**BOARD MEMBER APPLICATION FORM**

**MIK HOLDING JSC**

**Note:**

1. *The information contained in this application form is confidential and shall be kept by the Board Secretariat.*
2. *“\*” field of the application form must be filled.*
3. *Fill the application form accurately, clearly without any abbrevations and confirm with your signature.*
4. *The applicant will be held responsible for the incomplete application.*
5. *A copy of ID card, education certificate and corprate governance certificate must be enclosed to this application form.*

**1.** **GENERAL INFORMATION\***

Picture

4х6 sm

1. Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Gender: \_\_\_\_\_\_\_\_

6. Date of Birth: \_\_\_\_\_\_\_\_\_ (year) \_\_\_\_\_\_ (month) \_\_\_\_\_\_ (day); city, province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

soum, district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

7. Blood type: 0 (I) A (II) B (III) AB (IV)

8. Member status:Regular member Independent member

9. Membership of the Committee /may not be filled/:Nomination and Remuneration Committee

Finance and Audit Committee

Risk Management Committee

10. Member code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /may not be filled/

11. Date of Appointment: *............. year ....... month ...... day* Date of application: *............. year ....... month ...... day*

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| --- | --- | --- | --- |
| *Registration №* |  | *Driving License №* |  |
| *Social Insurance №* |  | *Salary account №* |  |
| *Foreign Passport №* |  |

12. Address, phone number, and e-mail address:

|  |  |  |  |
| --- | --- | --- | --- |
| *Phone number* |  | *Work phone number* |  |
| *Home phone number* |  | *Extension number* |  |
| *Personal e-mail address:* |  | *Business e-mail address* |  |
| *Facebook ID:* |  | *LinkedIn:* |  |
| *Other addresses of social network: (WhatsApp, WeChat, Twitter г.м.)* | | | |

13. Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ province/city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ soum/district;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sub district; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ micro district; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street;

\_\_\_\_\_\_\_\_\_\_\_\_ apartment; \_\_\_\_\_\_\_\_ number.

14. Accomodation: apartment ger district house

*public rental parent’s spouse’s own*

15. Official home address on ID card:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ province/city\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ soum/district; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sub district; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ micro district; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street; \_\_\_\_\_\_\_\_\_\_\_\_ apartment; \_\_\_\_\_\_\_\_ number.

16. Family contat information (not relatives) in case of urgency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. EDUCATION AND SKILLS\***

1. Education, and profession(*Include secondary school*)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***School*** | ***Country, city*** | ***Year*** | ***Date entered***  *он – сар - өдөр* | ***Graduation date***  *он – сар - өдөр* | ***Profession*** | ***GPA*** | ***Degree*** |
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2. Training course (*Traingins, seminar and courses of company, foreign and domestic professional development*)

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| --- | --- | --- | --- | --- |
| ***Company/School name*** | Date of attendanceYear-month-day | ***Period of attendance*** | ***Topics and directions*** | ***Certificate №*** |
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3. Qualified degree (*lawyer, accountant, financial analyst etc*)

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| --- | --- | --- | --- | --- | --- |
| ***Company/School name*** | Country, city | Date of degree completionYear-month-day | ***Valid date*** | ***Degree title*** | ***Certificate or card №, date*** |
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4. Academic degree (*associate professor, PhD, and academy members)*

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| ***Degree*** | Organization | Date of awardYear-month-day | ***Certificate of Diploma №, date*** |
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5. Languages (*fill the level as “✓”*)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Foreign language*** | ***Period of study*** | ***Listening*** | | | ***Speaking*** | | | ***Translation to native language*** | | | ***Translation to foreign language*** | | |
| *Advanced* | *Intermediate* | *elementary* | *Advanced* | *Intermediate* | *elementary* | *Advanced* | *Intermediate* | *elementary* | *Advanced* | *Intermediate* | *elementary* |
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| ***Exam name*** | ***Period of attendance*** | | | | ***Date of exam*** | | | | | | ***Score*** | | |
| ***TOEFL, TOEIC*** |  | | | | *..................... year ............. month ........... day* | | | | | |  | | |
| ***IELTS*** |  | | | | *..................... year ............. month ........... day* | | | | | |  | | |
| ***Other:*** |  | | | | *..................... year ............. month ........... day* | | | | | |  | | |

6. Computer knowledge **(***fill the level as “✓”*)

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| ***Level*** | **MS****Word** | ***MS***  ***Excel*** | ***MS***  ***Powerpoint*** | ***MS Outlook*** | ***MS OneDrive*** | ***MS Teams*** | ***Interactive***  ***Diamond*** | ***Other:*** | ***Internet*** |
| Elementary |  |  |  |  |  |  |  |  |  |
| *Intermediate* |  |  |  |  |  |  |  |  |  |
| *Professional* |  |  |  |  |  |  |  |  |  |

**3. AWARDS**

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| --- | --- | --- |
| ***Date***  *он – сар - өдөр* | ***Name of award*** | ***Organization*** |
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**4. SOCIAL WELFARE, SOCIAL INSURANCE REGISTRATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Type of social welfare and loans*** | ***Start date***  *year-month-day* | ***Completion date***  *year-month-day* | | ***Size (MNT)*** | ***Description*** | |
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| ***Welfare of disability or Pension*** *(Please underline)* | *Year-month-day* | | ***Total period of social insurance*** | *................ year ............. month* | ***Total period of missed*** | *................ year ............. month* |

**5. WORK EXPERIENCE\***

Work experience (*Write from your last job. If you are self-employed, on a maternity leave or a childcare leave, please see your previous Social insurance book and fill accurately)*

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| Organization | ***Position*** | ***Contract term****“✓”* | | | | ***Duration*** | | | ***Reason*** |
| ***Full time emplyee*** | ***Contract employee*** | ***Part time employee*** | ***Salary*** | ***Year*** | ***Date of appointment***  *Year-month-day* | ***Date of quit***  *он–сар-өдөр* |
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**6. MILITARY SURVEY\***

1. Did you serve in the military: No If Yes:

2. Military card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ;

3. Date of enlistment : *\_\_\_\_\_\_\_\_\_\_year\_\_\_\_month \_\_\_\_day*  Date of emobilized: *\_\_\_\_\_\_\_\_\_\_year \_\_\_\_month \_\_\_\_day*

4. Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Marital status\*:** single married widow divorced

People who live together (*write the list of people who live together however you are married or not*).

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| --- | --- | --- | --- | --- | --- |
| ***Who*** | Name | ***Date of Birth***  *Year-month-day* | ***Date of Birth*** | ***Work*** | ***Phone number*** |
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**RELATIONSHIP\*:** *Include your parents, siblings, parents-in-law, and children*

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| --- | --- | --- | --- | --- | --- |
| ***Who*** | Name | ***Date of Birth***  *Year-month-day* | ***Date of Birth*** | ***Work*** | ***Phone number*** |
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**RELATIVE\***

Are there any family members in MIK Group Company or your company?

No If Yes:

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| --- | --- | --- | --- |
| ***Who*** | Name | ***Work*** | ***Position*** |
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**8. SKILLS**

1. Спортын ур чадвар, амжилт (*түвшинг “✓” гэж тэмдэглэнэ үү*):

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| ***Sports*** | ***Participation in the competition*** | ***Level*** | | | ***Awards*** | | |
| ***Good*** | ***Mid*** | ***Bad*** |
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2. Talents, hobbies and other interests:

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**9. SKILL ASSESSMENT\*** (*fill the level as “✓”*):

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| --- | --- | --- | --- | --- | --- |
| **Knowledge and experience of the company** | **Level** | | | | |
| Knowledge and experience of the company | **1** | **2** | **3** | **4** | **5** |
| Knowledge of the company operation |  |  |  |  |  |
| Knowledge of the government policy on company operation |  |  |  |  |  |
| Understanding the laws and processes involved in a company operation |  |  |  |  |  |
| **Professional skills and experience** | | | | | |
| Accounting |  |  |  |  |  |
| Finance and investment |  |  |  |  |  |
| Legal |  |  |  |  |  |
| Marketing |  |  |  |  |  |
| Information technology and information security |  |  |  |  |  |
| Public relations |  |  |  |  |  |
| Risk management |  |  |  |  |  |
| Organization management |  |  |  |  |  |
| Human resources |  |  |  |  |  |
| Strategic planning |  |  |  |  |  |
| Business/organizational operational planning |  |  |  |  |  |
| Fund Raising |  |  |  |  |  |
| **Management skills and experience** | | | | | |
| Board member experience |  |  |  |  |  |
| Leadership experience |  |  |  |  |  |
| Strategic thinking and planning from a governance perspective |  |  |  |  |  |
| Executive management |  |  |  |  |  |
| Risk governance |  |  |  |  |  |
| Compliance |  |  |  |  |  |
| Business reputation |  |  |  |  |  |
| **Communication skills** | | | | | |
| Work in a team |  |  |  |  |  |
| Ability and willingness to overcome challenges |  |  |  |  |  |
| Analyzing skills |  |  |  |  |  |
| High ethical standards |  |  |  |  |  |
| Ability to advise and guide |  |  |  |  |  |
| Communication with people |  |  |  |  |  |
| Listening skills |  |  |  |  |  |
| Speaking skills |  |  |  |  |  |
| Ability and willingness to spend time and energy to held own responsibilities |  |  |  |  |  |

**10. LIST OF CONFLICT OF INTEREST\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of the person or organization*** | Relationship | ***Directions and objectives of the operation*** | ***Position*** | ***Address and phone number*** |
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* *I hereby certify that all information contained in this application and the attached documents are true and correct.*
* *I will be responsible for any information issues that may arise in accordance with the laws of Mongolia.*
* *The information contained in this application can be used in accordance with applicable laws and regulations of Mongolia.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /signature/ /date/*