D-1.1

**QUESTIONNAIRE**

**"PURPOSE OF THE POTENTIAL CUSTOMER"**

The questionnaire is filled out by the Customer and is intended for an estimation of volume of necessary auditor services and definition of expenses of time for carrying out of audit of the financial reporting and granting of accompanying services.

The questionnaire indicates the necessary information, or one of the proposed options - by marking in the appropriate cell. The completed questionnaire is sent to the Company by fax + (727) 250 47 83 or e-mail to Audit@efs.kz and used to negotiate and decide on the pricing proposal.

# Responsible persons and details of company

|  |  |
| --- | --- |
| Name of organization (full)  |   |
| Position and name of the first head of the organization  |   |
| Name of the chief accountant of the organization  |   |
| Changes in officials in the audited period during the period before the preparation of the financial statements (full name, periods of validity of the above-mentioned persons) |   |
| Position and full name of the person authorized to sign the contract for auditing services (indicate the document confirming the powers assigned, if this Power of Attorney - specify the number and date of its issuance)  |   |
| Position and full name of the head of the legal service of the organization  |   |
| Legal address of the organization  |   |
| The actual address of the organization  |   |
| Registration requisites of the organization (TRN, BIN, Kobe)  |   |
| Bank requisites (IIC, BIC, bank)  |   |
| Postal address of the organization  |   |
| Contact telephones / fax  |   |

**1. 2. Purpose of verification, wishes of the Customer**

|  |  |
| --- | --- |
| **Type of services required (choose from the list below):**  |   |
| - audit of financial statements (specify the verification period)  |   |
| - verification of the correctness of the CIT Declaration (harmonized procedures)  |   |
| - assistance in the preparation of the CIT Declaration (harmonized procedures)  |   |
| - compilation (transformation) of financial statements (specify the date of transition to IFRS)  |   |
| - agreed procedures to verify the completeness and accuracy of the calculation of obligations  |   |
| - other purposes:  |   |
| **Used reporting type:**  | **отдельная**  | **\***  | **consolidated**  |   |
| **Applicable standards of financial reporting:**  | NFID, IFRS, Other than IFRS |  | Unconsolidated IFRSs  |   |

**3. General information**

|  |  |
| --- | --- |
| Date of foundation of the organization  |   |
| Organizational and legal form  |   |
| Foreign participation  |   |
| Presence of branches and representative offices *(Specify the number and location)*  |   |
| Whether there are operations with these units (which, *regularity, materiality)*  |   |
| Shareholders / participants (total number, quantity with 20% *or more of capital)*  |   |
| Are listed shares on the market  |   |
| *The presence of subsidiaries and / or affiliates (Specify the number and location)*  |   |
| Protocols of collegial bodies of the organization  |   |
| Orders  |   |
| Agreements with business entities  |   |
| Bank settlement calculation  |   |
| Bank foreign currency account  |   |
| Bank loans  |   |
| Service providers, works  |   |
| Suppliers of goods, fixed assets  |   |
| Wages (staff list, time sheets, orders, pay sheets, disability sheets, etc.)  |   |
| Cashbox  |   |
| Expense reports  |   |
| Implementation  |   |
| Material reports of accountable persons (including production, storage and support units) |   |
| Other  |   |

**We also ask you to attach or send an electronic copy of the turnover statement in the context of subaccounts for the audited year.**

We also ask you to attach or send an electronic copy of the turnover statement in the context of sub-accounts for the audited year.