ASTANA INTERNATIONAL EXCHANGE REGISTRAR

AIX REGISTRAR Ltd. ACCOUNT OPENING FORM	
NO. _____, DATE ___/___/_____ (DD/MM/YYYY)	
FOR LEGAL ENTITIES	
Company Name	
Legal Form	
CRN (BIN for Kazakhstani entities)	
Date of Registration	/ / (DD/MM/YYYY)
Country Of Incorporation	
Street, building	
City	
Country	
Email Address	
Phone Number	
Additional contact number	
FOR INDIVIDUALS	
Surname	
Given Name	
Date of Birth	/ / (DD/MM/YYYY)
Gender	☐ Male ☐ Female (tick the appropriate box)
Passport (ID Number for Kazakhstani citizens)	
Passport Nationality	
Street, building	
City	
Country	
Email Address	

Phone Number	
Additional contact number	
FOR MINORS ONLY (UNDERAGE)	
Guardian Full Name	
Gender	☐ Male ☐ Female (tick the appropriate box)
Relation to Investor	
Guardian Passport Number	
Guardian Passport Nationality	
BANK ACCOUNT DETAILS (no need to fill if bank certificate is provided)	
Beneficiary	
Business Identification Number (if applicable)	
Beneficiary's Bank	
Beneficiary's Account Number (IBAN)	
SWIFT Code	
Additional Information (if applicable)	

I confirm that the above information and documents provided in relation with the account opening request are true and valid. I agree for any dividends to be paid directly into the above-mentioned account. I will not hold AIX Registrar Ltd. liable for any error or omission which may occur in relation to the payment of corporate entitlements. I undertake to inform AIX Registrar Ltd. in case of changes to the personal information above.

Authorised Person

(First Name, Last Name)

(Position)

_____

Signature, Stamp