных выше видов доходов от International Trading System Limited и не имеет никаких обязательств по распределению таких доходов любому другому лицу;
- не выступает в качестве посредника или агента для любого другого лица в отношении вышеупомянутых видов доходов, полученных от International Trading System Limited;
- имеет все права и возможности определять экономическое назначение доходов, полученных от International Trading System Limited;
- подтверждает, что несет ответственность за предоставление ложной информации, которая может привести к финансовым (налоговым) рискам, и гарантирует, что в случае каких-либо изменений в указанной информации в отношении бенефициарных прав по указанным выше видам доходов сообщит об этом до следующей выплаты дохода путем предоставления обновленной версии Подтверждения фактического права на Доход.

Настоящее Подтверждение предоставляется в отношении вышеупомянутых видов доходов, выплаченных в 20__ году. В отношении доходов, не отраженных в настоящем письме, Заявитель не будет считаться фактическим получателем дохода.

Настоящее Подтверждение составлено на английском и русском языках, при этом оба текста имеют одинаковую силу.

Registration Application for ITS Tech

1. Full and abbreviated legal name of your organisation

2. Contacts:

2.1. for organisational matters (contracts, services payment)

phone, fax _____

2.2. for technical matters _____

phone, fax _____

3. Postal address _____

4. Legal address _____

BIN (Business Identification Number)/INN (Taxpayer Identification Number)/KIO (Foreign Company Code)

6. Date of filling _____

7. The Application was filed by:

Full name: _____

Title: _____

Signature: _____

E-mail: _____

настоящего Договора и на осуществление предусмотренных в нем операций, что ими получены все корпоративные согласия и одобрения органов управления, которые необходимы в соответствии с применимым законодательством для заключения настоящего Договора.

7. Стороны обязуются в рамках исполнения настоящего Договора соблюдать требования применимого антикоррупционного законодательства и не предпринимать никаких действий, которые могут нарушить нормы антикоррупционного законодательства или стать причиной такого нарушения другой Стороной, в том числе не требовать, не получать, не предлагать, не санкционировать, не обещать и не совершать незаконные платежи напрямую, через третьих лиц или в качестве посредника, включая (но не ограничиваясь) взятки в денежной или любой иной форме, каким-либо физическим или юридическим лицам, включая (но не ограничиваясь) коммерческим организациям, органам власти и самоуправления, государственным служащим, частным компаниям и их представителям. В случае нарушения одной из Сторон изложенных выше антикоррупционных обязательств, другая Сторона вправе в одностороннем порядке приостановить исполнение своих обязательств по настоящему Договору до устранения причин такого нарушения или отказаться от исполнения настоящего Договора, направив об этом письменное уведомление нарушившей Стороне.

8. Условия настоящего Договора регулируются законодательством МФЦА.

9. Настоящий Договор составлен в 2 (двух) экземплярах на русском и английском языках, по 1 (одному) экземпляру для каждой из Сторон. В случае возникновения спора относительно толкования настоящего Договора, версия на английском языке имеет преимущественную силу.

ТЕХНИЧЕСКИЙ ЦЕНТР

Частная компания «ITS Tech Limited»

Юридический адрес: 010016, Казахстан, г. Астана, Есильский район, улица Достык, дом 16 офис 2.

БИН 220540900387

Счет/IBAN Account No. (USD):

KZ83551B127000139USD

Банк: АО «Фридом Банк Казахстан»

БИК: KSNVKZKA

Счет/IBAN Account No. (USD):

KZ47914002203US0077S

Банк: АО «Bereke Bank»

БИК: BRKEKZKA

Счет/IBAN Account No. (USD):

KZ649491100006169598

Банк: АО «ALTYN BANK» (ДБ China CITIC Bank Corporation Ltd)

БИК: ATYNKZKA

this Agreement and to perform operations provisioned herein, that they have obtained all corporate consents and approvals of the management bodies, as required in accordance with applicable legislation to sign this Agreement.

7. Within the framework of fulfilment of this Agreement, the Parties undertake to observe requirements of applicable anti-corruption legislation and to avoid any actions, that may violate the norms of anti-corruption legislation or become the reason for such violation by the other Party, in particular, to avoid requesting, receiving, offering, authorisation, promising or making of illegal payments either directly or via third persons or an intermediary, including (without limitation) bribes in monetary or any other form, to any natural persons or legal entities, including (without limitation) commercial organisations, government and self-government authorities, state officers, private companies or their representatives. If either Party violates the above mentioned anti-corruption obligations, the other Party may unilaterally suspend fulfilment of their respective obligations under this Agreement till elimination of the reasons for such violation or refuse from fulfilment of this Agreement having sent the guilty Party a written notification on the same.

8. Terms and Conditions of this Agreement are regulated by AIFC legislation.

9. This Agreement is made in 2 (two) copies in Russian and English languages. In the event of a dispute regarding the interpretation of this Agreement, the English version shall prevail.

TECHNICAL CENTRE

Private Company “ITS Tech Limited”

Location: Republic of Kazakhstan,

16 Dostyk St., office 2, Astana, 010016

BIN 220540900387

International Bank Account Number:

KZ83551B127000139USD

BANK: «Freedom Bank Kazakhstan» JSC

S.W.I.F.T.: KSNVKZKA

International Bank Account Number:

KZ47914002203US0077S

BANK: «Bereke Bank» JSC

S.W.I.F.T.: BRKEKZKA

International Bank Account Number:

KZ649491100006169598

BANK: «Altyn Bank JSC» (SB of China CITIC Bank Corporation Ltd)

S.W.I.F.T.: ATYNKZKA

КЛИЕНТ_____ /
Адрес местонахождения: _____

БИН/ИНН _____

счет _____

в _____

БИК _____

ПОДПИСИ СТОРОН**От Технического центра:**

_____ / Чингиз Канапьянов /

МП

От Клиента:

_____ / _____ /

МП

THE CLIENT_____ /
Location: _____

BIN _____

Bank Account Number _____

at _____

BIC _____

SIGNATURES OF THE PARTIES**For the Technical Centre:**

_____ / Chingiz Kanapyanov /

L.S.

For the Client:

_____ / _____ /

L.S.

**Form
of the Letter of Attorney for representative**

city of _____

_____, 20 ____

(full name of organisation, including the legal form, Taxpayer Identification Number or Foreign Corporate Code)

(the Principal) in the person of

(title)

(full name)

acting on the basis of

authorises

(full name)

(passport series and number, issued by and date of issuance)

(the Authorised Person):

act as authorised representative of the Principal and Technological Key Holder acting in the name of the Principal within the framework of Electronic Document exchange in accordance with Terms and Conditions of Informational and Technical Support Service Provision of Private company "Tech Limited", and sign Electronic Documents transferred via the Document Exchange System in the name of the Principal

This letter of attorney is valid till _____, 20 ____.

Signature of the Authorised Person _____ |
certify.

(full name) (signature specimen)

Position and name of the Head of the organisation

Signature of the head of the organisation

Seal of organisation (if any)

Application Form for the Document Exchange System Addresses Request

Company name/Full name:

BIN (Business Identification Number)/INN (Taxpayer Identification Number)/KIO (Foreign Company Code):

Postal address:

Please, register the addresses of the Document Exchange System and provide the following services:

1. Basic set of services for using the Document Exchange System:

No	Service name	Select Service	Service qty
1	Basic Exchange with Registration and support of four basic addresses (for all Clients, except for those indicated in clauses 2 – 7 of this section)	<input type="checkbox"/>	0
2	Basic Exchange with registration and support of one basic address (for Clients, who are clients of settlement depositaries):	<input type="checkbox"/>	0
3	Basic Exchange with registration and support of two basic addresses (for Clients, who are clearing members on the commodity exchange)	<input type="checkbox"/>	0
4	Basic Exchange with registration and support of two basic addresses (for Clients, who are commodity exchanges)	<input type="checkbox"/>	0
5	Basic Exchange with registration and support of one basic address (for Clients, who are clients of clearing members or clients of the clients of clearing members, for the purpose of document transfer in accordance with Foreign Account Tax Compliance Act, FATCA)	<input type="checkbox"/>	0
6	Basic Exchange with registration and support of one basic address (for Clients, who are depositaries, settlement depositaries and specialised depositaries)	<input type="checkbox"/>	0
7	Basic Exchange with registration and support of one basic address (for Clients, who are clients of clearing members or clients of the clients of clearing members)	<input type="checkbox"/>	0

2. Additional address(es) of the Document Exchange System:

No	Service name	Select Service	Service qty
1	Registration and maintenance of one additional Document Exchange System address	<input type="checkbox"/>	0

2	Registration and maintenance of one additional Document Exchange System address for clearing member Clients to exchange documents for the calculation and/or payment of transaction taxes in foreign jurisdictions	<input type="checkbox"/>	0
---	--	--------------------------	----------

3. File gateway of the Document Exchange System:

No	Service name	Select Service	Service qty
1	File gateway of the Document Exchange System (for clients categories not specified in clause 2 of this section)	<input type="checkbox"/>	0
2	File gateway of the Document Exchange System (for clients who are clients of clearing members or clients of clearing members' clients)	<input type="checkbox"/>	0

Ways of providing information on the registered addresses of the Document Exchange System and/or on the registration of this application form:

Send to the e-mail	<input type="checkbox"/>	
Send to the Document Exchange System address	<input type="checkbox"/>	_____ @ _____ _____
Hand in hard copy to an authorised representative in person at the Company's registered office	<input type="checkbox"/>	

Responsible persons for _____ organisational _____ matters

(full name, title, phone, e-mail)

for technical matters

(full name, title, phone, e-mail)

Filed _____ by:

(full name, title, phone, e-mail)

Title of the authorised representative;
their full name

Chairman of the Board

_____ Signature

Seal (if any)

Date

Clearing Organization's Operating Day Schedule

OPERATION NAME	TIME*
Receiving statements from the Settlement Organization where the Clearing Account is opened	09:00 – 18:00
Accepting instructions, applications, and other correspondence from Clearing Members, issuing reports and notifications	09:00 – 17:00
Accepting instructions for currency exchange of funds accounted for as Clearing Collateral	09:00 – 16:00
Clearing Session, including:	09:00 – 18:00
Admitting obligations arising from Contracts to clearing	09:00 – 18:00
Performance/termination of obligations arising from Contracts	09:00 – 18:00
Generating clearing reports for Clearing Members based on the results of the Clearing Session	09:30 – 18:00

The time (deadlines) established by the Operating Day schedule for certain operations may be changed by the decision of the Clearing Organization. Clearing Members are notified of changes in the time (deadlines) for certain operations at least 1 business day in advance. Information about changes in the time (deadlines) for certain operations is posted on the Website.

Forms of Documents Received from Clearing Members

Form No. CM-1

Sender:

Clearing Member Identification Code	Clearing Member Short Name	Clearing Member BIN/IIN

From _____ No. _____

Recipient: ITS Ltd.

INSTRUCTION TO TRANSFER FUNDS BETWEEN CLEARING REGISTERS

Debit Register No.	
Credit Register No.	
Contract No.*	
Amount	
Settlement Currency	

*To be filled in only when crediting to the "Funds Blocked for Security/Performance " clearing register.

Title: _____

Signature _____ (_____)
Full Name

Sender:

Clearing Member Identification Code	Clearing Member Short Name	Clearing Member BIN/IIN

From _____ No. _____

Recipient: ITS Ltd.

INSTRUCTION FOR WITHDRAWAL OF FUNDS

Debit Register No.	
Account Number	
Recipient Name	
Bank Name	
Bank address	
IIC	
BIC	
Amount	
Currency	

Title: _____

Signature _____ (_____)
Full Name

To the Senior Executive Officer
ITS Ltd.

**REQUEST
FOR PAPER REPORTS**

Hereby, [Full Name of Clearing Member, Clearing Member Identification Code] requests the provision of the following report forms in hard copy:

- Report on Obligations Admitted to Clearing under Contracts Concluded on ETSE Ltd. in form No. CO-5 to the Regulations for Clearing Operations on the Commodity Market International Trading System Limited for the period from [start date] to [end date],
- Report on Clearing Member Funds in the Clearing Account in form No. CO-6 to the Regulations for Clearing Operations on the Commodity Market International Trading System Limited for the period from [start date] to [end date],
- Other reports (statements, information) with the following content [content of requested information] for the period from [start date] to [end date].

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

*Completed on company letterhead
(indicating registration number / document date)*

To the Senior Executive Officer
ITS Ltd.

**APPLICATION
FOR TERMINATION OF THE CLEARING SERVICES AGREEMENT**

Hereby, [Full Name of Clearing Member, Clearing Member Identification Code] requests termination of the Clearing Services Agreement No. [Clearing Services Agreement Number] dated [Date of Clearing Services Agreement Conclusion] effective [Termination Date].

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

To the Senior Executive Officer
ITS Ltd.

**APPLICATION
FOR TERMINATION OF ACCESS TO CLEARING SERVICES**

Hereby, we request the termination of access to clearing services for [Full Name of Clearing Member, Clearing Member Identification Code] effective [Effective Date of Termination of Access to Clearing Services].

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

Completed on company letterhead
(indicating registration number / document date)

To the Senior Executive Officer
ITS Ltd.

**APPLICATION
FOR OPENING A TRADING AND CLEARING ACCOUNT**

Hereby, [Full Name of Clearing Member, Clearing Member Identification Code] requests to open a Trading and Clearing Account with the following code:

TCA Code:* TCA _____

Currency: _____

Type: own TCA

client TCA

Full Name of Client _____

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

*** Completion Procedure:**

The TCA Code is filled in according to the following formula:

TCAxxxxxxxxxxx, where

TCA - remains unchanged;

xxxxxxxxxxx - filled in by the Clearing Member. Consists of 12 characters (Latin letters, numbers, symbols, or combinations thereof are allowed).

Completed on company letterhead
(indicating registration number / document date)

To the Senior Executive Officer
ITS Ltd.

**APPLICATION
FOR REPLACEMENT OF CURRENCY OF THE FUNDS ACCOUNTED FOR AS CLEARING COLLATERAL**

dated _____

Hereby, [Full Name of Clearing Member, Clearing Member Identification Code] request replacement of the funds accounted for as Clearing Collateral on TCA:

No. ³	TCA Code	Withdrawal currency (indicate Withdrawal Currency Code) <i>Example: USD, KZT</i>	Indicate withdrawal amount in withdrawal currency ²	Crediting currency ¹ (Indicate the crediting currency) <i>Example: USD, KZT</i>	TCA Code for clearing commission withholding
1					
2					
..					

at CC rate as of the date and time of the operation.*

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

¹ CC commission is charged on the indicated amount of funds credited in accordance with CC tariffs.

² Subject to rounding to 2 decimal places.

³ Continuous numbering within one day.

To be filled in by International Trading System Limited

To be sent in response to application	
Date	
Executed at the rate	
Amount of withdrawal ² (USD, KZT)	
Amount of crediting ² (USD, KZT)	
Amount of commission withheld ² (USD, KZT)	
Fulfilment rejected	
Reason for rejection	

Power of Attorney for Transfer/Receipt of Documents, Issued to the Responsible Person of the Clearing Member
(Recommended Form)

On the Clearing Member's letterhead

City _____ «__» _____ 20__

POWER OF ATTORNEY No. _____

Clearing Member: _____
(Legal form and full company name of the legal entity)

authorizes

(Last Name, First Name, Patronymic)

residing at:

Document _____ Series _____ No. _____ issued on " ____ " _____ by

(Issuing authority)

to transfer documents and instructions to ITS Ltd. and receive clearing reports on trades concluded on ETSE Ltd.

This Power of Attorney is drawn up on

(Date in words)

and is valid until

(Date in words)

Signature _____ Certified by _____

Title of the person
issuing the power of attorney

Full Name _____ Signature of the person issuing the power of attorney
Seal _____

Forms of ITS Ltd. Notification and Reporting Documents

Form No. CO-1
*Completed on company letterhead
(indicating registration number / document date)*

[Clearing Member Name]

**NOTIFICATION
OF CLEARING MEMBER REGISTRATION**

Hereby, ITS Ltd. notifies [Full Name of Clearing Member] (hereinafter referred to as the Clearing Member) of its registration as a Clearing Member.

Clearing Services Agreement	Contract date

The following Clearing Member Identification Code has been assigned:

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

[Clearing Member Name]

**NOTIFICATION
OF ADMISSION TO CLEARING SERVICE**

Hereby, ITS Ltd. notifies [Full Name of Clearing Member, Clearing Member Identification Code] of its admission to clearing services effective [Date of Admission to Clearing Services].

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

*Completed on company letterhead
(indicating registration number / document date)*

[Applicant Name]

**NOTIFICATION
OF DENIAL OF ACCESS
TO CLEARING SERVICES**

Hereby, ITS Ltd. notifies [Full Name of Applicant] of the denial of the conclusion of the Clearing Services Agreement and the denial of access to clearing services based on clause ___ of the Rules for Clearing Operations on the Commodity Market International Trading System Limited.

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

*Completed on company letterhead
(indicating registration number / document date)*

[Clearing Member Name]

**NOTIFICATION
OF CLEARING MEMBER CODE UPDATE**

Hereby, we notify [Full Name of Clearing Member, Clearing Member Identification Code] that due to a change in the Clearing Member's information used in generating the Identification Code, ITS Ltd. has updated the Identification Code on [Date of ID Code Update].

The following Clearing Member Identification Code has been assigned:

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

Recipient:

Clearing Member Identification Code	Clearing Member Short Name	Clearing Member BIN/IIN

From _____ No. _____

Report on Obligations Admitted to Clearing under Contracts concluded on ETSE Ltd.

No.	Contract Date	Contract Number	Qualified Investment Code	Client Code of Clearing Member ²	Clearing Member Counterparty Code	Client Code of Clearing Member Counterparty ³	Security Control Start Date	Contract Security Date	Actual Security Date	Contract Delivery Completion Date	Actual Delivery Completion Date	Obligations		Claims		Clearing Fee (excluding VAT)	Currency/ Unit	Status
												Amount	Qty	Amount	Qty			
TOTAL:																		

Status: 1 - Concluded, 2 - Secured, 3 - Obligations Breached (Penalty Payment), 4 - Fulfilled, 5 - Terminated

Authorized person of ITS Ltd.:

Title: _____

Signature _____ (_____)

² In the case of a contract concluded by a Clearing Member on behalf of a Clearing Member's client

³ In the case of a contract concluded by a counterparty Clearing Member on behalf of a counterparty Clearing Member's client

Sender: ITS Ltd.

Recipient:

Clearing Member Identification Code	Clearing Member Short Name	Clearing Member BIN/IIN

From _____ No. _____

Report on Funds of the Clearing Member / Client of the Clearing Member in the Clearing Account

Clearing Register Name: Available Funds

Clearing Register Number: _____

Opening Balance (Beginning of Day): ____

No	Credit	Debit	Currency	Payment Purpose/Comments
1				
TOTAL:				

Closing Balance (End of Day): ____

Clearing Register Name: Funds Blocked for Trading

Clearing Register Number: _____

Opening Balance (Beginning of Day): ____

No	Credit	Debit	Currency	Payment Purpose/Comments
1				
TOTAL:				

Closing Balance (End of Day): ____

Clearing Register Name: Funds Blocked for Security/Performance

Clearing Register Number: _____

Opening Balance (Beginning of Day): ____

No	Clearing Register Section	Credit	Debit	Currency	Payment Purpose/Comments
1					
TOTAL:					

Closing Balance (End of Day): ____

Authorized person of ITS Ltd.:

Title: _____

Signature _____ (_____)

*Completed on company letterhead
(indicating registration number / document date)*

[Clearing Member Name]

**NOTIFICATION
OF SUSPENSION / RESUMPTION / TERMINATION
ACCESS TO CLEARING SERVICES**

Hereby, ITS Ltd. notifies [Full Name of Clearing Member, Clearing Member Identification Code] of the [suspension / resumption / termination (specify as applicable)]of access to clearing services based on clause ___ of the Rules for Clearing Operations on the Commodity Market International Trading System Limited.

Access to clearing services is [suspended / resumed / terminated (specify as applicable)] effective [Start Date].

/

/

Title of Authorized Person

(Signature)

(Full Name of Authorized Person)

Full Name of Executor Phone
number with city code (internal phone number, if applicable)

Clearing Member Code Assignment Procedure

1. Procedure for Clearing Member identifier assignment

1.1. Clearing Member identifier consists of letters, numbers, symbols or combinations thereof, but maximum 5 values.

Example of a Clearing Member identifier:

AAAAA, where AAAAA - consists of maximum five (5) values (Latin letters, numbers, symbols or combinations thereof).

2. Procedure for Clearing Member Identification Code compilation

2.1. Clearing Member Identification Code consists of the following:

- Clearing Member Identifier (AAAAA)
- Underscore "_";
- three-digit code of the country, where the Clearing Member is registered, in accordance with ISO 3166-1 Alpha 2 standard of International Organisation for Standardisation (GGG).

Additional Clearing Member Identifier is one of the following parameters:

- Tax Identification Number, the first three symbols being TIN;
- Registration number in the country of registration, the first three symbols being REG (in absence of TIN).

Example of a Clearing Member Identification Code: AAAAA_TINBBBBBBBBBBB_GGG_, where:

AAAAA – Clearing Member identifier;

BBBBBBBBBBB – TIN used as Additional Clearing Member identifier;

GGG - three-digit code of the country, where the Clearing Member is registered, in accordance with ISO 3166-1 Alpha 2 standard of International Organisation for Standardisation.