**Astana Financial Services Authority**

**AIFC Application for registration as the Insolvency Practitioner**

**Full Name: *Insert text here***

**Application Date: *Insert date here***

# **DECLARATION AND CONSENT**

* 1. **Declaration**

I declare that:

* All the information given in this application form (including any attachments) is, to the best of my knowledge and belief and after having made all reasonable inquiries, true and complete.
* If at any time after making this declaration, I become aware of a material change in any information given in this application form (including any attachment) that is reasonably likely to be relevant to the Astana Financial Services Authority consideration of this application, I will inform the Astana Financial Services Authority in writing about the change without delay.
  1. **Consent**

I acknowledge that it may be necessary for the Astana Financial Services Authority to obtain information from other regulators, law enforcement agencies or other persons (whether in the State or elsewhere) to properly consider and decide this application. Accordingly, I consent to the Astana Financial Services Authority obtaining any information from third parties that the Astana Financial Services Authority considers is necessary for the purpose of considering and deciding this application.

All Personal Data provided to the Astana Financial Services Authority will be processed in accordance with the AIFC Data Protection Regulations 2017, and by signing this form you consent to the Astana Financial Services Authority sharing the information with the AIFC Authority.

**PURPOSE OF THIS FORM**

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| This form shall be used to register as the Insolvency Practitioner in the AIFC. |

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| AIFC Insolvency Regulations. Part 9, Section 88.   * 1. (3) The Registrar of Companies may:   2. (a) grant or refuse to grant an application for registration as an insolvency practitioner or official liquidator; and   3. (b) impose any restrictions or conditions on granting registration. |

**APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| **No.** | **Details** |  |
| 1. | Full name |  |
| 2. | Occupation |  |
| 3. | Address |  |
| 4. | Phone number |  |
| 5. | Email |  |
| 6. | Individual Identification Number (if applicable) |  |
| 7. | Citizenship |  |

**LIST OF SUPPORTING DOCUMENTS**

|  |  |  |
| --- | --- | --- |
| No. | Requirement | Status |
|  | CV |  |
|  | Document confirming the degree |  |
|  | List of insolvency cases completed by the practitioner |  |
|  | Document or extract from previous appointment as the practitioner |  |
|  | Copy of passport/ID |  |

**NAME AND SIGNATURE**

|  |  |
| --- | --- |
|  | **I declare that the information in this application and any attachments is true and complete as at the date of this form.** |

|  |  |
| --- | --- |
| **Name** *Insert text here* | **Signature** |
| **Date** *Insert date* |

# **NOTICE**

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| To promote transparency, safety of all parties and mitigate risks in the AIFC, the background check of Persons indicated in the application form will be conducted. This may include crime and tax records, law and regulatory enforcement, sanctions list and other relevant checks. In case of adverse background check, the incorporation/registration process may be delayed.  The AFSA Office of the Registrar of Companies reserves the right to ask for additional documents and information.  We occasionally refer to various Regulations and Rules which make up the AIFC Legislation. However, these references are provided only as a guide and are not an exhaustive list of the Regulations and Rules that may be applicable to your situation. It is your responsibility to research any Regulations and Rules that might be pertinent to your application. |

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| **For further Information, please contact us.** | | |
| **Telephone Number** | **+77172-64-73-74** |  |
| **Email Address** | [**registration@afsa.kz**](mailto:registration@afsa.kz) | |