

AIX CSD Ltd. INVESTOR ACCOUNT OPENING REQUEST		
NO. _____, DATE ____ / ____ / ____ (DD/MM/YYYY)		
GENERAL INFORMATION		
Participant's Full Name		
Investor's Full Name		
Type of Investor	<input type="checkbox"/> Domestic Individual	<input type="checkbox"/> Domestic Entity
	<input type="checkbox"/> Foreign Individual	<input type="checkbox"/> Foreign Entity
	(tick the appropriate box)	
Passport Number / ID Number (for Kazakhstani Individuals)		
Country Code		
Business Identification Number / Company Registration Number (for Entities)		
Date of Birth / Date of Incorporation (for Entities)		
Email		
Phone number		
Investor's full address		
Authorised Person	Authorised Person (Second signatory, if applicable)	
(First Name, Last Name)	(First Name, Last Name)	
(Position)	(Position)	
_____ Signature, Stamp	_____ Signature	