**Annex 5**

### Annex 5. Application for acquisition of units of the

Interval Mutual Investment Fund “GoodWill KZT” Rules

**for individuals**

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| **Application No.**  **for acquisition of units of the Interval Mutual Investment Fund “GoodWill KZT” managed by Freedom Finance JSC**  **Almaty \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_** | | | |
| **INVESTOR GENERAL INFORMATION** | **PERSONAL INFORMATION** | | |
| Given Name | |  |
| Surname | |  |
| Patronymic (if any) | |  |
| Date of Birth | |  |
| Place of Birth | |  |
| Nationality | |  |
| Sex | |  |
| E-mail | |  |
| Contact phone number | |  |
| Individual Identification Number (IIN, if available) | |  |
| **PASSPORT DETAILS** | | |
| Type of identity document | |  |
| Document number, document series (if any) | |  |
| Issuing authority | |  |
| Date of issue | |  |
| Date of expiry | |  |
| **PERMANENT RESIDENCE ADDRESS** | | |
| Postal code | |  |
| Country | |  |
| Region | |  |
| Type of locality | |  |
| City/town/locality | |  |
| Street/micro-district | |  |
| Building | |  |
| Apartment | |  |
| **REGISTRATION ADDRESS** | | |
| Postal code | |  |
| Country | |  |
| Region | |  |
| Type of locality | |  |
| City/town/locality | |  |
| Street/micro-district | |  |
| Building | |  |
| Apartment | |  |
| **PERSONAL DECLARATION** | Are (were) you, your spouse or close relatives Politically Exposed Persons (PEP¹)? | |  |
| **☐ No, I, my family members or my close relatives are (were) not PEPs** | | |
| **☐ Yes, I am PEP** | | |
|  | Position | |  |
| Employer Name | |  |
| Wealth level and Amount of annual income | |  |
| **☐ Yes, my family members or my close relatives are (were) PEPs** | | |
| PEP’s Full Name | |  |
| Degree of kindred | |  |
| PEP’s position | |  |
| Employer Name | |  |
| **☐ Yes, I was PEP (not active at the moment)** | | |
| Position | |  |
| Wealth level and Amount of annual income | |  |
| **TAXPAYER INFORMATION** | Tax Residency | |  |
| Taxpayer Identification Number (in the specified country) | |  |
| **ECONOMIC PROFILE** | Nature of Activity | | ☐ Banking institution  ☐ Insurance (reinsurance) institution  ☐ Professional participant in the securities market  ☐ Financial institution non-resident of the Republic of Kazakhstan  ☐ Government agency  ☐ National (Central) Bank  ☐ National Management Holding  ☐ Activities exclusively through exchange offices for organizing FX transactions with foreign currency in cash  ☐ Exclusive activity of collection of banknotes, coins and valuables  ☐ Micro lender  ☐ Pawnshop  ☐ Loan society  ☐ Agent (attorney) of service providers (except financial ones) that accept cash from consumers, including through electronic terminals  ☐ Gambling business organizers, and persons, who provide services or gain income from online casino activities outside the Republic of Kazakhstan  ☐ Tourist services  ☐ Issue of digital assets, digital assets trading organizing, as well as exchange of digital assets for money, valuables and other property  ☐ Financial leasing services  ☐ Real estate brokerage  ☐ Activities related to the production of and (or) trade in weapons, explosives  ☐ Activities related to the extraction and (or) processing, as well as the purchase and sale of precious metals, precious stones or products made therefrom  ☐ Construction industry  ☐ Mining industry  ☐ Pharmaceuticals / Healthcare  ☐ Pensioner  ☐ Student  ☐ Unemployed  ☐ Other activities not included in the list (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position | | ☐ Middle-ranking management  ☐ Individual entrepreneur  ☐ Self-employed  ☐ Founder (Shareholder) of a legal entity  ☐ Executive or senior management  ☐ First line management  ☐ Senior staff  ☐ Entry level staff |
| Company Name | |  |
| Source of Funds | | ☐ Salary  ☐ Savings  ☐ Inheritance  ☐ Investments  ☐ Business  ☐ Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Source of Wealth | | ☐ Real estate  ☐ Valuables  ☐ Interest in capital/ stocks of another legal entity  ☐ Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the purpose and nature of business relations with Freedom Finance JSC? | | ☐ Brokerage services in the securities market  ☐ Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SANCTIONS** | Are there any persons among your close relatives (spouse, parents, adult children) and/or legal entities controlled by you included in the sanctions lists of the United States of America (USA), the European Union (EU), the United Kingdom, or Switzerland? | | ☐ YES  ☐ NO  If YES, please provide further information about the nature of these relationships. |
| Do you and/or your close relatives (spouse, parents, adult children) and/or legal entities controlled by you carry out activities in the field of technology, defense and related industries, such as material support, construction, aerospace or manufacturing industries of the Russian economy or other sectors of the economy that can be defined as supporting the military-industrial complex of the Russian Federation (RF)? | | ☐ YES  ☐ NO  If YES, please provide further information about the nature of these relationships. |
| Do you and/or your close relatives (spouse, parents, adult children) and/or legal entities controlled by you directly and/or indirectly facilitate the sale, supply or transfer of goods subject to U.S. export controls under Section 11(a)(ii) of Executive Order 14024 of April 15, 2021\*, as well as prohibited goods to Russian importers or companies supplying these goods to the Russian Federation (which cannot be exported from the EU to the Russian Federation under Regulation (EU) 2021/821 of the European Parliament and of the Council of May 20, 2021\* and prohibited items pursuant to UK Russia (Sanctions) Regulation No. 855 of April 11, 2019\*)?  *\* as amended as of the date of this Application* | | ☐ YES  ☐ NO  If YES, please provide further information about the nature of this activity. |
| **INFORMATION ABOUT PARAMETERS OF THE APPLICATION, ACQUISITION OF UNIT AND DIVIDENDS THEREON** | **Recurrence** | | ☐ Recurrent  ☐ Non-recurrent |
| **Unit ISIN** | | **KZPF00000090** |
| **Units acquisition amount**  *(to be completed, if acquisition is non-recurrent)* | |  |
| **Dividends are paid to:** | | ☐ Bank details  ☐ Account of the IMIF “GoodWill KZT”, in case of reinvestment |
| **BENEFICIAL OWNER DETAILS (IF ANY)** | Do you have a beneficial owner\*?  \*individual(s) who exercises control over the client and (or) in whose interests the client performs transactions with money and (or) other property | | ☐ YES  ☐ NO  If YES, please complete: |
| Procedure of the beneficial owner control over the client | | ☐ Person in whose interests transactions with money and (or) other property are performed  ☐ Exercising control over the client |
| Full Name | |  |
| Date of Birth | |  |
| Nationality | |  |
| Tax residency | |  |
| Individual Identification Number (IIN)/Identification Number in the Country of Registration | |  |
| Identity document number, date of issue, issuing authority, date of expiry | |  |
| Address of residence (location) | |  |
| Is/are (was/were) the beneficial owner or his/her spouse and close relatives a Politically Exposed Persons (PEP)? | | ☐ YES, I am PEP  ☐ Yes, my family members or my close relatives are (were) PEP  ☐ Yes, I was PEP (not active at the moment)  ☐ No, I, my family members, or my close relatives are (were) not PEP |
| Other information (if any) | |  |
| **CLIENT REPRESENTATIVE DETAILS (IF ANY)** | Did you appointed a representative? | | ☐ YES  ☐ NO  If YES, please complete: |
| Number, date of issue (execution), validity period (if any) of the document (power of attorney, agreement, certificate of guardian (trustee), or other document) | |  |
| Full Name | |  |
| Date of Birth | |  |
| Nationality | |  |
| Tax residency | |  |
|  | Individual Identification Number (IIN)/Identification Number in the Country of Registration | |  |
| Identity document number, date of issue and issuing authority | |  |
| Address of residence (location) | |  |
| Is/are (was/were) the representative or his/her spouse or close relatives a Politically Exposed Persons (PEP)? | | ☐ YES, I am PEP  ☐ Yes, my family members or my close relatives are (were) PEP  ☐ Yes, I was PEP (not active at the moment)  ☐ No, I, my family members, or my close relatives are (were) not PEP |
| Other information (if any) | |  |
| **DETAILS FOR CREDITING MONEY INTENDED FOR THE PURCHASE OF UNITS** | | | |
| *Investor transfers money only after opening an account with the Central Securities Depository Joint Stock Company* | | | |
| Beneficiary: Freedom Finance JSC Favoring: IMIF “GoodWill KZT”  Beneficiary bank \_\_\_\_\_\_\_\_\_\_\_  IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Code of beneficiary \_\_\_\_  Payment Purpose Code \_\_\_\_ | | | |
| Reference: “For acquisition of units of the IMIF “GoodWill KZT” Full name of the investor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ according to the Units Acquisition Application” | | | |
| **INVESTOR’S DETAILS AND SIGNATURE** | | | |
| The investor hereby confirms acceptance of the following Rules of the Interval Mutual Investment Fund “GoodWill KZT” (hereinafter referred to as the Fund Rules) and conditions:   * Acceptance of this Application by the Management Company for consideration does not mean that the Management Company has an obligation to sell units to the Investor. In the event that the Management Company refuses to sell units, the Management Company has the right not to inform the Investor of the reasons for such refusal; * The Investor has read, understood and accepted the terms and conditions of the Rules of the Fund managed by Freedom Finance JSC and agrees with them; * The Investor has read the terms and conditions of the above-mentioned Fund Rules (published on the Internet resource http://almaty-ffin.kz), accedes thereto, agrees therewith, accepts them in full and undertakes to fulfill them; * The Investor represents and warrants the accuracy and completeness of the information provided when completing this Application and which will be provided by the Investor in the future; * The Investor confirms that he/she consciously assumes all risks and individually assumes full responsibility for the risks associated with investment activities in the securities market, including the risk of incurring significant losses that may exceed the principal amount of investments; * By signing this Application, the Investor confirms that there are no disagreement from any persons, including the spouse (if any), to the acquisition of units.   **By completing this Application, I confirm the authenticity, accuracy and correctness of the information above, and in faith and testimony whereof I have hereunto set my hand:**  Investor’s Full Name  Registered address  BIN  BIC  IBAN  Identity document number, date of issue and issuing authority  IIN  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(signature) (Full Name, to be completed by the client personally)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_** | | | |
| **THE FOLLOWING INFORMATION IS TO BE COMPLETED BY AN ATTORNEY OR EMPLOYEE OF FREEDOM FINANCE JSC** | | | |
| This Application is signed by the Investor personally before me, the documents for the acquisition of units are accepted by me personally **(if the documents are delivered to the attorney or employee personally)** | | | |
| Application acceptance date | |  | |
| Full name of the attorney or employee who accepted the Application | |  | |
| Signature of the attorney or employee who accepted the Application | |  | |

Note1:

**Politically Exposed Persons (PEP):**

A person who holds a responsible public office;

An official;

A person who is entrusted to perform public functions;

A person who performs management functions in a government agency or a quasi-public sector entity;

A person who is appointed or elected, holds any position in the legislative, executive, administrative, judicial bodies or armed forces of a foreign country;

A person who performs any public function for a foreign country;

A person who holds a senior position in organizations established by countries under agreements that have the status of international treaties.

**Close relatives of PEP** mean parent(s), children, adoptive parents, adopted children, full and half siblings, grandfather, grandmother, and grandchildren.