**Annex 6**

Interval Mutual Investment Fund “GoodWill KZT” Rules

**for legal entities**

### Annex 6. Application for acquisition of units of

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application No.**  **for acquisition of units of the Interval Mutual Investment Fund “GoodWill KZT” managed by Freedom Finance JSC**  **Almaty \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_** | | | | | | | | | | | | | |
| **APPLICANT GENERAL INFORMATION** | | Full Name | | | | |  | | | | | | |
| Trade name or abbreviation (if any) | | | | |  | | | | | | |
| Legal Form | | | | | ☐ Joint Stock Company  ☐ Limited Liability Partnership  ☐ Public Association  ☐ Foundation (Fund)  ☐ Association of individual entrepreneurs and (or) legal entities (Union)  ☐ Consumer Cooperative  ☐ Religious Association  ☐ Institution  ☐ Production Cooperative  ☐ General Partnership  ☐ Limited Partnership  ☐ Additional Liability Partnership  ☐ Agricultural Partnerships  ☐ Government Institution  ☐ State enterprise on the right of economic management  ☐ State enterprise on the right of operational management (state-owned)  ☐ Other legal forms of a business entity  ☐ Other legal forms of a non-profit organization | | | | | | |
| Contact phone number | | | | |  | | | | | | |
| E-mail (if any) | | | | |  | | | | | | |
| Country of Incorporation (Registration) | | | | |  | | | | | | |
| Date of Incorporation (Registration) | | | | |  | | | | | | |
| Type of document confirming incorporation (registration), date of issue, number (if any) | | | | |  | | | | | | |
| Name of the registering authority | | | | |  | | | | | | |
| Registered address according to the document of incorporation (registration) (country, postal code, locality, street/district, building number) | | | | |  | | | | | | |
| Executive body actual address (country, postal code, locality, street/district, building number) | | | | |  | | | | | | |
| Number, date of issue, date of expiry of the license, name of licensing authority (in case of licensed activity) | | | | |  | | | | | | |
| Business Identification Number (BIN, if any) | | | | |  | | | | | | |
| Code of the General Classifier of Economic Activities (OKED) (if any) | | | | |  | | | | | | |
| Type of activity | | | | | * Banking institution * Insurance (reinsurance) institution * Professional participant in the securities market * Government agency * National (Central) Bank * National Management Holding * Financial institution non-resident of the Republic of Kazakhstan * 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 * Construction industry * Mining industry * Pharmaceuticals / Healthcare * 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 * Activities related to the purchase and sale/transportation/manufacture/storage/distribution of items related to chemical/biological/nuclear weapons and their components * Activities related to the production/sale of synthetic and natural substances that are poisonous and potent * Activities related to the development, production and maintenance of aerospace technologies * Activities related to the production and supply of high-tech equipment and components, including microcircuits, chips, computers, processors, network equipment, as well as telecommunications technologies and quantum computing * Maritime transport activities, including the rental, transportation and storage of goods. Shipbuilding and repair activities of marine transport * Accountancy, including audit, reporting and financial analysis * Assistance to individuals and legal entities in the establishment or structuring of legal entities such as trusts and corporations * Strategic business advising, planning and assessment of organizational systems * Activities related to the trading, supply and processing of marine fish * Activities related to the production, export, import and storage of alcoholic beverages * Activities related to the production, extraction, exploration, processing, trading and storage, and/or management and servicing of energy resources (oil, gas, coal mining, as well as power generation and production) * Charitable activities * Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **TAXPAYER INFORMATION** | | Country of Tax Residence | | | | |  | | | | | | |
| Taxpayer Registration Number | | | | |  | | | | | | |
| **OWNERSHIP AND MANAGEMENT STRUCTURE** | | Name of Supreme Body (General Meeting of Shareholders/General Meeting of Founders/Founder, etc.) | | | | |  | | | | | | |
| Name of Executive Body | | | | |  | | | | | | |
| Name of Management Body (Board of Directors, etc.) (if any) | | | | |  | | | | | | |
| Name of other bodies (if any) | | | | |  | | | | | | |
| No. | Full Name | Nationality | Date and Place of Birth | | Identity document (name, number, series, date of issue, date of expiry, issuing authority) | Country of Tax Residence | Taxpayer Registration Number | Address of residence (registration) and (or) place of stay | Interest, % | Document of authority to exercise functions | Is the person, his/her spouse and/or close relative Politically Exposed Persons (PEP)? |
| **Personal Composition of Supreme Body** | Ind. | 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| LE | No. | Full Name | Legal Form | Country of tax residence | | Taxpayer Registration Number | Registration number in the country of incorporation (registration) (if any) | Date of Incorporation (Registration) | Country of Incorporation (Registration) | Registered/ Actual address | Interest, % | Document of authority to exercise functions |
|  | 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
|  | | No. | Full Name | Nationality | Date and Place of Birth | | Identity document (name, number, series, date of issue, date of expiry, issuing authority) | Country of Tax Residence | Taxpayer Registration Number | Address of residence (registration) and (or) place of stay | Position | Document of authority to exercise functions | Is the person, his/her spouse and/or close relative Politically Exposed Persons (PEP)? |
| **Personal Composition of Management Body (if any)** | | 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| **Personal Composition of Executive Body** | | 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| **Personal Composition of Other Governing Bodies (if any)** | | 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| **Beneficial Owner Details\***  *\*(1) an individual(s) who directly or indirectly hold more than twenty-five percent of interest in the authorized capital or outstanding (excluding preferred and treasury) shares of a legal entity,*  *(2) an individual(s) who exercise control over a legal entity in another manner,*  *(3) an individual(s) in whose interests a legal performs out transactions with money and (or) other property* | | No. | Procedure of the beneficial owner control over a legal entity  (1)  (2)  (3) | Full Name | Nationality | | Date and Place of Birth | Identity document (name, number, series, date of issue, date of expiry, issuing authority) | Country of Tax Residence | Individual Identification Number (IIN) /  Identification Number in the Country of Registration | Address of residence (registration) and (or) place of stay | Interest, % | Is the person, his/her spouse and/or close relative Politically Exposed Persons (PEP)? |
| 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| **Legal Entity Representative Details (if any)** | | No. | Full Name | Nationality | Date and Place of Birth | | Identity document (name, number, series, date of issue, date of expiry, issuing authority) | Country of Tax Residence | Taxpayer Registration Number | Address of residence (registration) and (or) place of stay, contact phone number, E-mail (if any) | Document of authority | Document number, date of issue, date of expiry (if any) | Is the person, his/her spouse and/or close relative Politically Exposed Persons (PEP)? |
| 1 |  |  |  | |  |  |  |  |  |  |  |
|  | | 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| **PURPOSE AND NATURE OF BUSINESS RELATIONS** | | **What is the purpose and nature of business relations with Freedom Finance JSC?** | | | | | ☐ Gaining investment income from investing in units    ☐ Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **SOURCE OF FUNDS** | | **Source of Funding** | | | | | * Own funds * Borrowed funds * Other (please indicate) | | | | | | |
| **Source of Income** | | | | | * From the main business * Dividends * Other income (please indicate) \_\_\_\_\_\_\_\_ | | | | | | |
| **SANCTIONS** | | Is the Organization and/or its shareholders/founders/members, and/or its executives, and/or officials, and/or beneficial owners, and/or legal entities controlled by the Organization subject to sanctions 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. | | | | | | |
| Does the Organization and/or its shareholders/founders/members, and/or its executives, and/or officials, and/or beneficial owners, and/or legal entities controlled by the Organization carry on 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. | | | | | | |
| Does the Organization and/or its shareholders/founders/members and/or its executives and/or officials and/or beneficial owners and/or entities controlled by the Organization directly and/or indirectly facilitate the sale, supply or transfer of items subject to U.S. export controls pursuant to Section 11(a)(ii) of Executive Order 14024 of April 15, 2021\*, as well as prohibited items to Russian importers or companies supplying these items to the Russian Federation (which cannot be exported from the EU to the Russian Federation pursuant to Regulation (EU) 2021/821 of the European Parliament and of the Council of 20 May 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 | | | | | | |
| **INFORMATION FOR FINANCIAL MONITORING**  (Financial monitoring means a set of measures for collecting, processing, analyzing and using data and information about transactions with money and (or) other property, which is performed by the competent authority and the reporting entity in accordance with the anti-money laundering, combating the financing of terrorism legislation) | | Are you a Reporting Entity or another organization subject to financial monitoring regulation? | | | | | ☐ YES  ☐ NO  If YES, please answer the following questions: | | | | | | |
| Are there any mandatory anti-money laundering, combating the financing of terrorism (AML/CFT) regulations in the country of registration of your financial institution? | | | | | ☐ YES  ☐ NO  If YES, please indicate the name, date, number of the relevant regulations, and the name of the AML/CFT Competent Authority (if any) | | | | | | |
| Name and location of the supervisory authority in the country of registration of your financial institution | | | | |  | | | | | | |
| Date and results of the last AML/CFT audit (if any) | | | | |  | | | | | | |
| Does your financial institution adopted the AML/CFT internal regulations? | | | | | ☐ YES  ☐ NO  If YES, please indicate the date of their adoption and the date of last amendments thereto | | | | | | |
| Does your financial institution establish divisions that perform AML/CFT functions? | | | | | ☐ YES  ☐ NO  If YES, please indicate the name of such division (if any) | | | | | | |
|  | | Does your financial institution appointed a MLRO at the level of a senior employee or member of the governing body? | | | | | ☐ YES  ☐ NO  If YES, please indicate surname, given name, patronymic (if any), position, contact phone number and email address | | | | | | |
| **APPLICANT'S DETAILS AND SIGNATURE** | | | | | | | | | | | | | |
| The Applicant 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 Applicant. In the event that the Management Company refuses to sell units, the Management Company has the right not to inform the Applicant of the reasons for such refusal; * The Applicant 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 Applicant 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 Applicant represents and warrants the accuracy and completeness of the information provided when completing this Application and which will be provided by the Applicant in the future; * The Applicant confirms that it 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 completing this Application, we confirm the authenticity, accuracy and correctness of the information above, and in faith and testimony whereof an authorized person have hereunto set his/her hand and the Applicant official seal:**  **Applicant Name**  **Registered address**  **BIN**  **BIC**  **IBAN**  **Code of beneficiary**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature of the authorized representative)**  **L.S. (for legal entity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_** | | | | | | | | | | | | | |
| **THE FOLLOWING INFORMATION IS TO BE COMPLETED BY AN ATTORNEY OR EMPLOYEE OF FREEDOM FINANCE JSC** | | | | | | | | | | | | | |
| This Application is signed by the Applicant / Authorized Representative 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.