

Application Form for Recognition of Non-AIFC members

This form must be submitted by a person wishing to apply to AFSA for an order declaring a Person¹ to be a Recognized Non-AIFC Member, who operates in a jurisdiction other than the AIFC.

Before making an order, the AFSA will need to be satisfied that the applicant meets the requirements for recognition in Section 91 of the AIFC Financial Services Framework Regulations.

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.

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.

Notes for completing this form

The term “applicant” refers to the entity for which Recognised Member status is being sought.

Prior to completion of this form applicant should read the relevant sections of the AIFC Recognition Rules (REC) applying to Recognised Non-AIFC Member.

We² occasionally refer to various Rules, sections, or chapters which make up the AIFC 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 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 AFSA will only accept out-of-date forms if they are submitted within one month of the latest version available on our website.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.

² 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 Article 119(e) of the AIFC 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:

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2. Contact details of the applicant

2.1 Provide the following contact details for the individual from the applicant who is the principal for this application:³

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

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 applicant⁴ 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?

³ This person named will be responsible for the application during the authorisation process. He or she must be a representative of the applicant.

⁴ 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 on by it on the Authorised Market Institution for which Recognised Member status is being sought	
3.3	Applicant's registered or head office in its home jurisdiction	
3.4	Applicant's place of business outside of the AIFC from which its proposed Authorised Market Institution activities will take place, if different from the address above	
3.5	Main telephone number of address in 3.4 (including country and area codes)	
3.6	Legal nature of applicant (e.g. Company, Partnership, LLP, etc)	
3.7	Please indicate what types of Investments ⁵ will be the subject of this application	
3.8	Please list any exchanges and clearing houses on which the applicant is currently carrying on one or more financial services	

⁵ The definitions are contained in the GLO.

4. Information about the Financial Services Regulator

4.1	Please provide details below of your Financial Services Regulator in your home jurisdiction:	
	Name of Financial Services Regulator	
	Address of Financial Services Regulator	
	Name of 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 permitted financial services	
	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 additional Financial Services Regulator which regulates the activities in relation to the Investments specified in question 3.7 not covered by the regulator in 4.1 above (where there are more than 1 please attach additional information on a separate sheet):	
	Name of additional Financial Services Regulator (if applicable)	
	Address of Financial Services Regulator	
	Name of 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 permitted financial services	

	If applicable, please attach a copy of the Licence or other evidence confirming the License has been issued and remains current	

5. Disclosure to Astana International Exchange

The provision of information by the AFSA under the following consent will assist AIX in the determination of your firm's membership application. It is not mandatory to provide consent. Should you not wish to provide consent, we ask that you keep AIX informed of the progress of your application.

I consent_____ / I do not consent_____ to disclosure of the following information by the AFSA to the Astana International Exchange Ltd. of this application, in each case on or after the date stipulated:

- (a) The fact of filing this application, together with the name of applicant, on or after the date of filing with the AFSA; and
- (b) A decision by the AFSA to approve this application, and whether or not approval is or will be subject to pre-conditions, on or after the date of that decision.

6. Submitting your application to the AFSA

Once you are satisfied that this form 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.

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 memory stick. 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.