**Details on Beneficial Ownership**

**Name of a Company to be established: *RoS Ltd.***

 **Application Date: *05.04.2020***

**IMPORTANT INFORMATION**

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| This form must be completed by each shareholder who is a body corporate. |

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| **Note:** Within the structure of companies, it is the ultimate individual who enjoys benefits of owning the company’s shares. In other words, it is an individual who enjoys the benefits of ownership even though title to the ownership is in another name. For example, there is an intermediary company in which name shares are issued. Even though the shares are issued in that company’s name, the true beneficial owner of the shares, for safety/convenience or privacy, is the individual. Also, any individual that either directly or indirectly has the power to vote or influence the decisions within the company through beneficial ownership of the shares, is the beneficial owner of that company. |

**SECTION 1**

# **BENEFICIAL OWNER**

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| **Company Details** |
| Registration Number | *2023457416F* |
| Company Name  | *RoS Group Ltd.* |
| Shareholder’s Name | *Mariya Galas* |

**Public/Listed Company (if applicable***)*

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| **Details of Public/Listed Company***Provide the details of the beneficial owner who is a public/listed entity (if applicable).* |
| Beneficial Owner Name | *N/A* |
| Website Address where accounts can be found | *N/A* |
| Exchange where company is listed | *N/A* |
| Exchange Listing ID | *N/A* |
| Activity | *N/A* |
| **Registered Office Address***Provide the Registered office address.* |
| Address | *N/A* |
|  | *N/A* |
|  | *N/A* |
| P.O. Box Number | *N/A* |
| Postcode  | *N/A* |
| Country | *N/A* |

**Private (if applicable)**

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| **Indicate the current state of Company’s Articles of Association** |
| Do any of the beneficial owners hold more than 25% of the shares of the company?[x]  *Yes*[ ]  *No*  |

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| **If you answered ‘no’ to the above statement, please provide us your declaration by confirming the below statement. Succeeding questions in this section are not applicable to you.** |
| [ ]  *I confirm that none of the beneficial owners hold more than 25% of the shares.* |

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| ***If you answered ‘yes’ to the above statement, please provide details of all beneficial owners who hold more than 25% of the company shares.*** |

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| ***Personal Details****Provide details of beneficial owner.* |
| Title | *Mrs.* |
| Forenames | *Mariya* |
| Surname | *Galas* |
| Country of Residence | *Kazakhstan* |
| Nationality | *Kazakhstan* |
| Date of Birth | *14.11.1984.* |
| Business Occupation | *CEO of RoS Group Ltd.* |
| Percent of Shares  | *100 %* |
| **Service Address***Provide Post Box number or address at which communication may be effectively serve by postal service.* |
| Address  | *55/21, Mangilik Yel ave, Block C4.2, Office 163;* |
|  | *Nur-Sultan;* |
|  | *-* |
| P.O. Box Number | *-* |
| Post Code | *Z05T3E5* |
| Country | *Kazakhstan* |

**Trust (if applicable)**

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| ***Personal Details****Provide details of trustee.* |
| Trust name | *N/A* |
| Title | *N/A* |
| Forenames | *N/A* |
| Surname  | *N/A* |
| Country of Residence | *N/A* |
| Nationality | *N/A* |
| Date of Birth | *N/A* |
| Business Occupation | *N/A* |
| **Service Address***Provide Post Box number or address at which communication may be effectively serve by postal service.* |
| Address  | *N/A* |
|  | *N/A* |
|  | *N/A* |
| P.O. Box Number | *N/A* |
| Post Code | *N/A* |
| Country | *N/A* |

**SECTION 2**

# **SIGNATURE**

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| [x]  | I declare that the information in this application and any attachments is true and complete as at the date of this form. |

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| **Name** *Malik Rustemov* | **Signature**  |
| **Date** *05.04.2020* |

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| Party lodging this application *Provide details of the party lodging this application.* |
| Title | *Mr.* |
| Forenames | *Malik*  |
| Surnames | *Rustemov* |
| Former names | *-* |
| Designation | *Director of RoS Group Ltd.* |
| Organization Name | *RoS Group Ltd.* |
| Email  | *RoS@ros.zz* |
| Telephone Number | *+7 000 000 0000* |

**SECTION 3**

# **CHECKLIST**

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| **Please make sure to complete all the required fields in the form and the following supporting document(s) are attached. Incorrect or incomplete application may be returned for re‐submission.****If any documents are not in the English Language, they must be accompanied by a translation, certified to the satisfaction of the Registrar.** |

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| **Required Documents** |
| **No.** | **Requirement** | **Status** |
| 1. | Copy of passport of beneficial owner or Trustee | [x]  |

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| **For further Information, please contact us.** |
| Telephone Number  | +77172-64-72-93 | +77172-64-72-92 |
| Email Address | registration@afsa.kz  |