

# **Astana Financial Services Authority**

## **Application to Register a Foreign General Partnership as a Recognised General Partnership in the AIFC**

Name of applicant: *Insert text here*

Date of application: *Insert date here*

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### Declaration and Consent

#### **1.1. Declaration of Members**

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; and
- 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.

#### **1.2. 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 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 Article 119(e) of the AIFC Framework Regulations to knowingly or recklessly give false or misleading information to the Astana Financial Services Authority or to conceal information if the concealment is likely to mislead or deceive the Astana Financial Services Authority.

#### **Member**

Name: *Insert text here*

Signature:

Date: *Insert date here*

## **SECTION 2**

### **Applicant's contact details**

**2.1. Name of the proposed partnership:**

*Insert text here*

**2.2. Name and position of main contact for this application:**

*Insert text here*

**2.3. Contact number of main contact:**

*Insert text here*

**2.4. Email address of main contact:**

*Insert text here*

## **SECTION 3**

### **Nature of Business**

**3.1. The nature of the business to be conducted in the AIFC:**

*Insert text here*

**3.2. Address of the registered office in the AIFC:**

*Insert text here*

**3.3. The partnership's registered office in its place of origin or, if there is no registered office required under the laws of the place of origin, its principal place of business in its place of origin.**

*Insert text here*

## SECTION 4

### Information on Authorised Signatory

#### Personal Details

**Full forename(s)** *Insert text here*

**Surname** *Insert text here*

**Nationality** *Insert text here*

**Address** *Insert text here*

**Business occupation (if any)** *Insert text here*

**Date of birth** *Insert date here*

## SECTION 5

### Information on General Partners

#### General Partner (Individual)

**Full forename(s)** *Insert text here*

**Surname** *Insert text here*

**Former Name(s)** *Insert text here*

**Nationality** *Insert text here*

**Address** *Insert text here*

**Business occupation (if any)** *Insert text here*

**Date of birth** *Insert date here*

**Place of birth** *Insert text here*

### Information on General Partners (cont.)

#### General Partner (Body Corporate)

<b>Corporate Name</b>	<i>Insert text here</i>
<b>Address</b>	<i>Insert text here</i>
<b>Registration Number</b>	<i>Insert text here</i>
<b>Place of Registration/Incorporation</b>	<i>Insert text here</i>
<b>Organizational-legal form</b>	<i>Insert text here</i>
<b>Governing law</b>	<i>Insert text here</i>

## **SECTION 6**

### **Information on Person authorised to accept services**

Please provide personal details of a Person authorised to accept service of any Document or notice on behalf of the company

#### **Details**

<b>Name</b>	<i>Insert text here</i>
<b>Address</b>	<i>Insert text here</i>

### **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.*

- 7.1. 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:**

*Insert text here*

- 7.2. 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:**

*Insert text here*

- 7.3. 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:**

*Insert text here*

- 7.4. 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:**

*Insert text here*

- 7.5. 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:**

*Insert text here*

- 7.6. 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:**

*Insert text here*

- 7.7. Have 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:**

*Insert text here*



## SECTION 8

### Anti-Money Laundering, Counter-Terrorist Financing and Sanctions Section (AML/CFT)

*Please choose from the below list the best option that describes your business activities*

- (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;
- 

A company service provider:

- (d) 1. acting as a formation agent of legal persons;  
2. acting as, or arranging for another person to act as, a director or secretary of a company, a partner of a partnership, or a similar position in relation to other legal persons;  
3. providing a registered office, business address, or accommodation, correspondence or administrative address for a company, a partnership, or any other legal person or arrangement;  
4. acting as (or arranging for another person to act as) a trustee of an express trust or performing the equivalent function for another form of legal arrangement; or  
5. acting as, or arranging for another person to act as, a nominee shareholder for another person.
- 

- (e) Other; please specify *Insert text here*
- 

#### **IMPORTANT**

If answer to the above question is '(e)' succeeding questions in this section are **not** applicable to you.

**Applicants applying for a Licence to carry on one or more Regulated, Market or Ancillary activities will be asked to complete Section concerned in the relevant Application Form for a Licence.**

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#### **Money Laundering Reporting Officer (MLRO)**

*Provide information on the Money Laundering Reporting Officer (MLRO) of the applicant.*

**Full name of MLRO  
(as stated in passport)**

*Insert text here*

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**Passport number**

*Insert text here*

---

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**The country and place of issue of the MLRO's passport:**

*Insert text here*

---

**Job title/level within the firm**

*Insert text here*

---

**Residential address**

*Insert text here*

---

**Telephone number**

*Insert text here*

---

**Mobile phone number**

*Insert text here*

---

**Email address**

*Insert text here*

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### **AML Questionnaire**

- 8.1. 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 AML Rules of the AFSA? Please provide details.**

*Insert text here*

- 8.2. The scope and frequency of the AML/CFT reviews or audits:**

*Insert text here*

- 8.3. An overview of how the applicant will monitor, detect, and report threshold and suspicious transactions:**

*Insert text here*

- 8.4. Training programs and procedures to ensure employees are made aware of their regulatory obligations with regards to AML/CFT:**

*Insert text here*

### **Notice**

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 AML Rules of the AFSA. 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 AML Rules of the AFSA, 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.

### **MLRO Declaration**

I declare that, I have read and understood the AML Rules of the AFSA and I am aware of the obligations and requirements I must adhere to as a MLRO.

Name of MLRO:

*Insert text here*

Signature:

Date: *Insert date here*

**Application form for obtaining a Business Identification Number**

№	Section Name	Information
<b>Information about the incorporating authority</b>		
1.	Name of the incorporating authority	Astana Financial Services Authority
<b>Incorporation information</b>		
2.	First name, middle name and surname of the Authorised Signatory	<i>Insert text here</i>
3.	Date of submitting the application package	<i>Insert date here</i>
4.	Type of incorporation (primary, re-registration, liquidation, introduction of modifications) <i>(indicate primary registration if the applicant was <u>not</u> registered before in the territory of the Republic of Kazakhstan)</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Re-registration <input type="checkbox"/> Liquidation <input type="checkbox"/> Introduction of modifications
5.	Method of formation (by establishing a new legal entity or reorganization of an existing legal entity). In case of reorganization, specify the type of reorganization (merge, transformation, split, or separation)	<input type="checkbox"/> New legal entity <input type="checkbox"/> Merge <input type="checkbox"/> Transformation <input type="checkbox"/> Split <input type="checkbox"/> Separation
6.	Form of organization (new legal entity, branch, representative office)	<input type="checkbox"/> New legal entity <input type="checkbox"/> Branch <input type="checkbox"/> Representative office
7.	Full name in English language (organizational-legal form and name of the applicant)	<i>Insert text here</i>
8.	Full name in Kazakh and Russian languages (organizational-legal form and name of the applicant). <i>(This field is <u>not</u> mandatory. In case if the field is left blank, it will be filled by the AFSA representative)</i>	<i>Insert text here</i>
9.	Abbreviated name of the applicant in English language <i>(if applicable)</i>	<i>Insert text here</i>
10.	Abbreviated name of the applicant in Kazakh and Russian languages.	<i>Insert text here</i>

	<i>(This field is <u>not</u> mandatory)</i>	
<b>11.</b>	Organizational-legal form of the applicant	<i>Insert text here</i>
<b>12.</b>	Form of ownership (state or private) <i>(Private ownership acts as the property of citizens and non-state legal entities and their associations<sup>1</sup>)</i>	<input type="checkbox"/> State <input type="checkbox"/> Private
<b>13.</b>	Type of legal entity/branch/ representative office (commercial or non-commercial) <i>(Commercial legal entity is an organization pursuing the extraction of income as the main objective of its activity. Non-commercial organization is an organization which objective is not income extraction and distribution of it between the participants of the organization)<sup>2</sup></i>	<input type="checkbox"/> Commercial <input type="checkbox"/> Non-commercial
<b>14.</b>	Type of private enterprise	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
<b>15.</b>	Subsidiary (yes/no) <i>(Subsidiary organization - an organization that, in accordance with international standards, is recognized as being under the control of the main organization and submits financial statements of the main organization for the preparation of consolidated financial statements according to international standards)<sup>3</sup></i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	International organization (yes/no) <i>(International organization - interstate or intergovernmental organization)<sup>4</sup></i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17.</b>	Are foreign investors participating in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18.</b>	Is a legal entity a Value Added Tax (VAT) payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Information about the head organization (in case of registration of a branch or representative office)</b>		

<sup>1</sup> Article 191 of Civil Code of the Republic of Kazakhstan

<sup>2</sup> Article 34 of Civil Code of the Republic of Kazakhstan

<sup>3</sup> Article 1 of Law on Accounting and Financial Reporting of the Republic of Kazakhstan

<sup>4</sup> Article 1 of Law on International Treaties of the Republic of Kazakhstan

19.	Resident / non-resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
20.	Business Identification Number of the head organization (if applicable)	<i>Insert text here</i>
21.	Full name of the head organization	<i>Insert text here</i>
	<i>Information on the head organization - Non-resident in the Republic of Kazakhstan</i>	
22.	Date of starting the activities in the Republic of Kazakhstan (or the date of submission of the application for registration) (if applicable)	<i>Insert date here</i>
23.	Country of incorporation	<i>Insert text here</i>
24.	Registration number in the country of incorporation	<i>Insert text here</i>
25.	Date of incorporation in the country of incorporation	<i>Insert date here</i>
26.	Tax registration number in the country of incorporation	<i>Insert text here</i>
27.	Type of organization	<i>Insert text here</i>
28.	Type of business activity	<i>Insert text here</i>
29.	Country of residence	<i>Insert text here</i>
30.	Name of registration authority	<i>Insert text here</i>
31.	Address of registration authority	<i>Insert text here</i>
32.	Surname, name and middle name of the CEO of the head organization	<i>Insert text here</i>
33.	The legal address of the head organization in the country of registration	<i>Insert text here</i>
34.	Phone number (if available)	<i>Insert text here</i>
35.	Email (if available)	<i>Insert text here</i>
36.	International organization (yes/no) ( <i>International organization is an interstate or intergovernmental organization</i> ) <sup>5</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Regime of registration (Special Economic Zone, Offshore or another regime)	<input type="checkbox"/> Special Economic Zone <input type="checkbox"/> Offshore

<sup>5</sup> Article 1 of Law on International Treaties of the Republic of Kazakhstan

		<input type="checkbox"/> Other
38.	Type of share capital	<i>Insert text here</i>
39.	Size of share capital (KZT or USD)	<i>Insert text here</i>
<b>The legal address of the AIFC Participant</b>		
40.	Registration Code of the Address (RCA) <sup>6</sup> (in the case of the presence of an RCA, Columns 43-49 need not to be filled in) (if available)  <i>(The registration code of the address is a unique address code of the registered real estate object. The RCA consists of 16 digits and could be obtained from www.egov.kz)</i>	<i>Insert text here</i>
41.	Postal address	<i>Insert text here</i>
42.	Name of the district in Astana	<i>Insert text here</i>
43.	Type of construction (if available)	<i>Insert text here</i>
44.	Building number	<i>Insert text here</i>
45.	Block (if available)	<i>Insert text here</i>
46.	Housing (if available)	<i>Insert text here</i>
47.	Type of accommodation (if available)	<i>Insert text here</i>
48.	Number of apartment, non-residential premises (if available)	<i>Insert text here</i>
49.	Office number (if available)	<i>Insert text here</i>
50.	Telephone (if available)	<i>Insert text here</i>
<b>Information about the CEO</b>		
51.	First name, middle name and surname of the CEO	<i>Insert text here</i>
52.	Citizenship (citizen of the Republic of Kazakhstan / foreign / statelessness)	<input type="checkbox"/> Citizen of the Republic of Kazakhstan <input type="checkbox"/> Foreign <input type="checkbox"/> Stateless
53.	Kazakhstani Individual Identification Number of the CEO	<i>Insert text here</i>
54.	Country of citizenship (not required for stateless persons)	<i>Insert text here</i>

<sup>6</sup> Регистрационный Код Адреса (РКА)

55.	Country of main residence	<i>Insert text here</i>
	<b>Type of economic activity</b>	
56.	The name of the activity (as indicated by the Authorised Signatory)	<i>Insert text here</i>
57.	Expected number of employed people	<i>Insert text here</i>
	<b>Information about the share capital of a legal entity</b>	
58.	The amount of the share capital, in KZT or USD	<i>Insert text here</i>
	<b>Share of state capital:</b>	
59.	amount in KZT or USD	<i>Insert text here</i>
60.	share in %	<i>Insert text here</i>
	<b>Share of private capital:</b>	
61.	amount in KZT or USD	<i>Insert text here</i>
62.	share in %	<i>Insert text here</i>
63.	Number of shareholders	<i>Insert text here</i>
	<b>Incorporators – Natural persons (if applicable)</b>	
64.	Citizenship (citizen of the Republic of Kazakhstan / foreign / statelessness)	<input type="checkbox"/> Citizen of the Republic of Kazakhstan <input type="checkbox"/> Foreign <input type="checkbox"/> Stateless
65.	Individual Identification Number (IIN) <i>(in case of availability of IIN, items 68-71 are not filled)</i>	<i>Insert text here</i>
66.	Surname, first name and middle name	<i>Insert text here</i>
67.	Country of citizenship	<i>Insert text here</i>
68.	Country of main residence	<i>Insert text here</i>
	<i>Information about a foreign person with no Individual Identification Number of the Republic of Kazakhstan</i>	
69.	Tax registration number in the country of incorporation	<i>Insert text here</i>
70.	Identity document	<input type="checkbox"/> National ID <input type="checkbox"/> Passport



	<i>(for citizens of Kazakhstan – national ID or passport; for foreign citizens – passport)</i>	
<b>71.</b>	Document Number	<i>Insert text here</i>
<b>72.</b>	Date of issue of the document	<i>Insert date here</i>
<b>73.</b>	Share in the share capital, %	<i>Insert text here</i>
<b>74.</b>	Amount in KZT or USD	<i>Insert text here</i>
<b>Incorporators – Legal entities (if applicable)</b>		
<b>75.</b>	Resident / non-resident	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
<b>76.</b>	Business Identification Number (BIN) <i>(in case of BIN availability items 77-80 are not filled)</i>	<i>Insert text here</i>
<b>77.</b>	Full name	<i>Insert text here</i>
<i>Information of the non-resident incorporator</i>		
<b>78.</b>	Country of registration	<i>Insert text here</i>
<b>79.</b>	Registration number in the country of registration	<i>Insert text here</i>
<b>80.</b>	Tax registration number in the country of incorporation	<i>Insert text here</i>
<b>81.</b>	Date of registration	<i>Insert date here</i>
<b>82.</b>	Type of activity (for the non-resident of Kazakhstan, fill in regardless of the presence / absence of the BIN)	<i>Insert text here</i>
<b>83.</b>	Share in the share capital, %	<i>Insert text here</i>
<b>84.</b>	Amount in KZT or USD	<i>Insert text here</i>
<b>Details of Reorganization (if the method of formation is reorganization)</b>		
<b>85.</b>	Type of reorganization	<input type="checkbox"/> Merge <input type="checkbox"/> Transformation <input type="checkbox"/> Split <input type="checkbox"/> Separation
<b>86.</b>	Number of legal entities participating in the reorganization	<i>Insert text here</i>
<b>87.</b>	Participants in the reorganization	<i>Insert text here</i>

<b>88.</b>	BIN	<i>Insert text here</i>
<b>89.</b>	Full name	<i>Insert text here</i>
	<b>Registration of tax payers</b>	
<b>90.</b>	Is it required to register as a Value Added Tax (VAT) payer? (yes/no)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List of Supporting Documents**

<b>№</b>	<b>Requirement</b>	<b>Attached</b>
	<b>General Details</b>	
1.	Partnership Agreement A copy of Partnership Agreement or document of similar effect	<input type="checkbox"/>
2.	A copy of business plan	<input type="checkbox"/>
3.	A copy of the partnership's most recent accounts	<input type="checkbox"/>
	<b>Authorised Signatory</b>	
4.	Copy of passport (including Individual Identification Number for Kazakhstani nationals)	<input type="checkbox"/>
5.	Copy of Kazakhstani Visa or Entry Stamp in Kazakhstan (if applicable)	<input type="checkbox"/>
6.	Copy of Kazakhstani ID (mandatory for Kazakhstani nationals)	<input type="checkbox"/>
7.	Evidence of Appointment A document evidencing the appointment of Authorised signatory. This may be in the form of resolution.	<input type="checkbox"/>
	<b>Partner (Individual)</b>	
8.	Copy of passport (including Individual Identification Number for Kazakhstani nationals)	<input type="checkbox"/>
9.	Copy of CV	<input type="checkbox"/>
	<b>Partner (Body Corporate)</b>	
10.	A copy of Certificate of Incorporation or Registration (as the case may be) in its place of origin, or a document of similar effect, certified by the relevant authority in the jurisdiction in which it is incorporated or registered.	<input type="checkbox"/>
11.	A copy of the constitutional Document of the incorporator, certified as a true copy by a Member or officer of the incorporator, i.e. articles of association, partnership deed or members agreement etc.	<input type="checkbox"/>
12.	Copy of the Resolution or similar agreement of Members or officers of the Body Corporate certified by either a Member or officer of the incorporator:	<input type="checkbox"/>

	(a) Authorising the incorporation of the new partnership in the AIFC; (b) Appointing the person authorised to sign documents on behalf of the body corporate in relation to the registration of the new partnership; and (c) Appointing the person authorised to sign documents in all matters following registration of the partnership.	
13.	Register of member/shareholders or document evidencing the current shareholders of the company, i.e. each corporate shareholder in the corporate structure (issued no more than three months)	<input type="checkbox"/>
<b>Addresses</b>		
14.	Lease Agreement Copy of the lease agreement for the office space in AIFC or memorandum of lease or any other document evidencing that the office space is reserved by way of lease reservation letter.	<input type="checkbox"/>
<b>Person authorised to accept service for the partnership in the AIFC</b>		
15.	Evidence of appointment A document evidencing the appointment of Person authorised to accept service for the partnership. This may be in the form of resolution.	<input type="checkbox"/>
16.	Copy of passport (if applicable)	<input type="checkbox"/>
17.	Copy of CV (if applicable)	<input type="checkbox"/>
<b>Money Laundering Reporting Officer (MLRO) (if applicable)</b>		
18.	Copy of passport	<input type="checkbox"/>
19.	Copy of Kazakhstani Visa or Entry Stamp in Kazakhstan (if applicable)	<input type="checkbox"/>
20.	Anti-Money Laundering, Counter-Terrorist Financing and Sanctions policies, procedures, systems and controls. <i>For details, please refer to <a href="#">Anti-Money Laundering, Counter-Terrorist Financing and Sanctions Section</a></i>	<input type="checkbox"/>
<b>Fees</b>		
21.	Fee	
	✓ Registration fee - \$100* ✓ Commercial licence fee - \$100*	<input type="checkbox"/>

\*Or equivalent amount in KZT at the official daily exchange rate of the National Bank of Kazakhstan on the date of payment.

## **SECTION 11**

### **NOTICE**

To promote transparency, safety of all parties and mitigate risks in the AIFC, during incorporation/registration process 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.

If any of the documents are not in the English language, the documents shall be accompanied by a translation certified to the satisfaction of the Registrar of Companies.

The AFSA Registration and Licensing Division reserves the right to ask for additional documents and information.

**For further Information, please contact us.**

<b>Telephone Number</b>	<b>+77172-64-72-93</b>	<b>+77172-64-72-92</b>
<b>Email Address</b>	<b>registration@afsa.kz</b>	