

Customer application form (for legal entities)

1. General information on a legal entity

Primary questionnaire	Data updating	Date of filling out _____			
Status (underline as appropriate)	1) Resident 2) Non-resident				
Full name (indicate the legal form of organization) Abbreviate name (if any)					
NAME in a foreign language					
Taxpayer identification number (TIN), or foreign entity code for non-resident (if any)					
If your legal entity is a Representative office or Branch, please specify details of the Head Office (country of registration of the HO, registration number)					
Registration number of the Social Fund of the Kyrgyz Republic					
OKPO code					
Bank identification code					
Organizational and legal form					
Place of registration (legal address)	country	postal code	region (region, district, other)		
	settlement	street	house	suite	office other
Contact telephone numbers, fax					
E-mail address	E-mail:				
Website address on the Internet	http://www.				
Current address (if not, you must fill in the fields)	country	postal code	region (region, district, other)		
	settlement	street	house	suite	office other
Information on state registration					
Date of registration	Registration number			Name of registering authority	
Amount of registered authorized capital	amount			currency	

2. Information on the activities of the legal entity

Type of activities						
Main types of activity						
Licensable type of activity (permits, certificates, licenses or other)	Type	Number	Date of issue	Issuing authority	Validity	
Planned monthly turnover						
Other activities actually carried out						
A detailed description of the customer's activities						
History of the organization, market position (information on re-organizations, changes in the kind of activities) ¹ :						
Number of employees						
2.1. Purpose and intended nature of the relationship with OJSC Envoys Vision Digital:						

¹ If your organization was established as a result of a re-organization of another legal entity, please provide the details of the reorganized company.

2.2. Specify your regular partners (contractors) (specify the partners with whom you have signed long-term agreements or with whom you regularly sign new agreements) :			
Partners	<i>Role (supplier, producer, buyer, intermediary, carrier, consultant, others)</i>	Taxpayer identification number	State registration information <i>(to be completed for non-resident with indicating the country of registration and registration number)</i>
2.3. Information about accounts opened in banks <input type="checkbox"/> Yes <input type="checkbox"/> No			
If «Yes», specify:			
Name of bank	Type of account	Number of account	Account currency

3. Information on the governing bodies of the legal entity

Structure of governing bodies: (for example: general meeting of shareholders/board of directors/CEO, full name of the Members of the governing body)			
Information on the beneficial owner of a legal entity (underline as appropriate)	1) Resident 2) Non-resident		
Information on the presence of a Politically exposed person (PEP) in the ownership (management) structure of a client - legal entity (underline as appropriate)	1) Resident 2) Non-resident		
3.1 Information on the manager (other person authorized under the constitutive documents to act on behalf of the customer – legal entity):			
The head of the legal entity is:			
Full name (if any)	Surname	First name	Middle name
Citizenship			
Position			
Date and place of birth	date	place of birth	
Place of residence and/or place of temporary residence (address of registration)	country	region (region, district, other)	
	settlement		
	street, street, house, suite, office, other		
Details of the identity document	type of document		Issuing authority
	series, number		date of issue
Information on documents certifying the authority to dispose of funds or property (according to the signature card)	identification number		expiry date
Information about the presence of permanent management body at the location of the legal entity (i.e., the executive body is permanently located in the territory of registration of the company) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Information on the presence of a person who has the right to act on behalf of a legal entity without a power of attorney in the territory of the Kyrgyz Republic (the director is in the territory of the KR for the purpose of establishing business relations with the EVDE) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Details of the document confirming the right of a foreign citizen or stateless person to stay (reside) in the Kyrgyz Republic (if applicable)			
1) Permanent residence permit 2) Temporary resident permit 3) Visa	Series (if available) and document number	Start date of validity the right of residence	Date of expiry the right of residence)
Other duly authorized signatories (trustees)			

If another authorized officer has been given the authority by law or by the head of the organization to act on behalf of the organization, complete Annex 1

3.2. Information about the person who manages accounting:			
The manager has decided to keep the accounts and prepare the accounts personally (if you choose "No", please fill in the fields below)			<input type="checkbox"/> Yes <input type="checkbox"/> No
The person who manages the corporate accounting is:			
<ul style="list-style-type: none"> ▪ A natural person who has labor relations with a legal entity, then please fill in the information in item 3.2.1. ▪ If accounting is performed by an individual entrepreneur or other legal entity, please provide information in item 3.2.2. 			
3.2.1. Full name	Surname	First name	Middle name
Citizenship			
Position			
Date and place of birth			
Place of residence and/or place of temporary residence (address of registration)	country	region (region, district, other)	
	settlement		
	street, street, house, suite, office, other		
Identity Document Details	type of document		Issuing authority
	series, number		date of issue
	identification number		expiry date

3.2.2 Full name (with indication of legal form)						
Taxpayer Identification Number INN, or foreign organization code for a non-resident (if available)						
Registration number of the Social Fund of the Kyrgyz Republic						
The General Classifier of Enterprises and Organizations (OKPO) is the main state classifier of the country's economic entities.						
Place of registration (legal address)	country	postal code	region (oblast, district, other)			
	locality	street	house	corpus	office	other
Contact phone numbers, fax.						
E-mail address	E-mail:					
Website address on the Internet	http://www .					

Actual address <input type="checkbox"/> (coincides with the actual address) (if not, fields must be filled in)	country	postal code	region (oblast, district, other)			
	locality	street	house	corpus	office	other
Information on state registration						
Date of initial registration	Registration number		Name of the registering authority			

4. Information on related entities/persons

Information on beneficial owners

Please provide a scheme of ownership and fill in the information below	
Beneficial owner status (underline as appropriate)	1) Resident 2) Non-resident

4.1. The beneficiary owner – a legal person:

Add blocks if necessary, (the number of blocks should correspond to the number of founders (participants, members) and beneficial owners)

Full name	Place of location (legal address)	TIN (if the US provides FATCA ² forms, specify the GIIN)	
Full name of the head	Full name of the person who manages accounting	Full names of other authorized officials	
State registration information (date of original registration, and, for non-residents – the country of registration and registration number)		Role (founder (participant), other person)	Share (%)
Information on the involvement of beneficiary owners in the legal entity – founder (participant), <i>natural persons who ultimately (through the chain of ownership and control) directly or indirectly (through third parties) owns or controls the customer (or the natural person on whose behalf or for whose benefit the transaction is concluded)</i> (<u>full identification details of these persons are indicated in section 4.2 of the questionnaire</u>)			
Full names of the beneficiary owners of the legal person		Share in (%)	

4.2. The beneficiary owner – a natural person:

Add blocks if necessary, (the number of blocks should correspond to the number of founders (participants, members) and beneficial owners)

Beneficial owner status (underline as appropriate)	1) Resident 2) Non-resident
The name of the client acting in the interests of the beneficial owner (This field indicates the full name and TIN (KIO) of the	

client - legal entity or the full name and TIN of the client - individual			
4.2.1. Full name		Citizenship	Date of birth
Place of birth, nationality, gender, marital status			
Place of residence and/or place of temporary residence (country, region, city, district, settlement, street, house, building, apartment)			
Address of actual residence or stay:			
type of identification document		Issuing authority	
series, number		date of issue	
identification number		expiry date	
Information on the state registration of the natural person entrepreneur (if applicable) (date of original registration. The country of registration and registration number is for and for non-resident.)	TIN	Role (founder (participant)/ beneficial owner/other person (specify))	Share (%)
Criteria for recognizing a natural person as a beneficiary owner (specify if applicable)			
<input type="checkbox"/>	A natural person ultimately directly or indirectly (through third parties) owns or exercises control over a customer – legal entity or benefits from the ownership (management) of the capital or assets of a customer – legal entity (has a majority (5% or more) of interest in the authorized capital of the customer – legal entity or owns 5% or more of the total number of voting shares of the customer – legal entity).		
<input type="checkbox"/>	A natural person on whose behalf and/or for whose account the customer carries out a transaction (operation) with funds or property, including when the said natural person has no title to the funds or property and does not control the customer.		
<input type="checkbox"/>	A natural person who is able to directly or indirectly influence the customer's transactions (deals) with funds or property on the basis of an agreement concluded with the customer. (In this case, indicate the number and date of the agreement, validity period, subject of the agreement and other material conditions)		
<input type="checkbox"/>	A natural person has ownership of the funds or property with which the transaction is carried out		
<input type="checkbox"/>	A natural person who can manage a customer – legal entity at the expense of positions held within the legal entity (responsible for strategic decision-making, exercising executive control and deciding on financial matters)		
<input type="checkbox"/>	A natural person ultimately owns or exercises control over the legal entity, including those people who exercise direct control over the legal entity		
<input type="checkbox"/>	A natural person acts as the trustee of a particular trust		
<input type="checkbox"/>	A natural person has the ability to control the customer's actions in other ways. (In this case, specify the reason why the beneficiary owner has the ability to control the customer's actions (explanation of the customer)		
<input type="checkbox"/>	Other factors (at client's discretion)		
Contact telephone numbers			
E-mail address		E-mail:	
4.2.2. Is (was) this person a public official (PO) ³ ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Information about the position held	Date of appointment	Date of dismissal	
If POs, please specify the information on the source of the POs' funds and assets:			
Identification of POs' family members: spouse and children, including adopted children			
Full name	Familial relationship	Gender	Date of birth
Is (was) the beneficial owner a close relative ⁴ , official representative or business partner of the PO (having joint ownership with the PO) <input type="checkbox"/> Yes <input type="checkbox"/> No			

³ **Public officials (POs)** include: foreign public officials, officials of public international organizations, public officials of the Kyrgyz Republic, their family members and persons close to them.

⁴ **Close relatives of the POs** (parents, adoptive parents, adopted parents, full and half siblings, grandparents and grandchildren in respect of whom the national public official has financial expenses to cover living, education, health and other necessary expenses);

Degree of connectivity	Full name of PO	Information about the position held	Date of appointment	Date of dismissal	Date of birth	Citizenship

4.2.3. Is this person a **US citizen** or a US tax resident according to **FATCA**?

Yes **Tax number (TIN):** _____ No

US tax residents include:

- **US citizen;**
- A natural person who has a permanent residence permit in the USA (Permanent Resident Card (Form I-551 (**Green Card**)));
- A **resident** – a natural person who has been in the USA for at least 31 days during the current calendar year and for at least 183 days during 3 years, including the current year and the two preceding years. The sum of the days during which the natural person was in the USA in the current year and the two preceding years is multiplied by the established coefficient: the coefficient for the current year is 1 (i.e. all days spent in the USA in the current year are counted); the coefficient for the preceding year is 1/3; the coefficient of the year before last is 1/6.
- U.S. place of birth
- the customer has a representative who is domiciled in the US;
- the customer has a power of attorney and/or signature authority granted to a person with a U.S. address, etc.

To be filled in only for beneficial owners who are foreign citizens or stateless persons.

Details of the document confirming the right of a foreign citizen or stateless person to stay (reside) in the Kyrgyz Republic:

Document type	1) Permanent residence permit 2) Temporary residence permit 3) Visa
Series (if any) and number	
Date of commencement of the validity period of the right to stay (residence)	
Date of expiry of the validity period of the right to stay (residence)	

If the details of the beneficial owners cannot be provided (not provided in full), please indicate the **reason** why this information is not available:

In the absence of beneficial owners directly or indirectly (through third parties) owning more than 5% of shares (interest) or there are doubts as to the size of the beneficiary owner's share (interest) or if the beneficial owner has been identified as a result of the identification of the beneficial owner of the customer – legal entity, it can be a natural person who is able to control the customer – legal entity's actions due to the positions held in the legal entity's structure (responsible for making strategic decisions). In this case, the questionnaire of the beneficiary owner is filled in for this person, indicated in paragraph 4.2 of this questionnaire

5. Extraterritorial laws

5.1. General Data Protection Regulation (GDPR) for EU citizens and residents

This is the customer to confirm that he is aware that OJSC Envoys Vision Digital Exchange is not enforcing the performance of the requirements of the Regulation (EU) 2016/679 (General Data Protection Regulation) and is willing to assume all risks in this regard.

Yes No

If the answer is "No", OJSC Envoys Vision Digital Exchange is forced to refuse you service

5.2. Foreign Account Tax Compliance Act (FATCA) for persons subject to US taxation

The customer confirms that neither the legal entity nor the beneficial owners are subject to the US Foreign Account Tax Compliance Act (FATCA),

Yes, I confirm that I am not a person subject to the requirements of FATCA

No, I am a person subject to the requirements of FATCA

If the answer is "No" and the customer is subject to the requirements of the FATCA law, OJSC EVDE is forced to refuse to serve you. OJSC EVDE is not responsible for concealment, ignorance or failure to provide information on the status of a taxable person under FATCA

5.3. Please confirm information in item 5.1 GDPR and 5.2 FATCA

I _____ confirm that I and any person in our company or
 (full name and signature)
 company are not fall under the requirements of the law

**6. To be filled in by OJSC EVDE partners that are accredited, financial institutions, exchanges, payment organizations and other partners
 (In accordance with the legislation on countering the financing of terrorist activities and legalization (laundering) of proceeds of crime)**

Measures on Combating the Financing of Terrorist Activities and Legalization of Criminal Proceeds (hereinafter referred to as the AML/TF) (common policies, practices and procedures):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1. Does the legal entity have policies governing the prevention, detection and reporting of financial transactions subject to special control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2. Does the legal entity have a legal compliance programme/policy on AML/TF, which includes a process for appointing an authorized officer responsible for coordinating and monitoring of AML/TF requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3. Specify the body of the legal entity by which the AML/TF programme/rules are approve		
6.4. Does the legal entity have an internal audit unit (<i>if other, specify</i>) to evaluate the legal entity's AML/TF measures, in addition to the inspections carried out by the state controlling authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5. Specify the name of the public authority supervising your legal entity (general and AML/TF)		
6.6. Does the legal entity have policies governing the relationship with public officials (hereafter referred to as the POs), their family members or persons close to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.7. Specify the document retention period as required by law		
6.8. Do the policies and practices of the legal entity in the area of AML/TF apply to all of its separate subdivisions (representative offices, branches), subsidiaries both in the Kyrgyz Republic and abroad? If the answer is "No", please specify in the section "Other additional information" what issues are related to the differences, and the separate subdivision, subsidiary organization to which this applies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.9. Does the legal entity conduct a self-assessment of its susceptibility to being involved in suspicious transactions relating to the proceeds of crime and/or money laundering, financing of terrorism or the proliferation or financing of proliferation of weapons of mass destruction		

Know Your Customer policy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.10. Does the legal entity have processes in place to identify its customers, their beneficiary owners, authorized bodies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.11. Have the legal entities or authorized bodies set thresholds for customer identification? (if yes, specify the threshold amount)		
6.12. Does the legal entity have a customer risk assessment to understand the performed and expected transactions of his customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.13. Is a legal entity required to collect information on the activities of its customers, their beneficiary owners, partners and operation scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6.14. Does the legal entity have a process for reviewing the risk of working with the client and updating information about the customer due to existence of high-risk information about the customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.15. Does the legal entity have procedures for documenting information on each new customer, taking into account the relevant identification documents and the principle of "Know your customer"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.16. Describe the procedures for identifying and questioning partners and their beneficiary owners		
6.17. Describe the procedures for identifying and questioning participants in financial transactions and updating their information.		
6.18. Describe the procedures for identifying: <ul style="list-style-type: none"> ✓ legal entities and natural persons associated with money laundering, financing of terrorist activities, proliferation or financing of proliferation of weapons of mass destruction ✓ participants of financial transactions registered, domiciled in the state (territory) which does not comply with the FATF recommendations, does not participate in international cooperation in the field of AML/TF; ✓ participants of financial transactions registered/residing in an offshore jurisdiction, ✓ POs, their family members and persons close to them, <p>Is the identification of these persons automated? If yes, what software is used? If not, describe the identification procedure. What lists are used to identify the persons? Who is their supplier?</p>		
6.19. Does your legal entity maintain sanctions lists of legal entities and natural persons, as well as sectoral sanctions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk assessment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.20. Does the legal entity have a risk assessment of dealing with the customer and their operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.21. Does the legal entity determine the appropriate level of enhanced due diligence for those categories of customers and their transactions where the legal entity has the reason to believe they pose a higher risk of carrying out illegal activities through the legal entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.22. Whether your legal entity conducts enhanced customer monitoring when there is reasonable doubt about the reliability of available information or when there is suspicion of terrorist financing and money laundering or transactions that are inconsistent with the business profile of the customer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Transaction reporting, prevention and detection of money laundering transactions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.23. Does the legal entity have a programme to identify and notify transactions that should be reported to public authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.24. Does the legislation provide for the submission of information to the authorized state body on transactions subject to mandatory control? Specify the transactions subject to mandatory control		
6.25. Does the legislation provide for the submission of information to the authorized public authority with indications of suspicion? Specify the name of the supervisory authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.26. Does the legal entity monitor its customers and their transactions using lists of persons, organizations or countries included in lists prepared by the government/competent authorities? Indicate the sanctioned lists used		
6.27. Does the legal entity have an employee responsible for sending messages that are subject to mandatory notification to the authorized body through the ARM program or other communication channel for non-residents? If yes, please provide the full name and position of the employee. If not, please indicate the reason	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Transaction monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.28. Does the legal entity have programme/rules for monitoring unusual and potentially suspicious activity that covers the operations of the legal entities' customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.29. Does the legal entity establish the sources of origin of the customer's funds and/or the economic substance of the transactions when monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.30. Describe the procedures of monitoring and detecting the financial transactions. Are these procedures automated? If yes, what software is used? If not, describe the procedure for monitoring and detecting		

Training on AML/TF issues:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.31. Does the legal entity provide training on AML/TF issues to relevant employees, which includes: - carrying out identification and verification, - examples of different forms of AML/TF? - identification and notification of transactions to be reported to state authorities; If yes, for which categories of workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.32. Does the legal entity keep records of the training provided, including records of attendance and relevant training materials used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.33. Is the legal entity informed by the relevant employees about new laws or changes in existing policies or practices in the AML/TF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.34. Does the legal entity engage third parties to perform some of its AML/TF functions? If yes, does the legal entity certify that all statutory requirements are met by the third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Structure of the internal control system in the area of AML/TF:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.35. How many people in the legal entity are involved in the implementation of the AML/TF measures?				
6.36. Has a special unit responsible for organizing and/or implementing internal controls over the AML/TF been established? If yes, describe its structure and quantitative composition:				
6.37. Information on the public official liable for internal controls in the area of AML/TF				
Full name:	Position and work experience	Telephone (working/mobile):	Certificate number of the authorized body	E-mail address
6.38. Activity in offshore zones:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.39. Do the legal entity, its branches, representative offices, subsidiaries and/or affiliates carry out or plan to carry out activities in offshore zones and/or in accordance with an offshore license? If the answer to the question is "Yes", please provide detailed information	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.40. Does the legal entity have a significant (10% or more) offshore customer base or in terms of number of customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.41. Activities in other high-risk states:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If the answers to questions 6.38-6.41 are "Yes", specify the country and %	Country: _____ % of the total customer base			
6.42. Other additional information (specify to which item the information relates):				

6.43. Information on whether the legal entity has been sanctioned by state authorities for violating the AML/TF legislation (specify the types of violations committed):	
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7. Other information about the legal entity

7.1. Are the founders and beneficial owners of a legal entity with more than 25 per cent of the authorize capital the founders (participants) of other organizations with more than 25 per cent of the authorize capital, owners or managers of other organizations?
 Yes (if yes, fill the table) No

Full name of the founder or beneficial owner of your organization	Role in your organization	Role in other organization	Share (%) in the authorized capital of another organization
Name of other organization	Location of the other organization (<i>registered office</i>)	Information on the state registration of the other organization (<i>date of original registration and, for non-residents – the country of registration and registration number</i>)	TIN of other organization (<i>for non-residents – other identification number</i>)
Full name of the head of the other organization	Names of other authorized officials of the other organization		

If necessary, add blocks (the number of blocks should correspond to the number of persons to be listed)

7.2 Does your organization have branches, representative offices, subsidiaries (including abroad)?
 Yes No

If «Yes», specify:

Name of organization, Full name of the head, Other authorized persons	Place of location (<i>legal address</i>)	Information on the state registration (<i>date of original registration and, for non-residents – the country of registration and registration number</i>)	TIN (<i>for non-residents – other identification number</i>)

7.3 Are there any organizations (other than those previously mentioned in this questionnaire) that can directly and/or indirectly (through other organizations) determine or influence your organization’s decisions?
 Yes No

If «Yes», specify:

Name of organization, Full name of the head, Other authorized persons	Place of location (<i>legal address</i>)	Information on the state registration (<i>date of original registration and, for non-residents – the country of registration and registration number</i>)	TIN (<i>for non-residents – other identification number</i>)

By my signature, I, _____,
(full name of the customer's representative)
certify that the information on this form is correct.

The customer is obliged to provide the information and a copy of the documents in case of updating the information specified in the questionnaires of the customer and (or) the beneficial owner.

In accordance with the requirements of the Law of the Kyrgyz Republic "On Personal Information"⁵, I give my consent to the processing of personal data for the purpose of complying with the legislation of the Kyrgyz Republic on combating the financing of terrorist activities and money laundering.

In accordance with the requirements of the Law of the Kyrgyz Republic "On Personal Information", I consent to the processing of personal data in order to comply with the requirements of the legislation of the Kyrgyz Republic in the field of Combating the Financing of Terrorist Activities and Legalization of Criminal Proceeds (AML/TF).

Full name and signature of the responsible employee of Envoys Vision Digital Exchange OJSC

⁵ CONSENT to the processing of personal data. The Customer personal data means any personal data and information on paper and/or electronic media, which has been or will be provided to Envoys Vision Digital Exchange OJSC personally or which has been (will be) received by JSC Envoys Vision Digital Exchange OJSC in any other way, including collection, systematization, accumulation, storage, clarification (update, change, verification), use, distribution/transmission (including reproduction, electronic copying and cross-border transfer), depersonalization, blocking and destruction.

Surname, first name and middle name; gender; year, month, date and place of birth; citizenship; information on identity document (type, series, issuing authority, division code, validity period); information on other documents (including certificates) issued on behalf of personal data subject; address (place of residence (registration), postal, residence, actual residence); addresses of communication means (systems) (telephone and fax numbers, e-mail addresses); details of accounts, including bank, brokerage, depository, trust management accounts, unit investment fund accounts; details of migration card of personal data subject – foreign citizen or stateless person; details of document confirming the identity of the subject of personal data – foreign citizen or stateless person to stay (accommodation) in the KR; other numbers and codes, in combination with other data allowing to identify the subject of personal data processed for the following purposes:

- decision of Envoys Vision Digital Exchange OJSC to enter into an agreement;
- provision of information to organizations authorized (by virtue of law, agreement or otherwise) to conduct inspections and/or analysis of activities of Envoys Vision Digital Exchange OJSC, as well as other forms of control over activities of Envoys Vision Digital Exchange OJSC for the purpose of their performance of the specified actions;
- transferring of information and/or documents to third parties, which perform services for storage of information and/or documents received by Envoys Vision Digital Exchange OJSC under an agreement with Envoys Vision Digital Exchange OJSC.

The public disclosure of the Investor's personal data in the mass media, publication in information and telecommunication networks by Envoys Vision Digital Exchange OJSC is not allowed, unless otherwise follows from the agreement between the Investor and Envoys Vision Digital Exchange OJSC. Envoys Vision Digital Exchange OJSC undertakes to conclude confidentiality agreements on non-disclosure of information with third parties to whom personal data will be provided.

This consent may be withdrawn by sending Envoys Vision Digital Exchange OJSC a written notice of withdrawal of consent by registered mail with return receipt requested, or delivered in person against signature to an authorized representative of Envoys Vision Digital Exchange OJSC. Withdrawal of the consent does not deprive Envoys Vision Digital Exchange OJSC of the right to process the Investor's personal data for the purposes prescribed by the federal law of using the information as evidence in court proceedings and in other cases prescribed by the legislation of the Kyrgyz Republic.

This Consent is valid for 5 (five) years from the date of the start of the Investor's last transaction under the Integrated Securities Market Services Agreement. Upon expiry of the specified period, the Consent shall be deemed extended for every next 5 (five) years, provided that Envoys Vision Digital Exchange OJSC is not informed of its withdrawal.