



Self-Certification Form for Individuals (for the purposes of FATCA and CRS)

- Client
 Controlling Person in relation to the Client
 Beneficial owner in relation to the Client

PART 1. BASIC INFORMATION

1.2 Surname	
1.3 Name	
1.4 Patronymic (if any)	
1.5 Date of birth (YYYY/MM/DD)	
1.6 Place of birth (including country)	
1.7 Citizenship	
1.8 Registered address (country, province, city, index, street, house number, floor, etc.)	
1.9 Actual address (if different) (country, province, city, index, street, house number, floor, etc.)	
1.10 Mailing address (if different) (country, province, city, index, street, house number, floor, etc.)	
1.11 Contact telephone number	

1.12 Information on tax resident status:	
In which country is an individual subject to taxation?	<input type="checkbox"/> in Kazakhstan, IIN: <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> in USA ² , TIN: <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> in another state, name all the states: 1. Specify IN 2. Specify IN
1.13 Is the individual a US tax resident?	<input type="checkbox"/> NO <input type="checkbox"/> YES
1.14 Have you given up your US citizenship or not received it for some reason? If "Yes", fill out the appropriate Application form, and in case of renunciation of citizenship, provide the appropriate supporting document	<input type="checkbox"/> NO <input type="checkbox"/> YES

¹ In case the individual is not a US Taxpayer, IRS Form W-8BEN is required.

² Provide a U.S. taxpayer identification form W-9.

PART 2. STATUS CLARIFICATION

2.1 Do you have permanent instructions for payment of amounts to the US?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2.2 Did you use the words “for delivery” or “on demand” as the only account address?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2.3 Has a power of attorney been issued on behalf of Your to a person who has a residential (registered) address or a physical residential or mailing address in the United States?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2.3 Is the authority to sign on behalf of Your granted to a person who has a residential (registration) address or a physical residential or mailing address in the United States?	<input type="checkbox"/> NO <input type="checkbox"/> YES

PART 3. CITIZENSHIP AND RESIDENCE BY INVESTMENT SCHEMES (CBI AND RBI)¹

3.1 Do you have a citizenship other than that specified in paragraph 1.7, obtained by investment schemes (CBI), according to the OECD list?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ <i>(indicate jurisdictions)</i>
3.2 Are you a tax resident of a jurisdiction that provides citizenship by investment schemes (RBI), according to the OECD list??	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ <i>(indicate jurisdictions)</i>
3.3 Do you have a residence permit or permanent residence in a foreign jurisdiction??	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ <i>(indicate jurisdictions)</i>
3.4 In which state (territory) do you have your center of vital interests (home, family, job, etc.)	_____ _____ <i>(indicate jurisdictions)</i>
3.5 In which state (territory) did you pay tax on personal income and filed a return for the previous tax period (including the Republic of Kazakhstan)?	_____ _____ <i>(indicate jurisdictions)</i>

¹ <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/>

**PART 4. INFORMATION ABOUT THE BENEFICIAL OWNER/
CONTROLLING PERSON**

4.1 Status	<input type="checkbox"/> Direct and (or) indirect ownership <input type="checkbox"/> Management control <input type="checkbox"/> Another type of control _____ <input type="checkbox"/> Principal <input type="checkbox"/> Committent <input type="checkbox"/> Founder of the trust <input type="checkbox"/> The grantor is the manager of the trust <input type="checkbox"/> Trustee of the trust <input type="checkbox"/> Other _____
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PART 5. CONFIRMATION AND SIGNATURE

- 1) I certify that the information provided in this Self-Certification Form is accurate, complete and true;
- 2) I certify that the TIN(s) listed on this Self-Certification Form is(are) accurate;
- 3) By signing this Self-Certification Form, I hereby:

- in accordance with the requirements of the Law of the Republic of Kazakhstan "On Personal Data and their Protection" I hereby give ITS CSD unconditional and irrevocable consent to the collection, processing, storage and dissemination of information concerning me, including my personal data, biometric data, recorded on electronic, paper and any other media, as well as future changes and amendments thereto, in connection with the emergence of any legal relations with ITS CSD, including in the future;

- I hereby unconditionally and irrevocably consent to the transfer of the information contained in this Self-Certification Form to the members of the group/conglomerate of which ITS CSD is a member, the U.S. Internal Revenue Service and the Authorised Body;

- I hereby give my unconditional and irrevocable consent to the storage of my personal data by ITS CSD within the terms established by the legislation of the Republic of Kazakhstan and internal regulations of ITS CSD, after termination of all legal relations between ITS CSD and me/, and I do not object that ITS CSD is not obliged to notify anyone about the actions of ITS CSD on collection, processing of my personal data and their trans-border transfer to the territory of foreign countries, including those that do not ensure protection of personal data;

- I am informed and am responsible for any incomplete, incorrect and/or invalid data provided in this Self-Certification Form;

4) undertake to notify ITS CSD of any changes to any of the data on this Self-Certification Form within 30 days of the date of the change;

5) I confirm that the Self-Certification Form has been read by me in full, completed by myself or before me.

This Self-Certification Form is made in one (1) original copy, which remains with ITS CSD.

Client's signature _____

Date of completion _____

Full name _____

Thank you for the information provided!