**Astana Financial Services Authority**

**AIFC Application on resumption of activities**

 **Entity Name: *Insert text here***

 **Registration Number: *Insert text here***

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

# **DECLARATION AND CONSENT**

A director must sign this form in the space below.

* 1. **Declaration**

I declare that:

* I have the authority to make this application.
* 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.

**IMPORTANT**

It is a contravention of the Section 200 of the AIFC Companies Regulations to make a statement, or give information, to the Registrar (whether orally, in a Document or in any other way) that is false or misleading in a material particular, or give a Document to the Registrar that is false or misleading in a material particular, or conceal information or a Document if the concealment is likely to mislead or deceive the Registrar. Contravention of this section is punishable by a fine.

Name of Director:

|  |
| --- |
| *Insert text here* |

Contact email:

|  |
| --- |
| *Insert text here* |

Contact number:

|  |
| --- |
| *Insert text here* |

**REASON FOR THE RESUMPTION OF ACTIVITIES**

|  |
| --- |
| Describe the reason for the resumption of activities  |
| *Insert text here* |

***Signature: \_\_\_\_\_\_\_\_\_\_***

**RESUMPTION DATE**

|  |  |
| --- | --- |
| **Start date** | *Insert text here* |

**NAME AND SIGNATURE OF THE DIRECTOR**

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

|  |  |
| --- | --- |
| **Name of the Director** *Insert text here* | **Signature of the Director** |

**IMPORTANT**

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| --- |
| **You are also required to submit relevant forms with Kazakhstan Tax and other Departments.** |

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| **For further Information, please contact us.** |
| **Telephone Number**  | **+77172-64-72-68** | **+77172-64-74-02** |
| **Email Address** | **post-registration@afsa.kz** |

**NOTES FOR LODGING THIS FORM**

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| --- |
| The method of lodgment of this form is:* For the AFSA this form and any supporting Documents must be filed in original only, to the relevant address shown:

Astana Financial Services Authority,3rd floor, office 335 Block C 3.2, Mangilik El 55/17, Astana, KazakhstanT: +7 7172 64 72 68 T: +7 7172 64 74 02E: post-registration@afsa.kz This form, as well as any supporting Documents, may be signed using DocuSign electronic signature. In such case a DocuSign Certification of Completion must be provided. |