**Astana Financial Services Authority**

 **AIFC Form for submission of Annual Return**

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

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

**Submission date: *Insert text here***

# **DECLARATION AND CONSENT**

A director must sign this form in the space below.

**Declaration**

I confirm that:

* I have the authority to file this form.
* All information required to be submitted by the Company pursuant to the provisions of the AIFC Companies Regulations 2017 in relation to the reporting period, as sought in this Annual return, has been provided in this Annual return.
* All the information given in this 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.

**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?**

* Annual returns must be filed by:
* a Public Company
* a Private Company with an annual turnover of more than U.S. $500,000 or an average of more than 20 Shareholders during the year for which the annual return is being prepared;
* a Private Company which has not made an election under section 26-1 (Annual confirmation of accuracy of information in the register);
* a Foundation.
* The abovementioned Companies and Foundations can use this form to file an Annual return.
* In accordance with Section 26 of AIFC Companies Regulations, this form must be accompanied by financial statements for the last financial year.
* This form must be filed with the Office of the Registrar within 6 months of the end of each financial year.

**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.
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**CORE INFORMATION**

|  |  |
| --- | --- |
| **Date of Annual return** | *Insert text here* |
| **Reporting period** | *Insert text here* |
| **Registration Number (BIN)** | *Insert text here* |
| **Full name** | *Insert text here* |

**STATEMENT OF CAPITAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Class of shares** | **Currency**  | **Number of shares** | **Aggregate nominal value**(Number of shares issued multiplied by nominal value of a share) | **Aggregate amount remaining unpaid**(Including both nominal value and share premium, if any) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Totals** |  |  |  |

**Specific details of each class of shares reported above**

|  |  |
| --- | --- |
| **Class of share** |  |
| **Specific Details of this class** |  |

The specific details include:

1. particulars of any voting rights, including rights that arise only in certain circumstances;
2. particulars of any rights, in respect of dividends, to participate in a distribution;
3. particulars of any rights, in respect of capital, to participate in a distribution (including on winding up); and
4. whether the shares are to be redeemed or are liable to be redeemed at the option of the Company or the Shareholder.

**Note**: A separate table must be used for each class of share. Please use a continuation page if necessary, to complete all the specific details of any specific class being reported in this Annual return.

**SHAREHOLDERS**

Please list the Shareholders in alphabetical order. Joint shareholders should be listed consecutively.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Address**  | **Class of Share**  | **Number of Shares** | **Equity (%)** | **Date entered as a Shareholder** | **Date ceased to be a Shareholder** | **Date the number of Shares held by the Shareholder increased or decreased** | **For Shares that are not fully paid—the amount remaining unpaid on each Share** |
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For joint holders of Shares in a Company—unless otherwise provided in its Articles of Association, please provide the following:

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| --- | --- | --- |
| **Names of each joint holder** | **The nominee Shareholder for the purposes of voting**  | **Nominated single address to which all communications required to be sent to a Shareholder can be sent** |
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**DIRECTORS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Former name** | **Date of Birth** | **Address**  | **Former Address within the last 5 years**  | **Date appointed as a Director** | **Date ceased to be a Director**  |
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**SECRETARIES**

If applicable

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| --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Former name** | **Date of Birth** | **Address**  | **Former Address within the last 5 years**  | **Date appointed as a Secretary** | **Date ceased to be a Secretary** |
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**ULTIMATE BENEFICIAL OWNERS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Residential address** | **Date of Birth** | **Place of Birth** | **Nationality**  | **Passport number** | **Passport country of issuance**  | **Passport issuance date** | **Passport expiry date** | **Date of becoming UBO** | **Date ceased to be UBO** |
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**DIRECTOR’S SIGNATURE**

|  |  |
| --- | --- |
| **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.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. | Requirement | Status |
|  | Financial statements  | [ ]  |

|  |
| --- |
| **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 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. |