Photo of the candidate (color, 3.5x4.5 cm)

**Information about the candidate for the position of independent director**

**1. General information:**

|  |  |
| --- | --- |
| Full Name |  |
| *(as listed in your ID (passport), if you have changed your last name, first name, or patronymic name, indicate when and for what reason)* |
| Date and place of birth |  |
| Home address, phone numbers, email |  |
| *(provide a detailed address and contact phone numbers with a city code)* |
| Citizenship |  |
| Type of identity document, country/authority that issued an identity document, issuance date, expiration date |  |

**2. Information about affiliation:**

Information about your close relatives (parents, spouse, siblings, and children), and in-laws (spouse’s parents, siblings, and children):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Full Name** | **Date of birth** | **Relationship** | **Place of work and position** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Information on direct or indirect participation in authorized capitals of legal entities

**3. Professional data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Name and location** | **Statutory activities of a legal entity** | | **Amount and share of your participation** |  |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |
| Relevant education, including vocational education | | |  | | |
| (*in chronological order, indicate the name and location of an educational institution, faculty or department, the period of study, the degree received, and the details of the diploma)* | | |
| Additional education, including refresher courses in the field in which you work/intend to work | | |  | | |
| *(in chronological order, indicate the name and location of the educational institution, the period of study, details of the diploma or certificate)* | | |
| Experience in the provision and (or) regulation of financial services, including in the field in which you intend to work | | |  | | |
| *(in chronological order, indicate the period of work in financial organizations, the fact of holding the position of an auditor, accountant by type of activity)* | | |
| Experience in managerial positions, according to the requirements in the field in which you intend to work | | |  | | |
| *(in chronological order, describe the existing work experience – the names of organizations, positions, job responsibilities, professional skills, achievements)* | | |
| Experience as a member of a board of directors | | | *(indicate the period, the name of organizations, the information on the work in committees)* | | |
| Knowledge of languages ​​and proficiency levels | | |  | | |
| Knowledge of the business similar to the business of the Company | | |  | | |
| Availability of time to work as an Independent Director | | |  | | |
| Opportunity to chair a committee of the board of directors | | |  | | |
| Achievements | | | *(for example, the names of scientific publications, participation in scientific researches, bills, etc)* | | |
| Membership in  professional organizations | | | *(for example, Chamber of Auditors, Chamber of Actuaries, etc)* | | |
| Other relevant information | | | *(indicate information characterizing the professional competence of the candidate)* | | |
|  |  |  |  |  |  |

**4. Work experience**

|  |  |  |
| --- | --- | --- |
| **№** | **Work period (month, year)** | **Organization’s name and address, your positions and duties** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**5. Other information**

|  |  |
| --- | --- |
| Do you have pending or unserved sentences for economic crimes, corruption, and other crimes against the interests of public service and public administration? | Yes/No |
| Have you ever been suspended from work for violation of the law of the Republic of Kazakhstan? | Yes/No, *if you answer “Yes”, then tell when and what authority chose the measure of restraint* |
| Have you ever been a head of an organization declared bankrupt, liquidated, suspended, or organization which shares have been forcibly redeemed? | *Organization name, position, period of work* |
| Other relevant information | *(if any)* |

**I,***(last name, first name, and patronymic name of the candidate)***, confirm that I have checked all information and found it true and complete. I acknowledge that providing inaccurate information is the reason for revising (withdrawing) my candidacy*.****(signature, date)*