## **Application Form for Recognition of Foreign Fund Managers**

This form must be submitted by a person wishing to apply to the AFSA for recognition as a Recognised Foreign Fund Manager, being a Fund Manager that is neither established, nor operates from a place of business in the Astana International Financial Centre (AIFC), and that is seeking to register a Domestic Fund in the AIFC.

In order to recognize the Foreign Fund Manager, the AFSA will need to be satisfied that the applicant meets the requirements in Rule 4.3 (b)(ii) and (f) of the AIFC Collective Investment Scheme Rules (CIS).

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.

#### Notes for completing this form

The term "applicant" refers to the entity for which recognition as a Foreign Fund Manager is being sought.

Prior to completion of this form, the applicant should read the relevant rules of the AIFC Collective Investment Scheme Rules applying to a Foreign Fund Manager.

We<sup>1</sup> 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 The AFSA will only accept out-of-date forms if they are submitted within one month of the latest version available on our website.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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<sup>&</sup>lt;sup>1</sup> 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.

#### 1. Declaration by the applicant

- 1.1 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.
- 1.2 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.
- 1.3 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.
- 1.4 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.
- 1.5 I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the AFSA.

| Signature of Director/Partner of the applicant  | Date |  |  |
|---|------|--|--|
| Enter the name and position or title of the above signed Director/Partner of the applicant: |      |  |  |
|   |      |  |  |

# 2.1 Provide the following contact details for the individual from the applicant who is the principal for this application:<sup>2</sup> Name:

2. Contact details of the applicant

Name:

Designation:
Contact number:
E-mail address:

2 Provide the following contact details for the individual from the applicant who is a backup

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

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

2.3 Provide the name, scope of services and contact details of any professional adviser(s) that may be assisting the applicant<sup>3</sup> with this application.

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

| 2.4 | Would you like us to copy in your adviser identified above on any correspondence? |
|-----|---|
|     |   |
|     |   |

 $<sup>^2</sup>$  This person named will be responsible for the application during the authorisation process. He or she must be a representative of the applicant.

<sup>&</sup>lt;sup>3</sup> The terms "firm" and "applicant" are used interchangeably in this form.

## 3. Information about the applicant

| 3.1 | Name of the applicant   |  |
|-----|---|--|
| 3.2 | 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 out in the AIFC, if it is different from your legal name. |  |
| 3.3 | Applicant's registered address in its home jurisdiction   |  |
| 3.4 | Applicant's place of business outside of<br>the AIFC from which its proposed<br>activities will take place, if different from<br>the address above  |  |
| 3.5 | Main telephone number of address in 3.3 (including country and area codes)  |  |
| 3.6 | Legal nature of the applicant (e.g., company, partnership, etc.)  |  |

## 4. Information about the Financial Services Regulator

| 4.1 | Please provide details below of your Financial Service jurisdiction:  | s Regulator in your home     |  |
|-----|---|------------------------------|--|
|     | Name of the Financial Services<br>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 license has been issued and remains current  |                              |  |
| 4.2 | If applicable, please provide the details below of any ad Regulator which regulates the activities in relation to the a Collective Investment Scheme (where there are monadditional information on a separate sheet): | Units or other securities in |  |
|     | Name of the additional Financial Services Regulator (if applicable)   |                              |  |
|     | Address of the additional Financial Services Regulator  |                              |  |

#### ASTANA FINANCIAL SERVICES AUTHORITY Classification: Restricted

| 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 th license has been issued and remains cu | e licence or other evidence confirming the rrent |

## 5. Acceptability assessment<sup>4</sup>

|  |  | Yes      | No      |
|--|--|----------|---------|
| 5.1  | Is your jurisdiction listed as a Non-Compliant Country or Territory by the Financial Action Task Force?  |          |         |
| 5.2  | Does your jurisdiction comply with OECD standards for the exchange of tax information, including adherence to multilateral agreements in respect of the exchange of information? |          |         |
| 5.3  | Have you conducted a comparative analysis of your jurisdiction's regulatory regime in relation to Funds and Fund Managers compared with that of the AFSA?                        |          |         |
| 5.4  | Have you identified any gaps between the home state and the AFSA's fund management and funds regulatory regimes? <sup>5</sup>  |          |         |
| 5.5 If any regulatory gaps or differences are identified, what is the nature of such gaps? |  |          |         |
| 5.6  | What controls are intended to remedy any gaps identified in order AFSA's regulatory requirements?  | to satis | sfy the |
| Dloor  | as provide the regulte of the analysis of your jurisdiction's regulatory   | nimo     |         |
| Pieas  | se provide the results of the analysis of your jurisdiction's regulatory req   | jine.    |         |

<sup>&</sup>lt;sup>4</sup> Please refer to Schedule 3 of CIS.

<sup>&</sup>lt;sup>5</sup> If no gaps have been identified as part of the analysis, the legal opinion must support and state that.

#### 6. Nature of Applicant's Business and Intended Activities in the AIFC

- 6.1 Please provide a brief overview of the business activities to be undertaken in the AIFC and description of the systems and controls the applicant will have in place to ensure it only conducts the permitted activities. This must include information regarding:
  - Fund management services being provided
  - Appointed Fund Administrator including duties and responsibilities
  - Activities being outsourced to service providers (asset managers, fund administrators, custodians)
  - Arrangements being implemented for a corporate governance framework, and
  - Arrangements being implemented for a Control Framework (including, but not limited to compliance, AML/CTF, internal audit, external audit, and risk management functions).

6.2 Expected funds to be launched in the AIFC during the next 12 months:

| Name | Legal<br>Structure | Fund Type | Target assets under management | Key<br>Investment<br>Strategy | Expected launch date |
|------|--------------------|-----------|--------------------------------|-------------------------------|----------------------|
|      |                    |           |                                |                               |                      |

#### 7. Fit and Proper questionnaire

If any answers are "Yes" to any of the questions, then provide a detailed explanation. If necessary, attach separate documentation. It will not necessarily impair our assessment of the applicant's fitness and probity if there is a positive response in any of the disclosures. However, deliberately withholding information or providing false or misleading information may prevent the success of the application.

| Has the applicant or any member of your Group been made aware, whether formally or nformally, that it is the subject of a current or pending investigation, review or disciplinary procedure, sanctions or supervisory actions by any regulatory authority, professional body, inancial Services Regulator, self-regulatory organisation, regulated exchange, clearing nouse, government body, agency, or any other officially appointed inquiry? If "Yes", provide full details: |
|---|
| Has the applicant or any member of its Group in the last 10 years been convicted or found guilty by any court of a competent jurisdiction of any criminal offence? If "Yes", provide full details:  |
| Has the applicant or any member of its Group in the last 10 years been the subject of disciplinary procedures by a government body or agency or any Financial Services Regulator, self-regulatory organisation, or other professional body? If "Yes", provide full details:   |
| Has the applicant or any member of its Group in the last 10 years contravened any provision of financial services legislation or of rules, regulations, statements of principle, or codes of practice made under it or made by a self-regulatory organisation, Financial Services Regulator, regulated exchange, or clearing house? If "Yes", provide full details:   |
| Has the applicant or any member of its Group in the last 10 years been refused or had a restriction placed on the right to carry on a trade, business, or profession requiring a licence, registration, or other permission? If "Yes", provide full details:  |
| Has the applicant or any member of its Group in the last 10 years received an adverse finding or an agreed settlement in a civil action by any court or tribunal of competent jurisdiction? If 'Yes", provide full details:   |
|   |

Has the applicant or any member of its Group in the last 10 years been censured, disciplined, publicly criticised, or the subject of any investigation or enquiry by any regulatory authority, Financial Services Regulator, or officially appointed inquiry? If "Yes", provide full details:

#### 8. Confirmation of additional supporting attachments

8.1 In the table below confirm that the requested supporting documents are attached by putting an "X" into the appropriate cell. If they are required documents and are not attached, then your application will be returned unless you can provide a reasonable explanation as to why they are not attached. If they are not required as per your submission, then place the mark in the "Not applicable" (N/a) cell:

| Relevant  |   | Atta    | Attachment included |     |
|-----------|---|---------|---------------------|-----|
| question: | Required attachment   | Yes     | To follow           | N/a |
| 4.1       | Letter of good standing from your regulator regarding this application to the AFSA  |         |                     |     |
| 4.2       | Copy of current regulatory licence in<br>the home jurisdiction including any<br>restrictions and conditions   |         |                     |     |
| 5         | Documentation regarding the comparative gap analysis of home jurisdiction's regulatory regime in relation to Funds and Fund Managers compared with that of the AFSA |         |                     |     |
| 6.1       | Appointed Fund Administrator Agreement  |         |                     |     |
| 6.1       | Appointed Eligible Custodian Agreement  |         |                     | -   |
| An        | y other necessary attachments. Make re  | ference | to them:            |     |
|           |   |         |                     |     |

Explanation of why required documents are not attached and why your application should not be considered incomplete and returned to you:

| [Insert text here] |  |
|--------------------|--|
|                    |  |

#### 9. 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.