*“Rules for listing, keeping, delisting and trading of*

 *securities at the Baku Stock Exchange” Form №2*

**Date:**

**International organizations of which the Republic of Azerbaijan**

 **is a member for inclusion of securities in the listing**

**at the Baku Stock Exchange**

**APPLICATION-QUESTIONNAIRE (FORM №2)**

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| **A. General information** |
| A1. Issuer's name |  |
| A2. Issuer’s legal or actual address  |  |
| A3. Contacts (telephone, fax, e-mail) |  |
| A4. The address of the issuer's website(If available) |  |
| A5. Contact person (phone, fax, e-mail) |  |
| **B. Key performance indicators** |
| B1. Issuer’s activity period |  |
| B2. The amount of the issuer's authorized capital |  |
| B3. Did the issuer finish last financial year with the profit? | □ YES □ NO |
| B4. Is the register of owners of securities issued by the issuer in the Republic of Azerbaijan maintained by the central depository? | □ YES □ NO |
| B5. According to which accounting standards does the issuer prepare financial statements? | □ International accountingstandards (IFRS)□ Local accounting standards□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B6. Has the issuer been audited by an external (independent) auditor (for the most recent period)? | □ YES □ NO |
| **C. Securities applied for listing** |
| C1. Type of securities |  |
| C2. ISIN number of securities |  |
| C3. Number of securities |  |
| C4. Nominal value of securities |  |
| C5. Date of commencement of trading |  |
| C6. If there is a placement, the name of the investment company (s) providing the underwriting service |  |
| C7. If the issuer's securities are listed on other Stock Exchanges, the names of those Exchanges |  |
| **D. Other information deemed necessary by the Issuer** |
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*Note: This form is filled in and approved by the authorized person of the issuer. The authorized person of the issuer is responsible for the accuracy of the information provided in the application*

*Authorized person's N.S.P.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position of the authorized person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature:*

*S.L.*