

Appendix 23

“to Appendix to the CBA Board Resolution No. 227-N of 12/30/2025 for Regulation 7/01 “Registration and Licensing of Crypto Assets Service Providers; Issuance of Branch and Representative Office Operation Permits for Foreign Crypto Assets Service Providers; Procedure for Obtaining Prior Consent for the Acquisition of a Qualifying Holding in the Statutory Capital of a Crypto Assets Service Provider”

Reference Information

About Natural Persons Affiliated with the Person Acquiring a Qualifying Holding in the Statutory Capital of the Crypto Assets Service Provider

1. Qualifying holder
1) Name (name, surname) _____
2) Name of the organization wherein the participant expects to acquire a qualifying holding _____
2. Information about an affiliated natural person
<i>Affiliation shall be construed pursuant to Article 3(36) of the Republic of Armenia Law “On the Securities Market”. For the purposes of completing this form, father, mother, husband, and grown children shall be considered members of the same family.</i>
1) Name, surname
2) Place of residence _____
3) Passport details _____
4) Type of affiliation _____
3. Other information
1) Indicate whether the natural person has any outstanding liabilities that are 30 days or more overdue. ☐ Yes (please provide details: amount, date, etc.) ☐ No
2) Indicate whether, in respect of the natural person, the grounds specified in Article 29(1) of the Republic of Armenia Law ‘On Crypto-Assets’, as well as in the regulatory acts adopted on the basis thereof, are absent. ☐ Yes ☐ No (please provide details)

3) Any other information which you think is important

4. I certify that the information contained in this document is true, accurate, and complete. I understand that the submission of any false document or information may result in criminal and administrative liability as prescribed by law.

I undertake to notify the Central Bank of any changes to the information submitted above.

Name, surname of an authorized
person of the management body of
the crypto assets service provider

Signature

Date

day/month/year