ASTANA INTERNATIONAL EXCHANGE CSD

AIX CSD LTD
INTERNAL SECURITIES TRANSFER FORM

NO. _____, DATE ___/___/_____

TRANSFER INFORMATION

Participant Full Name	
Securities Sender	(Full Name) (Account Number)
Securities Receiver	(Full Name) (Account Number)
Type of Transfer	☐ Receiving ☐ Delivering (tick the appropriate box)
Settlement Date	☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)
Identification of Securities	☐☐☐☐☐☐☐☐☐☐☐☐ (ISIN code)
Quantity of Securities	
Additional Information (if applicable)	

Authorised Person	**Authorised Person (Secondary if applicable)**
(First Name, Last Name)	(First Name, Last Name)
(Position)	(Position)
_____ Signature, Stamp	_____ Signature