AIX CSD Participant Application Form

|  |  |  |
| --- | --- | --- |
| **1. APPLICANT INFORMATION** | | |
| Company name: | | Click or tap here to enter text. |
| Date of incorporation: | | Click or tap here to enter text. |
| Place of incorporation: | | Click or tap here to enter text. |
| Corporate identity No.: | | Click or tap here to enter text. |
| Address: | | Click or tap here to enter text. |
| Telephone No.: | | Click or tap here to enter text. |
| E-mail address: | | Click or tap here to enter text. |
| Website: | | Click or tap here to enter text. |
|  |  | |
| *License:* |  | |
| Description of business: | | Click or tap here to enter text. |
| Home Regulator name and country of jurisdiction of the home regulator: | | Click or tap here to enter text. |
| License No.: | | Click or tap here to enter text. |
| Date of license issue: | | Click or tap here to enter text. |
| Scope of license (permitted activities): | | Click or tap here to enter text. |
|  | | |
| *Representative:* | | |
| Name of the Representative: | | Click or tap here to enter text. |
| Job title: | | Click or tap here to enter text. |
| Address: | | Click or tap here to enter text. |
| Telephone No./ Mobile No.: | | Click or tap here to enter text. |
| E-mail address: | | Click or tap here to enter text. |
|  | | |
| *Responsible Person: [[1]](#footnote-2) (for interaction with AIX CSD)* | | |
| Name of the Responsible Person: | | Click or tap here to enter text. |
| Job title: | | Click or tap here to enter text. |
| Address: | | Click or tap here to enter text. |
| Telephone No./ Mobile No.: | | Click or tap here to enter text. |
| E-mail address: | | Click or tap here to enter text. |

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| **2. PURPOSE OF BECOMING AIX CSD PARTICIPANT** | |
| Click or tap here to enter text. | |
|  | |
| The type of AIX CSD Participant you apply for: | Custodian  Central Securities Depository |

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| **3. MEMBERSHIP IN OTHER EXCHANGES AND CLEARING CORPORATIONS** | | | | | |
| Is the Applicant a member of any other recognized Stock Exchange(s) or Commodity Exchange(s) or Clearing Corporation(s)? | | | | Yes  No | |
|  | | | | | |
| If yes, please provide the following details: | | | | | |
| *Name of Exchange/* *Clearing Corporation* | *Trading segment* | *Authority granting registration* | *Registration No.* | | *Registration date* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |

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| **4. EMPLOYEE INFORMATION** | | | |
| *Job title* | *Name* | *Mobile No.* | *E-mail address* |
| Senior Executive Officer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Compliance Officer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Money Laundering Reporting Officer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Details of the above Persons’ employment history during the past 10 years in any corporations, other than this appointment with the Applicant (in a reverse order): | | | | |
|  | | | | |
| **Senior Executive Officer** | | | | |
| *Company name and country of operation* | *Nature of business of company* | *Job title / Directorship*  *(executive or non-executive)* | *Period*  *from – to*  *(mm/yyyy)* | *% shareholding in company* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Compliance Officer** | | | | |
| *Company name and country of operation* | *Nature of business of company* | *Job title / Directorship*  *(executive or non-executive)* | *Period*  *from – to*  *(mm/yyyy)* | *% shareholding in company* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | | |
| **Money Laundering Reporting Officer** | | | | |
| *Company name and country of operation* | *Nature of business of company* | *Job title / Directorship*  *(executive or non-executive)* | *Period*  *from – to*  *(mm/yyyy)* | *% shareholding in company* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **5. PERSON(S) AUTHORISED TO GET ACCESS TO AIX CSD SYSTEM [[2]](#footnote-3)** | | | |
| *Name* | *Job title* | *Mobile No.* | *E-mail address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **6. BOARD OF DIRECTORS** | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships [[3]](#footnote-4) (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
|  | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships 5 (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
|  | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships 5 (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |

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| **7. MANAGEMENT DIRECTOR(S)** | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships [[4]](#footnote-5) (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
|  | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships 6 (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
|  | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| *Experience in capital market* | | | *Other directorships 6 (outside the Applicant's Group)* | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |

(please copy or delete rows if necessary)

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| **8. FITNESS AND PROPRIETY OF THE APPLICANT’S INDIVIDUALS** | | |
| Has any of the Persons referred to in Sections 4, 6, 7 above been: | | |
| *- bankrupt (personal insolvency) in the previous 5 years?* | | Yes  No |
| *- involved in other entities that have gone into insolvency, liquidation, or administration while the person was connected with that entity or within 1 year of such a connection?* | | Yes  No |
| *- involved in other entities that have had their registration, authorisation, membership, or licence revoked, withdrawn, or terminated, or have been expelled by a regulatory body or government body in the previous 5 years?* | | Yes  No |
| *- convinced of fraud or other financial crimes in the previous 5 years?* | | Yes  No |
| *- subjected to any official public incrimination and/or sanctions by statutory or regulatory authorities (including designated professional bodies) and has such a person ever been disqualified by a court from acting as a director or officer of, or conduct the affairs of, any entity in the previous 5 years?* | | Yes  No |
| *- unable to manage their affairs due to mental or physical incapacity?* | | Yes  No |
|  | | |
| If yes to any of the above, please provide details. | | |
| Click or tap here to enter text. | | |

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| **9. SHAREHOLDING** | | | | | | | |
| *Name* | | | | | | *% of total* | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| **Total** | | | | | | **100%** | |
| (please copy or delete rows if necessary) | | | | | | | |
| Details of the Applicant's Beneficial Owner(s)[[5]](#footnote-6) (being a natural person): | | | | | | | |
| *Name* | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | | | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| *Shareholder type* | | *Date of shareholding* | | *Effective % of shareholding* | | |
| Direct  Indirect | | Click or tap here to enter text. | | Click or tap here to enter text. | | |
|  | | | | | | | |
| Click or tap here to enter text. | *Date of birth* | *Citizenship* | | *IIN / Passport No.* | | | *Residential address* |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| *Shareholder type* | | *Date of shareholding* | | *Effective % of shareholding* | | |
| Direct  Indirect | | Click or tap here to enter text. | | Click or tap here to enter text. | | |

(please copy or delete rows if necessary)

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| **10. POLITICALLY EXPOSED PERSONS** | | | |
| Is any of the Applicant’s Directors/ Beneficial Owners /Authorised Signatory/ or their Immediate Relative or Close Associate Individual a PEP? [[6]](#footnote-7) | | | Yes  No |
|  | | | |
| If yes, please provide the following details: | | | |
| No. | 1 | | |
| 1. | Full name | Click or tap here to enter text. | |
| 2. | PEP type | Choose an item. | |
| 3. | Details of function/ position held by PEP | Click or tap here to enter text. | |
| 4. | Period of holding a position as a PEP | Click or tap here to enter text. | |
| 5. | Citizenship of PEP | Click or tap here to enter text. | |
| 6. | Full name of a person with whom you are related/ associated \* | Click or tap here to enter text. | |
| 7. | Relationship of PEP \* | Click or tap here to enter text. | |
| \* Applicable to Immediate Relative or Close Associate Individual of a PEP. Please complete the lines 3-7 with respect to a PEP with whom such a person is related/associated. | | | |

(please copy the table if necessary)

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| **11. CLIENT BASE** | | | | | | | | |
| Details of Client base | | | | | | | | |
| *Retail* | | *Quantity* | *% of total* | *Institutional* | | *Quantity* | | *% of total* |
| * equity | | Click or tap here to enter text. | Click or tap here to enter text. | * equity | | Click or tap here to enter text. | | Click or tap here to enter text. |
| * debt | | Click or tap here to enter text. | Click or tap here to enter text. | * debt | | Click or tap here to enter text. | | Click or tap here to enter text. |
| * other | | Click or tap here to enter text. | Click or tap here to enter text. | * other | | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | | | | | | | | |
| Country of origination of Clients (top five countries) | | | | | | | | |
| *Retail* | | | | *Institutional* | | | | |
| No. | Country | | % of total | No. | | | Country | % of total |
| 1. | Click or tap here to enter text. | | Click or tap here to enter text. | 1. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | | Click or tap here to enter text. | 2. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. | | Click or tap here to enter text. | 3. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. | | Click or tap here to enter text. | 4. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| 5. | Click or tap here to enter text. | | Click or tap here to enter text. | 5. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Other | | | Click or tap here to enter text. | Other | | | | Click or tap here to enter text. |

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| **12. FITNESS AND PROPRIETY OF THE APPLICANT** | |
| Has the Applicant committed a contravention of any provision of financial services legislation or of rules, regulations, statements of principle or codes of practice made under it or made by a recognised self-regulatory organisation, financial services regulator, regulated exchange, or clearing house? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Has the Applicant been refused or restricted the right to carry on a trade, business or profession requiring a licence, registration, or other permission? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Has the Applicant ever been subjected to censure, disciplinary action, public criticism, or court order initiated by any regulatory authority, any officially appointed investigation or any other financial services regulator? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Are the Applicant’s Directors associated with any other AIX Trading Members? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Has the Applicant ever been subjected to any proceedings, disciplinary action, or penalty by a member of IOSCO, any exchange or clearing house, central securities depositary, registrar/central registry, self-regulatory organisation, or other professional body? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
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| **13. SANCTIONS ASSESSMENT** | |
| Has the Applicant, its shareholder(s)/ participant(s) (up to Beneficial Owners) or any member of its Group[[7]](#footnote-8) or any Director of the Applicant or a member of the Group, directly or indirectly, been designated as a target of, or is otherwise subject to, Sanctions[[8]](#footnote-9)? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Does the Applicant or any member of its Group have any offices, business activities or planned activities in the FATF non-compliant jurisdictions[[9]](#footnote-10)? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Does the Applicant plan to use AIX trading facilities or AIX CSD post-trade facilities in connection with transactions involving, directly or indirectly, any person designated as a target of, or is otherwise subject to, Sanctions? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Does the Applicant conduct Sanctions-related assessments of its customers (up to the customer’s beneficial owners) at the time of establishing new business relationships, enabling the Applicant to detect individuals and entities subject to Sanctions in a timely manner? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Does the Applicant conduct Sanctions-related re-assessments of its customers (up to the customer’s beneficial owners) on a regular basis, enabling the Applicant to detect individuals and entities subject to Sanctions in a timely manner? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |
|  | |
| Does the Applicant have internal controls and sufficient resources in place to report to AIX CSD any customers, beneficial owners, or assets that are targeted by Sanctions (in relation to AIX CSD Participant’s account(s)), and take measures required by applicable legislation and/or competent authorities? | Yes  No |
| If yes, please provide details. | |
| Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **14. REPRESENTATIONS, UNDERTAKINGS AND ACKNOWLEDGEMENTS** | |
| 1. | We, the undersigned, hereby represent and warrant that all information and supporting documents provided in connection with this Application and attached thereto are true, accurate, correct, and complete. |
| 2. | We undertake to promptly notify AIX CSD of any change in any information provided in this Application and supporting documents. |
| 3. | We confirm that the persons to whom the personal data relates have consented to the provision of such personal data to AIX CSD. |
| 4. | We undertake to comply with the applicable AIFC Regulations and Rules, AIX CSD Business Rules and Procedures, and Notices issued by AIX CSD in furtherance of its Business Rules in connection with our activities on AIX CSD. |
| 5. | We represent and warrant that we comply with applicable laws and regulations for the prevention of Financial Crime, Market Abuse, Money Laundering, Financing of Terrorism and acknowledge requirements of the AIX CSD AML Notice. |
| 6. | We acknowledge that a Person signing the Application has the authority to submit the form, to declare as specified in the form and sign it for, or on behalf of, the Applicant. |

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|  | |
| *Name:* | Click or tap here to enter text. |
| *Job title:* | Click or tap here to enter text. |
| *Date:* | Click or tap here to enter text. |
| *Signature:* |  |

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| --- | --- |
| **REQUIRED SUPPORTING DOCUMENTS** | |
| 1. | Articles of Association with all amendments as at the application date |
| 2. | Certificate of Incorporation of the Applicant and, where applicable, the Parent company |
| 3. | License issued by AFSA or other home regulator of the Applicant |
| 4. | Organizational Structure and Extract from Resolution on its approval |
| 5. | Extract from Resolution on appointment of the members of Board of Directors and Management Board |
| 6. | Ownership structure with indication of Shareholders (Participants) up to Ultimate Beneficial Owner(s), and/or Register of Shareholders (Participants) |
| 7. | Passports / IDs of the Persons referred to in Sections 1, 4-7, 9-10 of this Application. |
| 8. | Reference letter(s) in respect of the Applicant from the Bank(s) |
| 9. | AML / CFT / Financial Crime Policies and Procedures and Extract from Resolution on their approval |
| 10. | Audited Financial Statements covering the latest 2 financial years (or such shorter period that the Applicant has been in operation) |

*\* If the Applicant has already submitted any of these documents to any unit of the AFSA within the last 6 months, please inform AIX CSD about the relevant unit of the AFSA, approximate date, and other important details. Based on that AIX CSD will request the documents directly from the AFSA and the Applicant will not have to re-submit them.*

|  |  |  |
| --- | --- | --- |
| **DOCUMENTS TEMPLATES** | | |
| 1. | Confidentiality Agreement |  |
| 2. | Participation Agreement |  |
| 3. | Signature Card of Authorised Persons |  |
| 4. | Proxy to the Signature Card |  |
| 5. | Power of Attorney for the access to AIX CSD depository system |  |
| 6. | Account Opening Request |  |
| 7. | AIX CSD PROD application form |  |

Annex 1

|  |  |  |
| --- | --- | --- |
| **POLITICALLY EXPOSED PERSONS** | | |
| A Politically Exposed Person (PEP) is a natural person (including a family member or close associate) who is or has been entrusted with a prominent function in the last 10 years as prescribed below. | | |
|  | | |
| *PEP classification* | *Short Form* | *Description* |
| International Organization | PEP IO | A person who is or has been entrusted with a prominent function by an international organisation, refers to members of senior management or individuals who have been entrusted with equivalent functions. Example: senior officials of the United Nations, World Bank, International Monetary Fund. |
| Regional Organization | PEP RO | A person who is or has been entrusted with a prominent function by a regional organization (organization with international membership that are established within a restrictive geographical or geopolitical boundary and consist of 3 or more member states). Example: senior officials and members of the European Parliament, Organisation of American States, North American Development Bank. |
| National Government | PEP N | A person who is or has been entrusted with a prominent public function by national or federal governments, sub-national or local governments. Example: heads of state, heads of government and ministers, senior members of the executive, legislature, judiciary, police, and military units. |
| Non-Governmental | PEP NG | A person who is or has been entrusted with a prominent function by religious organisations with political, judicial, military, and financial responsibilities, political party, political pressure groups and trade unions and other senior labour group exercising political influence or pressure. Example: influential religious leaders and representatives of religious organisations or cults with political, judicial, military, and administrative responsibilities, senior political party officials and functionaries. |
| State Owned Enterprise | SOE | A person who is or has been entrusted with a prominent function by SOE (legal entity in which government/state holds more than 50% direct, indirect, or combined indirect shareholding). Example: senior executives of SOEs. |
|  | | |
| *PEP relationships* | *Short Form* | *Description* |
| Immediate Relative | PEP R | A person who is related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Example: PEP’s spouse/equivalent to spouse, (step/grand)children and their spouses, (step/grand)parents, and (step/half)siblings. |
| Close Associate Individual | PEP A | A person who is a PEP’s close business colleagues or personal advisors, in particular persons acting in a financial fiduciary capacity. Example: business associate, joint owner, fellow shareholder, financial/legal/ political advisor, agent, representative or nominee. |

1. Responsible Person is an individual appointed by the Applicant to AIX CSD as required in section 2.9 of the AIX CSD Business Rules. [↑](#footnote-ref-2)
2. Persons authorised on the basis of a Power of Attorney for the access to the depository system of AIX CSD. [↑](#footnote-ref-3)
3. Please list names of all entities in which such Person has been a member of a Board or involved in the senior management of in the previous 5 years, indicating whether or not the Person still holds such position. [↑](#footnote-ref-4)
4. Please list names of all entities in which such Person has been a member of a Board or involved in the senior management of in the previous 5 years, indicating whether or not the Person still holds such position. [↑](#footnote-ref-5)
5. “Beneficial Owner” has a meaning given in the AIFC Glossary. [↑](#footnote-ref-6)
6. Please refer to Annex 1 to the Application. [↑](#footnote-ref-7)
7. “Group” has a meaning given in the AIFC Glossary. [↑](#footnote-ref-8)
8. “Sanctions” means applicable economic or financial sanctions or restrictive measures adopted and enforced by the United Nations Security Council, governmental bodies with the regulatory authority of the European Union, the United Kingdom (including, but not limited to, through HM’s Treasury), the United States (including, but not limited to, through the United States Office of Foreign Assets Control (OFAC)), the Republic of Kazakhstan, in each case, to the extent these measures are applicable. [↑](#footnote-ref-9)
9. FATF non-compliant jurisdictions are jurisdictions under Increased Monitoring or High-Risk jurisdictions subject to a Call for Action. [↑](#footnote-ref-10)