**Astana Financial Services Authority**

 **AIFC Notice of Removal of Auditor**

**Company Name: *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 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.

**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?**

* In accordance with Section 134 of the AIFC Companies Regulations, a reference to an Auditor is a reference to a Person who is registered by the Registrar as an auditor under the Chapter 3 of the AIFC Companies Regulations.
* In accordance with Section 139 of the AIFC Companies Regulations, if an Auditor of a Company ceases to hold office for any reason, the Directors of the Company must, within 30 days after the day the Auditor ceases to hold office, appoint a replacement under Section 136(9) (Appointment and removal of Auditors) of the AIFC Companies Regulations.
* This form must be filed with the Office of the Registrar within 28 days after the removal of an Auditor.
* If a new Auditor has been appointed, the Company must complete and file the AIFC Notice of Appointment of Auditor.

**DETAILS OF THE COMPANY**

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

**DETAILS OF AUDITOR TO WHOM REMOVAL APPLIES**

|  |  |
| --- | --- |
| **Licence Number** | *Insert text here* |
| **Date of Licence** | *Insert text here* |
| **Full name** | *Insert text here* |
| **Address** | *Insert text here* |
| **Contact number** | *Insert text here* |
| **Email** | *Insert text here* |

**DETAILS OF REMOVAL**

Under which circumstances is the Auditor removed? (choose one option only)

|  |  |
| --- | --- |
| [ ]  **Removal** | **Date of the Resolution***Insert date here* |
| [ ]  **Termination of appointment** | **Date of cessation** *Insert date here* |
| [ ]  **Resignation** | **Date of receipt of Written notice of resignation** *Insert date here* |
| [ ]  **Court’s Order** | **Date of the Court’s Order***Insert date here* |

**DIRECTOR’S SIGNATURE**

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

**LIST OF SUPPORTING DOCUMENTS**

|  |  |  |
| --- | --- | --- |
| No. | Requirement | Status |
|  | Resolution approving the removal | [ ]  |
|  | Evidence of removal/cessation/resignation | [ ]  |

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

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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 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. |