**Application Form for Recognition of Non-AIFC Members**

This form must be submitted by a person wishing to apply to the AFSA for an order declaring a Person[[1]](#footnote-2) to be a Recognised Non-AIFC Member, who operates in a jurisdiction other than the AIFC.

Before making an order, the AFSA will need to be satisfied that the applicant meets the requirements for recognition in Section 91 of the AIFC Financial Services Framework Regulations.

In some cases, the AFSA may require additional information in order to complete the processing of this application. If this is necessary, the AFSA will contact the person identified as the company’s relevant contact to obtain such additional information.

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| **Notes for completing this form** |

The term “applicant” refers to the entity for which Recognised Member status is being sought.

Prior to completion of this form applicant should read the relevant sections of the AIFC Financial Services Framework Regulations and AIFC Recognition Rules (REC) applying to Recognised Non-AIFC Member.

We[[2]](#footnote-3) occasionally refer to various Rules, sections, or chapters which make up the AIFC Regulations and Rules. However, these references are provided only as a guide and are not an exhaustive list of the Rules that may be applicable to your situation. It is your responsibility to research any Rules that might be pertinent to your application.

Do not leave any response-cells empty. If it is more appropriate to answer certain questions in an attachment then indicate in the cell that this is the case. If you are confident that you have answered a particular question in another form or attachment then make an unequivocal reference to that response.

As a matter of good practice, and to avoid any confusion, words and terms that are defined in the AIFC Glossary should have their first letter in upper-case.

Ensure that that you are using the latest version of this application form. The AFSA will only accept out-of-date forms if they are submitted within one month of the latest version available on our website.

You are advised to retain a copy of the form and all relevant attachments for the records.

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| 1. **Declaration by the applicant** |

* 1. I declare that, to the best of my knowledge and belief, having made due inquiry, the information given in this form, the supplements and documents attached, as well as any applicable supporting documents, is complete and correct. I understand that it may be a breach of Section 119(e) of the AIFC Financial Services Framework Regulations to provide to the AFSA any information which is deceptive, misleading or dishonest.
  2. I declare my understanding that the AFSA may request more detailed information (including but not limited to, personal educational, employment and financial information) should it be deemed necessary to adequately assess the fitness and propriety of the firm or any person connected to the firm. I consent to the AFSA contacting any previous employers, educational institutions, professional organisations or any other organisation, to verify any information contained in this form.
  3. I confirm that I have the authority to make this application, to declare as specified above and sign this form for, or on behalf of, the applicant. I also confirm that I have authority to give the consent specified above.
  4. I understand that any personal data provided to the AFSA will be used to discharge its regulatory functions under the AIFC Data Protection Regulations, and other relevant legislation and may be disclosed to third parties for those purposes.
  5. I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the AFSA.

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Signature of Director/Partner of the applicant Date

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| Enter the name and position or title of the above signed Director/Partner of the applicant: |
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| 1. **Contact details of the applicant** |

* 1. Provide the following contact details for the individual from the applicant who is the principal for this application:[[3]](#footnote-4)

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| Name: |  |
| Designation: |  |
| Contact number: |  |
| E-mail address: |  |

* 1. Provide the following contact details for the individual from the applicant who is a backup person for this application:

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| Name: |  |
| Designation: |  |
| Contact number: |  |
| E-mail address: |  |

* 1. Provide the name, scope of services and contact details of any professional adviser(s) that may be assisting the applicant[[4]](#footnote-5) with this application.

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| Name: |  |
| Designation: |  |
| Precise scope of the service(s) being provided: |  |
| Contact number: |  |
| E-mail address: |  |

* 1. Would you like us to copy in your adviser identified above on any correspondence?

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| 1. **Information about the applicant** |

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|  | Name of the applicant (if the applicant changed its name, please indicate all previous names) |  |
|  | Please give details of any trading name(s) (if different from the name above) which the applicant proposes to use for the purpose of, or in connection with, any business carried on by it on the Authorised Market Institution for which Recognised Member status is being sought |  |
|  | Legal nature of the applicant (e.g. company, partnership, etc.) |  |
|  | Applicant's registered or head office in its home jurisdiction |  |
|  | Applicant's place of business outside of the AIFC from which its proposed Authorised Market Institution activities will take place, if different from the address above |  |
|  | Main telephone number of address in 3.5 (including country and area codes) |  |
|  | Applicant’s website (if any) |  |
|  | Please indicate what types of Investments will be the subject of this application. Provide as many details as possible. The definition of Investments can be found in AIFC Glossary. |  |
|  | Please list any exchanges and clearing houses on which the applicant is currently carrying on one or more financial services. |  |
|  | Please provide information on size of the applicant (if necessary, these data can be compiled into an attachment): | |
| * volume of transactions made on the exchanges where the applicant is currently carrying on one or more financial services over the past 3 years; |  |
| * number of clients for the specified period (broken down by the type of client: Professional/Retail); |  |
| * volume of the applicant comparing with the companies conducting similar business (please provide extracts from the Regulator or Stock Exchange rankings). |  |
|  | If the applicant uses prime brokers, please indicate them |  |
|  | Rationale for obtaining RNAM status  (e.g., to become a trading member of AIX, a MTF/OTF, etc.) |  |

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| 1. **Information about the Financial Services Regulator** |

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|  | Please provide details below of your Financial Services Regulator in your home jurisdiction: | |
| Name of the Financial Services Regulator |  |
| Address of the Financial Services Regulator |  |
| Name of the contact or supervisor at the Financial Services Regulator |  |
| Telephone number of the above contact or supervisor |  |
| Email of the above contact or supervisor |  |
| Scope of the permitted financial services |  |
| Financial year end in your home jurisdiction |  |
| The last day to submit annual reports to your Financial Services Regulator in your home jurisdiction |  |
| Please attach a copy of the licence or other evidence confirming the licence has been issued and remains current | |
|  | If applicable, please provide the details below of any additional Financial Services Regulator which regulates the activities in relation to the Investments specified in question 3.8 not covered by the regulator in 4.1 above (where there are more than 1 please attach additional information on a separate sheet): | |
| Name of the additional Financial Services Regulator (if applicable) |  |
| Address of the additional Financial Services Regulator |  |
| Name of the contact or supervisor at the additional Financial Services Regulator |  |
| Telephone number of the above contact or supervisor |  |
| Email of the above contact or supervisor |  |
| Scope of the permitted financial services |  |
| If applicable, please attach a copy of the licence or other evidence confirming the licence has been issued and remains current | |

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| 1. **Documentation Checklist** |

* 1. The documents must be attached with this application. Mark the appropriate response-cells with an “X” to confirm that these attachments form part of this submission:

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|  | **Verify that the following required documents are attached with this application submission:** | **Yes** | **No** | **N/a** |
|  | Copies of all licences held by the applicant |  |  |  |
|  | A shareholding chart that depicts:   * how the applicant is related to each of its shareholders and to its related entities, Subsidiaries, and head office/Branch, as applicable; * percentage held by each shareholder. |  |  |  |
|  | Identification documents (for natural persons)/Incorporation certificate (for legal entities) for each shareholder: |  |  |  |
|  | Composition of the Board of Directors: |  |  |  |
|  | Identification documents (for natural persons)/Incorporation certificate (for legal entities) for each member of the Board of Directors: |  |  |  |

* 1. If you responded “No” in any of the cells above provide an explanation:

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| 1. **Strategic Fit Questionnaire** |

* 1. Is the Applicant or are any of the Applicant’s Connected Parties or Other Related Parties currently targeted by sanctions administered by any government or international organisations?

☐ Yes ☐ No

*If YES, please provide an overview below, including the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection.*

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* 1. Does the Applicant, or any of the Applicant’s Connected Parties[[5]](#footnote-6) or Other Related Parties[[6]](#footnote-7), have any offices, transactions, investments, activities or planned activities in jurisdictions currently targeted by sanctions administered by any government or international organisations?

☐ Yes ☐ No

*If YES, please provide an overview below, including the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection, details of how transactions are made, activities carried on or planned to be carried on between the company and sanctioned party.*

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* 1. Does the Applicant, or any of the Applicant’s Connected Parties or Other Related Parties, have any transactions, investments, activities or planned activities with (or in):
* any person, including individual, or entity located in jurisdictions currently targeted by sanctions administered by any government or international organisations?

☐ Yes ☐ No

*If YES, please provide an overview below, including the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection, details of how transactions are made, activities carried on or planned to be carried on between the company and sanctioned party.*

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* any entity owned or controlled by any individual or entity located in jurisdictions currently targeted by sanctions administered by any government or international organisations?

☐ Yes ☐ No

*If YES, please provide an overview below, including the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection.*

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* 1. Does the Applicant plan to take any practical steps to achieve sufficient awareness of the individuals and organisations the Applicant cooperate with, and that they do not fall under the sanctions administered by any government or international organisations?

☐ Yes ☐ No

*If YES, please provide an overview below.*

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* 1. Does the Applicant plan to have any internal oversight and verification controls to mitigate the sanctions risk exposure?

☐ Yes ☐ No

*If YES, please provide an overview below*

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| 1. **Disclosure to Astana International Exchange** |

This section applies, if the intention of the applicant is to become a trading member of Astana International Exchange Limited (AIX) as specified in 3.12. By signing this application you agree that the following information and documents can be disclosed by the AFSA to AIX for the purpose of assisting the exercise by AIX of its regulatory functions, in each case on or after the date stipulated:

1. The fact of filing this application, together with the name of applicant, on or after the date of filing with the AFSA;
2. A decision by the AFSA to approve this application, and whether or not approval is or will be subject to pre-conditions, on or after the date of that decision; and
3. The attachments, documents and any information related to or in connection with this application submitted or communicated by you to any unit of the AFSA.

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| 1. **Submitting your application to the AFSA** |

Once you are satisfied that this form with the necessary signatures in place and all other supporting forms and documents necessary for your completed application have been finalised, you can then proceed to arrange an application submission meeting with your authorisation contact at the AFSA.

We will undertake an initial review of it to ensure that your submission appears to be materially complete and all the necessary attachments are included. We will formally acknowledge receipt of the application once we ascertain that it is materially complete.

For your submission we will require hardcopies of one set of application forms, supplemental forms, and purpose-written, attachment documents, as well as the same on electronic format.

Firms are advised to retain a copy of this form, any supplements, and all attachments for their records.

1. Terms defined in the AIFC Glossary or the glossary sections in the Rules are identified by the capitalisation of the initial letter of a word or of each word in a phrase, unless the context otherwise requires the word to have its natural meaning. [↑](#footnote-ref-2)
2. The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the applicant. The terms “we” and “our” refer to the AFSA. [↑](#footnote-ref-3)
3. This person named will be responsible for the application during the authorisation process. He or she must be a representative of the applicant. [↑](#footnote-ref-4)
4. The terms “firm” and “applicant” are used interchangeably in this form. [↑](#footnote-ref-5)
5. Connected Parties include but are not limited to, beneficial owners, key controllers, trustees, settlors/grantors/founders, protectors and beneficiaries. [↑](#footnote-ref-6)
6. Other Related Parties include parties who may support or provide advice to the customer, but who sit out outside of the ownership structure. This may include syndicate lending deals, arrangers in SPVs, insurance manager in captive insurance and distributors. [↑](#footnote-ref-7)