**Astana Financial Services Authority**

**AIFC Notice of ceasing to be an Ultimate Beneficial Owner**

**AIFC Participant: *Insert text here***

**Registration Number (BIN): *Insert text here***

# **DECLARATION AND CONSENT**

A Director must sign this form in the space below.

**Declaration**

I declare that:

* I have the authority to make this notice.
* All the information given in this notice (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 notice (including any attachment) that is reasonably likely to be relevant to the Astana Financial Services Authority consideration of this notice, I will inform the Astana Financial Services Authority in writing about the change without delay.

**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

**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* |

***Signature: \_\_\_\_\_\_\_\_\_\_ Date*** *Insert text here*

**WHAT THIS FORM IS FOR?**

* This form must be filed with the Office of the Registrar within 30 days after an individual cessed to be an Ultimate Beneficial Owner (UBO).
* Section 179-1(1) of the AIFC Companies Regulations provides that an Ultimate Beneficial Owner (UBO) is a natural person who:

(a) in relation to a company:

(i) owns or controls (directly or indirectly) Shares in the share capital of the company or other Ownership Interests in the Relevant Person of at least 25%;

(ii) owns or controls (directly or indirectly) voting rights in the Relevant Person of at least 25%;

(iii) owns or controls (directly or indirectly) the right to appoint or remove the majority of the Directors of the Relevant Person; or

(iv) has the legal right or through other ownership interests to exercise, or actually exercises, significant control or influence over the activities of the company; or

(b) in relation to a partnership, has the legal right to exercise, or actually exercises, significant control or influence over the activities of the partnership;

(c) in relation to a Foundation or a Non-Profit Incorporated Organisation, has the legal right to exercise, or actually exercises, significant control or influence over the activities of the Governing Body, Person or other arrangement administering the property or carrying out the objects of the Foundation, or Non-Profit Incorporated Organisation; or

(d) in relation to a Trust, is defined in the AIFC Trust Regulations.

**NOTES FOR COMPLETING THIS FORM**

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| All questions must be answered in full and the use of abbreviations should be avoided. If a field is left blank it may prompt a query.  A nil return should be indicated by N/A.   * Dates must be provided in the following format: DD/MM/YYYY. * Answers must be typed and additional pages attached if necessary. * Check the relevant Regulations, Rules, or this form, to determine:   + the information that must be supplied in this form;   + any supporting documentation that must accompany this form;   + who should sign this form;   + when the notification must be made; and * Ensure that any supporting documentation is clearly labelled and securely attached. * Defined terms are identified throughout this form by the capitalisation of the initial letter of the word or phrase and are defined in the Glossary published on the [www.afsa.kz](http://www.afsa.kz) or the relevant regulations. * All supporting Documents must be in the English language or accompanied by an appropriate translation certified to the satisfaction of the Registrar of Companies. * Please ensure that where indicated any supporting Documents are attached to the notification and where required certified as a “True Copy” by a director/secretary/ Member/Designated Member of the AIFC/Non-AIFC company or partnership. * 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. |

**DETAILS OF THE ENTITY**

Please provide details about the AIFC Participant to which this notice pertains

|  |  |
| --- | --- |
| **Registration Number (BIN)** | *Insert text here* |
| **Full name** | *Insert text here* |

**DETAILS OF NATURAL PERSON WHO CEASED TO BE UBO**

Please provide details about the natural person who ceased to be UBO

|  |  |
| --- | --- |
| **Title** | *Insert text here* |
| **Forenames** | *Insert text here* |
| **Surname** | *Insert text here* |
| **Country of Residence** | *Insert text here* |
| **Nationality** | *Insert text here* |
| **Date of Birth** | *Insert text here* |
| **Business Occupation** | *Insert text here* |
| **Percent of ownership/control that UBO had** | *Insert text here* |
| **Date of ceasing to be UBO** | *Insert date here* |

**CURRENT UBO DETAILS**

Please provide the current UBO details in respect of each UBO as they appear on Beneficial Ownership Register pursuant Section 179-4 of the AIFC Companies Regulations.

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title** | *Insert text here* |
| **Name** | *Insert text here* |
| **Surname** | *Insert text here* |
| **Country of Residence** | *Insert text here* |
| **Nationality** | *Insert text here* |
| **Date of Birth** | *Insert text here* |
| **Business Occupation** | *Insert text here* |
| **Percent of ownership/control** | *Insert text here* |
| **Service Address** | |
| **Address** | *Insert text here* |
|  | *Insert text here* |
|  | *Insert text here* |
| **P.O. Box Number** | *Insert text here* |
| **Post Code** | *Insert text here* |
| **Country** | *Insert text here* |

|  |  |
| --- | --- |
| **Personal Details** | |
| **Title** | *Insert text here* |
| **Name** | *Insert text here* |
| **Surname** | *Insert text here* |
| **Country of Residence** | *Insert text here* |
| **Nationality** | *Insert text here* |
| **Date of Birth** | *Insert text here* |
| **Business Occupation** | *Insert text here* |
| **Percent of ownership/control** | *Insert text here* |
| **Service Address** | |
| **Address** | *Insert text here* |
|  | *Insert text here* |
|  | *Insert text here* |
| **P.O. Box Number** | *Insert text here* |
| **Post Code** | *Insert text here* |
| **Country** | *Insert text here* |

**DIRECTOR’ 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* |

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

# **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.  Ensure that that you are using the *latest version* of this application form. 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.  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. |

**CHECKLIST**

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| **Please make sure to complete all the required fields in the form and the following supporting document(s) are attached. Incorrect or incomplete application may be returned for re‐submission.**  **If any documents are not in the English Language, they must be accompanied by a translation, certified to the satisfaction of the Registrar.** |

**LIST OF SUPPORTING DOCUMENTS**

|  |  |  |
| --- | --- | --- |
| No. | Document | Status |
|  | Copy of passport |  |
|  | Copy national ID (if applicable) |  |
|  | Payment confirmation |  |

**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, Kazakhstan  T: +7 7172 64 72 68  T: +7 7172 64 74 02  E: [post-registration@afsa.kz](mailto:post-registration@afsa.kz)  The Firm must file this form and any applicable supporting Documents with the correct recipient within the prescribed time limit. Any failure to do so may result in a breach of the applicable Regulations and Rules. You must ensure that any other requirement(s) to make a notification(s) to the AFSA is made on the correct form(s) and within the prescribed time limit.  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. |