**APPLICATION FORM expression of interest**

[On the letterhead of the Interested Party]

[Date]

To: National Agency for Investment and Privatization

Address: Belarus, Minsk, 220030, st. Berson, 14

Addressed: Denis Meleshkin, Deputy Director

**Subject:** Request **for Expression of Interest**

Ladies and Gentlemen,

We, [name of the Interested Party] hereby express our interest in participating in the process of attracting a strategic investor for OJSC Krion and affirm that we meet the following qualification criteria:

1. We are capable of financing the transaction and future investments of OJSC Krion
2. We have 3 year average revenue not less than USD 7 million
3. We have at least 3 years of experience in industrial gases
4. More than 50% of [name of the Interested Party] is privately owned
5. We are not under liquidation, bankruptcy or reorganization, and our property is not under foreclosure.

We hereby certify that all information provided in this document is true, accurate and complete at the date of submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name and signature of authorized signatory as well as the link to the document granting authority]

**Identification information**

[On the letterhead of the Interested Party]

[Date]

To: National Agency for Investment and Privatization

Address: Belarus, Minsk, 220030, st. Berson, 14

Addressed: Denis Meleshkin, Deputy Director

Subject: **Identification information**

Ladies and Gentlemen,

We, [name of the Interested Party] are providing the following identification information:

[Name of the Interested Party]

|  |  |
| --- | --- |
| Registration number  |  |
| Place of establishment  |  |
| Chief executive officer |  |
| The state share% (if applicable)  |  |
| Participation in the consolidated group of companies:  |  |
| (i) the name of the holding company  |  |
| Information about the contact person:  |  |
| 1. Name, Last name
 |  |
| 1. Occupational title
 |  |
| 1. Contact information (phone, address, e-mail, fax)
 |  |

We hereby certify that all information provided in this document is true, accurate and complete at the date of submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name and signature of authorized signatory as well as the link to the document granting authority]