**Application for a Licence to carry on Ancillary Services**

This form must be submitted by all applicants applying for a Licence[[1]](#footnote-1) to carry on one or more Ancillary Services, as defined in the AIFC General Rules. In addition to this form you[[2]](#footnote-2) may be required to complete other supplementary forms as applicable to your intended activities.

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| ***Prior to completing the application, you are highly advised to do the following:*** |
| 1. Meet or conference-call with the AFSA authorisation team to discuss your intended activities;
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| 1. Submit Non-Regulatory Business Plan to the AFSA authorisation team, for their comments and feedback;
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| 1. Meet or conference-call with the AFSA authorisation team for their comments and feed­back on the initial drafts of the Non-Regulatory Business Plan; and
 |
| 1. Submit the fully completed application, supplemental forms, and other required documents to the AFSA authorisation team for their consideration.
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| Notes for completing this form |

We 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 a question we ask does not pertain to your intended Ancillary Services respond to that effect in the cell. 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 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 GLO should have their first letter in upper-case.

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 AFSA will only accept out-of-date forms if they are submitted within one month of the latest version available on our website.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.

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| Declaration by the applicant |

* 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 Article 119(e) of the AIFC Framework Regulations to provide to the AFSA any information which is deceptive, misleading or dishonest.
	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.
	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.
	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.
	5. I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the AFSA.

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Signature of Director/Partner of the applicant[[3]](#footnote-3) Date

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| Enter the name and position or title of the above signed Director/Partner of the applicant: |
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| Declaration by the Money Laundering Reporting Officer |

*Note: This section is only applicable for the firms that are Relevant Persons*[[4]](#footnote-4) *under the AIFC AML Rules.*

I declare that, I have read and understood the AIFC Anti-Money Laundering Counter-Terrorist Financing and Sanctions Rules and I am aware of the obligations and requirements I must adhere to as a MLRO.

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Signature of the MLRO Date

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| Enter the name and position or title of the above signed individual: |
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| Contact details of the applicant |

* 1. Provide the following contact details for the individual from the applicant who is the principal for this application:[[5]](#footnote-5)

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

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

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

* 1. Provide the name, scope of services and contact details of any professional adviser(s) that may be assisting the applicant[[6]](#footnote-6) with this application.

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

* 1. Would you like us to copy in your adviser identified above on any correspondence?

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| Information about the applicant |

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|  | Full name or proposed name of the Ancillary Service Provider  |  |
|   | What is or will be, if known, the registered business address for your AIFC operation? (please indicate if current or proposed) |  |
|  | Details of ownership of the firm, including beneficial owners (if insufficient space please attach additional sheets) | *Shareholder name % Holding*  |
|  | Main telephone number of address in 4.2(including country and area codes) |  |
|  | Head office name and address if different from 4.2 |  |
|  | Head office telephone number of address in 4.4 |  |
|  | What is, or will be, the website address of your new entity? Also, what is the website address of your head office or main shareholding firm? |  |
|  | Legal nature of the firm (e.g. company, LLP, Partnership, etc) |  |
|  | Date and place of incorporation/formation[[7]](#footnote-7)  |  |
|  | Applicant’s expected end of financial year date |  |
|  | Details of standing with any relevant regulatory or professional body |  |
|  | Background and history of applicant, including the details of the types of Clients and matters that the applicant has worked on in the past |  |

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| Ancillary Services being sought by the applicant |

* 1. Please select the type of Ancillary Services (as defined in Schedule 2 of the AIFC General Rules):

|  |  |
| --- | --- |
| **Ancillary Services:** | Please describe Ancillary Service(s) you are applying for in detail: |
| Providing Legal Services |  |
| Providing Audit Services |  |
| Providing Accountancy Services |  |
| Providing Consulting Services |  |
| Providing Credit Rating Services |  |

* 1. Identify any potential or actual conflicts of interests that may arise in the course of your business and explain how the corporate governance structure and controls of the applicant will mitigate or address each one:

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| Anti-Money Laundering, Counter-Terrorist Financing and Sanctions |

the applicant’s Controllers

*Note: This section is only applicable for the firms that are Relevant Persons under the AIFC AML Rules.*

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|  6.1 | Provide information on the Money Laundering Reporting Officer (MLRO) of the applicant: |
| Full name of MLRO (as stated in passport): |  |
| Passport number: |  |
| The country and place of issue of the MLRO’s passport: |  |
| Please attach a copy of the current passport held by MLRO, and a copy of his/her current visa. |
| Job title/level within the firm: |  |
| Residential address: |  |
| Telephone number: |  |
| Mobile phone number: |  |
| Email address: |  |
| What steps has the applicant taken to ensure that MLRO is capable and suitably qualified to undertake the roles and responsibilities as set out in AIFC AML Rules? Please provide details. |  |
| 6.2 | Please provide general information on applicant’s Anti-Money Laundering, Counter-Terrorist Financing and Sanctions (AML/CFT) procedures and arrangements. |
| The scope and frequency of the AML/CFT reviews or audits: |  |
| An overview of how the applicant will monitor, detect, and report threshold and suspicious transactions: |  |
| Training programs and procedures to ensure employees are made aware of their regulatory obligations with regards to AML/CFT: |  |
| 6.3 | Please attach the applicant’s Anti-Money Laundering, Counter-Terrorist Financing and Sanctions policies, procedures, systems and controls, which must be specific to its AIFC activities and comply with the AIFC AML Rules. These policies, procedures, systems and controls should include, amongst other things, arrangements to:* ensure senior management of the applicant is aware of their responsibility for the applicant’s compliance with the AIFC AML Rules, and the duty to exercise due skill, care and diligence in carrying out these responsibilities;
* comply with the Law of the Republic of Kazakhstan No 191-IV dated 28 August 2009 on Counteracting legalisation (laundering) of proceeds obtained through criminal means and financing of terrorism and any other relevant laws of the Republic of Kazakhstan;
* ensure compliance with relevant sanctions issued by such bodies as Committee on financial monitoring of the Ministry of Finance of the Republic of Kazakhstan and United Nations Security Council.
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| Human Resources |

* 1. Describe the applicant’s proposed staffing and overall headcount upon authorisation and projected for the end of year-1.

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| --- | --- | --- | --- |
| *Full name of the proposed individual as it appears in the passport:* | *Function and title within the firm:* | *Commencement date of the function(s):* | *General description of experience of the proposed Individual:* |
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* 1. Please attach Résumés/CVs of all the proposed individuals to this application form. Confirm that you have attached these with this application form.

|  |
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| [Insert text here] |

* 1. Please attach a copy of all passports held by the proposed individuals. Confirm that you have attached these with this application form.

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| [Insert text here] |

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| Conduct of business |

* 1. What geographical areas or regions will the applicant target and how will the marketing be conducted in the immediate term and what are the future plans?

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| --- |
| Immediate target markets: |
|  |
| Future target markets: |
|  |

* 1. Describe the Client acquisition strategy – how does the applicant plan to source its Clients. For example, referral, marketing, advertising, or transfer from within your Group?

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| *Insert text here* |

* 1. If you are going to hold Client Money and/or Client Investments, please provide evidence of your capacity to comply with the applicable requirements of the Client Money and/or Client Investments rules, including any additional audit requirements which flow from them:

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

* 1. What are the arrangements for handling, resolving and recording complaints?

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| *Insert text here* |

* 1. What are the arrangements for record keeping and data protection?

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| *Insert text here* |

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| 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 informally, that it is the subject of a current or pending investigation, review or disciplinary procedure by any regulatory authority, professional body, Financial Services Regulator, self-regulatory organisation, regulated exchange, clearing house, government body, agency, or any other officially appointed inquiry? If “Yes”, provide full details:

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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:

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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:

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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:

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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:

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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:

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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:

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| 1. **Strategic Fit Questionnaire**
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| Section 1. Business activities |

1. The proposed business activities of the Applicant are in the field of:

[ ]  Government related 󠄀 [ ]  Oil and gas [ ]  Mining 󠄀 [ ]  Financial

[ ]  Industrial manufacturing 󠄀[ ]  Cyber security [ ]  Education [ ]  Agriculture 󠄀

[ ]  IT 󠄀 [ ]  R&D [ ]  Culture [ ]  Health

[ ]  Other\_\_\_\_\_\_\_\_\_\_(*please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Are the proposed business activities of the Applicant related to activities currently targeted by sanctions administered by any government or international organisations?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below, inlcuding the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection*

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1. Does the Applicant or any of the Applicant’s Connected Parties[[8]](#footnote-8) or Other Related Parties[[9]](#footnote-9), currently have a presence in other countries?

[ ]  Yes 󠄀 [ ]  No

*If YES, please specify in what country(-ies) the Applicant or any of the Applicant’s Connected Parties or Other Related Parties have a presence?*

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1. Please specify the main purpose and rationale of the Applicant's presence in Kazakhstan.

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1. Does the Applicant plan to carry on its main activities in Kazakhstan?

[ ]  Yes 󠄀 [ ]  No

*If NO, please provide an overview below.*

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1. Does the Applicant plan to relocate any production or innovation to Kazakhstan?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below.*

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1. Does the proposed business activities involve cooperation with Kazakhstani local business?

[ ]  Yes 󠄀 [ ]  No

*If NO, please provide an overview below on a target market.*

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1. What currency does the Applicant plan to operate in (multiple choice available)?

[ ]  KZT 󠄀 [ ]  RUB [ ]  USD [ ]  EUR

[ ]  Other\_\_\_*(please specify*)\_\_\_\_\_\_

1. Does the Applicant plan to carry on activities in other countries?

[ ]  Yes 󠄀 [ ]  No

*If YES, please specify the countries.*

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| Section 2. Corporate and Organisational Structure |

1. How many employees does the Applicant plan to employ?

[ ]  1-5

[ ]  6-20

[ ]  > 20

1. Does the Applicant plan to employ Kazakhstani citizens?

[ ]  Yes 󠄀 [ ]  No

*If YES, please specify the number of local employees*

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1. Does the Applicant plan to employ foreign citizens?

[ ]  Yes 󠄀 [ ]  No

*If YES, please specify the number of foreign employees and their countries of citizenship*

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1. Please specify the number of directors composing the board of directors of the Applicant and their citizenship (if applicable).

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| Section 3. Sanctions Exposure |

1. Is the Applicant or are any of the Applicant’s Connected Parties or Other Related Parties currently targeted by sanctions administered by any government or international organisations?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below, inlcuding the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection.*

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1. Does the Applicant, or any of the Applicant’s Connected Parties or Other Related Parties, have any offices, transactions, investments, activities or planned activities in jurisdictions currently targeted by sanctions administered by any government or international organisations?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below, inlcuding the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection, details of how transactions are made, activities carried on or planned to be carried on between the company and sanctioned party.*

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1. Does the Applicant, or any of the Applicant’s Connected Parties or Other Related Parties, have any transactions, investments, activities or planned activities with (or in):
* any person, including individual, or entity located in jurisdictions currently targeted by sanctions administered by any government or international organisations?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below, inlcuding the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection, details of how transactions are made, activities carried on or planned to be carried on between the company and sanctioned party.*

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* any entity owned or controlled by any individual or entity located in jurisdictions currently targeted by sanctions administered by any government or international organisations? 󠄀

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below, inlcuding the sanctioned party’s name, location, sanctioned regime targeting them, connection to the company, whether any sanctions licence or legal advice is relied upon for continuing the connection.*

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1. Does the Applicant plan to take any practical steps to achieve sufficient awareness of the individuals and organisations the Applicant cooperate with, and that they do not fall under the sanctions administered by any government or international organisations?

[ ]  Yes 󠄀 [ ]  No

*If YES, please provide an overview below.*

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1. Does the Applicant plan to have any internal oversight and verification controls to mitigate the sanctions risk exposure?

☐ Yes 󠄀 ☐ No

*If YES, please provide an overview below*

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| Auditor requirements |

*Note: This section is only applicable for the firms applying for Providing Audit Services.*

* 1. Please detail the resources to be used to conduct audits (i.e. technological resources, including number of staff, partners, professional staff and other resources, as applicable).

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

* 1. Please provide your approach to ensuring continuing professional development provided for Employees including Audit Principals *(if insufficient space please attach additional sheets)*

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

* 1. Please list the individuals who will undertake responsibilities of Audit Principals (Rule 3.1.2 of AIFC Auditor Rules requires that an Auditor must at all times have at least one individual appointed by it and registered by the AFSA and the Registrar of Companies to undertake the responsibilities of an Audit Principal):

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

*Note: For each Audit Principal listed above, please complete and attach the Application form for Audit Principal.*

* 1. Please provide details of professional indemnity insurance (Rule 8.1.1 of AIFC Auditor Rules requires that an Auditor must at all times hold adequate and appropriate professional indemnity insurance which covers all types of civil liability arising in connection with the conduct of the Auditors business by its Personnel):

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| *Insert text here* |

*Note: Please attach a copy of the applicant’s insurance certificate or cover note.*

* 1. Has the applicant been inspected / assessed by an independent body or had a peer review in the last twelve months:

YES [ ]  NO[ ]

If “YES”, please provide details below including a summary of the findings and attach a copy of any findings.

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| *Insert text here* |

* 1. Do the applicant’s systems, procedures and controls ensure compliance with the International Standards on Auditing (ISAs) as issued by IAASB? (Please provide a copy of the applicant’s systems, procedures and controls):

YES [ ]  NO[ ]

If “NO”, please provide details of where systems, procedures and controls do not comply.

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

* 1. Does the applicant’s system of quality control operate to meet the requirements as set out under International Standard on Quality Control (ISQC)? (Please provide a copy of the applicant’s current quality control policies and procedures. If the applicant’s quality control policies and procedures are integrated into its internal IT systems, please provide a summary of how the policies and procedures comply with ISQC 1. The AFSA may wish to inspect the IT systems to verify compliance)

YES [ ]  NO[ ]

If “NO”, please provide details of where systems, procedures and controls do not comply.

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

* 1. Does the applicant’s system, procedures and controls ensure compliance with the Code of Ethics for Professional Accountants (Code) as issued by International Federation of Accountants (IFAC)? (Please provide a copy of the applicant’s current ethics policies and procedures. If the ethics policies and procedures comply with the IFAC Code. The AFSA may wish to inspect the IT systems to verify compliance)

YES ☐ NO☐

If “NO”, please provide details of where systems, procedures and controls do not comply.

Insert text here

|  |
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| *Insert text here* |

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| Confirmation of additional supporting attachments |

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 question: | Required Attachment | Attachment included? |
| Yes | To follow | N/a |
| n/a | Non-Regulatory Business Plan: |  |  |  |
| n/a | Last audited accounts (if applicable):[[10]](#footnote-10) |  |  |  |
| n/a | Last audited accounts of the applicant’s Head/Parent Company (if applicable):[[11]](#footnote-11) |  |  |  |
| n/a | A copy of the code of conduct:[[12]](#footnote-12) |  |  |  |
| 4.3 | Copy of passport of applicant’s each shareholder (if natural persons) |  |  |  |
| 4.3 | A chart showing the shareholder structure of the entity – up to the individual who ultimately owns the company:  |  |  |  |
| 4.5 | Certificate of Incorporation of the applicant’s Head/Parent Company: |  |  |  |
| 4.9  | Certificate of Incorporation/Recognition of the applicant: |  |  |  |
| 4.11 | Evidence of standing with any relevant regulatory body (if applicable): |  |  |  |
| 6.1 | Copy of passport of MLRO: |  |  |  |
| 6.3  | Anti-Money Laundering, Counter-Terrorist Financing and Sanctions policies, procedures, systems and controls: |  |  |  |
| 7 | Résumés/CVs of proposed staff members (Human resources section): |  |  |  |
| **For Auditors:[[13]](#footnote-13)** |
| 10.3 | Application for each Audit Principal: |  |  |  |
| 10.4 | Professional Indemnity Insurance certificate or cover note: |  |  |  |
| 10.5 | Copy of inspection/assessment findings: |  |  |  |
| 10.6 | Copy of systems, procedures and controls in relation to International Auditing Standards: |  |  |  |
| 10.7 | Copy of quality control policies and procedures: |  |  |  |
| 10.8 | Copy of systems, procedures and controls in relation to Code of Ethics: |  |  |  |
| **For Credit Rating Agencies:[[14]](#footnote-14)** |
| n/a | Written procedures and methodologies to ensure quality and integrity of the rating process: |  |  |  |
| n/a | Written procedures and mechanisms to ensure independence and reduce conflicts of interest: |  |  |  |
| n/a | Written procedures and mechanisms to ensure transparency and timeliness of ratings disclosure: |  |  |  |
| n/a | Written procedures and mechanisms to ensure confidentiality of information: |  |  |  |
| *Any other necessary attachments. Make reference 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] |

|  |
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| 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. If you are submitting published documents (for example, a corporate annual report), they are to be submitted on memory stick only.

Firms are advised to retain a copy of this form, any supplements, and all attachments for their records.

1. Terms defined in the Glossary (GLO) or the glossary sections in the Rules are identified by the capitalisation of the initial letter of a word or of each word in a phrase, unless the context otherwise requires the word to have its natural meaning. [↑](#footnote-ref-1)
2. The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the applicant applying for a Licence to carry on Ancillary Services. The terms “we” and “our” refer to the AFSA. [↑](#footnote-ref-2)
3. Or the person who will be authorised by the entity once it has been incorporated or established. [↑](#footnote-ref-3)
4. The AIFC AML Rules apply to Relevant Persons, including Authorised Firms, Authorised Market Institutions, Designated Non-Financial Businesses and Professions ("DNFBPs"), and Registered Auditors.

The following class of persons whose business or profession is carried on in or from the AIFC constitutes *DNFBPs*:

(a) A real estate developer or agency which carries out transactions with a customer involving the buying or selling of real property;

(b) A dealer in precious metals or precious stones;

(c) A dealer in any saleable item of a price equal to or greater than USD 15,000;

(d) A law firm, notary firm, or other independent legal business;

(e) An accounting firm, audit firm, or insolvency firm; or

(f) A company service provider.

There is no requirement to appoint MLRO and adopt internal AML policies, controls and procedures for the firms that are not Relevant Persons under the AIFC AML Rules. [↑](#footnote-ref-4)
5. This person named will be responsible for the application during the authorisation process. He or she must be a representative of the applicant. [↑](#footnote-ref-5)
6. The terms “firm” and “applicant” are used interchangeably in this form. [↑](#footnote-ref-6)
7. Please attach a copy of the applicant’s certificate of incorporation (if applicable). If in the process of being formed, please state “in formation”. [↑](#footnote-ref-7)
8. Connected Parties include but are not limited to, beneficial owners, key controllers, trustees, settlors/grantors/founders, protectors and beneficiaries. [↑](#footnote-ref-8)
9. Other Related Parties include parties who may support or provide advice to the customer, but who sit out outside of the ownership structure. This may include syndicate lending deals, arrangers in SPVs, insurance manager in captive insurance and distributors. [↑](#footnote-ref-9)
10. We require your most recent audited accounts. This should include balance sheet, profit and loss statement, cash flow statement and notes. Where audited accounts are unavailable, supply interim unaudited accounts or management accounts. [↑](#footnote-ref-10)
11. We require the Group’s most recent audited accounts including the balance sheet, profit and loss statement, cash flow statement and notes. Where audited accounts are unavailable, supply interim unaudited accounts or management accounts. [↑](#footnote-ref-11)
12. Please refer to Chapter 13 of the AIFC Conduct of Business Rules. [↑](#footnote-ref-12)
13. Please refer to AIFC Auditor Rules. [↑](#footnote-ref-13)
14. Please refer to Chapter 14 of AIFC Conduct of Business Rules. [↑](#footnote-ref-14)