

Application for Approved Person Status

This form must be submitted by an Applicant¹ or an existing Authorised Person applying for Approved Person status for an individual (“the candidate”) nominated to carry out one or more Controlled Functions, as defined in Financial Services and Markets Regulations 2015 (FSMR), Part 5 – *Performance of Controlled Functions* and the FSRA General Rulebook (GEN), Rule 5.3 – *Controlled Functions and Approved Persons*.²

The Applicant or Authorised Person must make all reasonable enquires as to the fitness and propriety of the candidate to carry out the relevant Controlled Function.

In some cases the FSRA may require additional information. If this is necessary, the FSRA will contact the person identified as the contact person.

We occasionally refer to various Rules, sections, or chapters of the FSRA Rulebook. They are provided only as guidance and are not an exhaustive list of the Rules that may be applicable to your situation. It is your responsibility to research the Rulebook for any Rules that might be pertinent to your application.

The use of abbreviations or acronyms are to be avoided; if you do then they must be clearly defined.

Ensure that that you are using the latest version of this application form. We will only accept superseded forms if they are submitted within one month of the latest version’s release.

Notes for completion: sections 1, 2, 12, and 13 are to be completed by the Applicant or Authorised Person – all others by the candidate.

Name of the proposed Approved Person:	
Name of the Applicant or Authorised Person:	

¹ Terms defined in the FSRA Glossary (GLO) Rulebook or the glossary sections in other Rulebooks 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. For sake of clarity, the term “Applicant” in this (and all other FSRA forms) refers to a new “firm” applying for a Financial Services Permission as opposed to the nominated individual applying for Approved Person status.

² An Authorised Person applying to extend or vary the scope of an existing Approved Person’s status should use the APS-2 form. An Authorised Person applying to withdraw an existing Approved Person’s status should use the APS-3 form.

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1 General information about the Applicant or the Authorised Person

Details about the Applicant (firm) or Authorised Person

<i>Name of the Applicant or of the Authorised Person:</i>	
<i>ADGM license number (if an Authorised Person):</i>	
<i>The Applicant's or Authorised Person's contact person:</i>	
<i>Position or title of contact person:</i>	
<i>Name of home regulator of head office (if applicable):</i>	
<i>Contact's telephone number:</i>	
<i>Contact's e-mail address:</i>	
<i>Contact's address:</i>	
<i>E-mail address:</i>	

2 Information about the nominated candidate for Approved Person status

Details about the proposed Approved Person			
<i>Full name in passport:</i>		<i>Citizenship:</i>	
<i>Date of birth:</i>		<i>Place of birth:</i>	
<i>Passport number:</i>		<i>Place of issuance:</i>	
<i>National identification number:</i>		<i>National identification type (ID card, etc.):</i>	
<i>Telephone number:</i>		<i>Email address:</i>	
<i>Mailing address:</i>		<i>Residential address:</i>	
<i>Previous address if <3 years at current address:</i>		<i>Dates at above address:</i>	
<i>Have you ever used any other name(s)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes", the name(s) previously used:</i>	
<i>If you answered "Yes" state the reason(s) for the change(s) of name(s):</i>			
<i>Do you currently hold or have held Approved Person status in the ADGM?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes", provide full details of the role(s) and the name(s) of the Authorised Persons:</i>			

3 Controlled Functions

Controlled Functions are described in the FSRA GEN module, Rule 5.3 – *Controlled Functions and Approved Persons*, and comprise the roles of Senior Executive Officer, Licensed Director, and Licensed Partner.

In the table below tick the appropriate responses that pertain to the Controlled Function(s) that you will be seeking approval for and where other information is requested:

Controlled Functions	Controlled Function(s)	What senior level position will this Controlled Function-holder have at your firm?			Resident of UAE upon licensing? ³	
		Licensed Director	Licensed Partner	Senior Manager	Yes	No
Senior Executive Officer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Director:	<input type="checkbox"/>					
Licensed Partner:	<input type="checkbox"/>					

The candidate’s role and experience:

Proposed job title:

Commencement date of Controlled Function(s):

Provide a detailed job description below of the role to be taken up by the candidate. It should clearly state the responsibilities of the Controlled Function to be carried out:

Is the role full time?

Yes No

If not, how much time will be devoted to the role(s) each week?

Technical competence includes the relevant qualifications and training specific to the proposed Controlled Function. **Relevant experience** includes the relevant experience specific to the proposed Controlled Function. Under these categories describe how the Applicant or Authorised Person has determined that the candidate for the Controlled Function(s) is competent and sufficiently experienced to carry out the licensed function(s):

³ This relates to the UAE residency status of the candidate, as outlined in GEN 5.5.2, on an ongoing basis and, in the case of an Applicant, from the anticipated time of authorisation.

4 Education and professional qualifications

List all higher education degrees and diplomas held:			
<i>Dates:</i>		<i>Awarding body and location</i>	<i>Details of degree or diploma:</i>
<i>From:</i>	<i>To:</i>		

List any professional qualifications held:			
<i>Dates:</i>		<i>Awarding body and location</i>	<i>Full name of qualification:</i>
<i>From:</i>	<i>To:</i>		

List any other qualifications held by the candidate that are relevant to the role:			
<i>Dates:</i>		<i>Awarding body and location</i>	<i>Full name of qualification:</i>
<i>From:</i>	<i>To:</i>		

5 Employment history

Provide a summary of your career for the past ten years. Any gaps of more than one month must be included and relevant details provided; this might include, for example, career break, unemployment, educational studies, etc.:

Dates:		Summary	Position held or studies undertaken:
From: MM/YYYY	To: MM/YYYY		

Provide additional details of employment history or studies taken over the past ten years below, copying this section as appropriate in order to cover all entries in the table above:

Employment or educational institution 1:	
Full name of employer or educational institution:	
City and country of employer or educational institution:	
Nature of business or studies:	
Name and position of appropriate contact person or department who can verify the stated employment: ⁴	
Email address of the contact person or department:	
The candidate's position or title with the employer:	
Nature of employment (employed, self-employed, etc.):	
If applicable, state the financial service regulator:	
If applicable, details of any Regulated Activity carried out by the candidate:	
Reason for leaving employment:	

⁴ This should be, for example, the human resources department for an employer or the registrar for an educational institution.

Employment or educational institution 2:	
<i>Full name of employer or educational institution:</i>	
<i>City and country of employer or educational institution:</i>	
<i>Nature of business or studies:</i>	
<i>Name and position of appropriate contact person or department who can verify the stated employment.⁵</i>	
<i>Email address of the contact person or department:</i>	
<i>The candidate's position or title with the employer:</i>	
<i>Nature of employment (employed, self-employed, etc.):</i>	
<i>If applicable, state the financial service regulator:</i>	
<i>If applicable, details of any Regulated Activity carried out by the candidate:</i>	
<i>Reason for leaving employment:</i>	
Employment or educational institution 3:	
<i>Full name of employer or educational institution:</i>	
<i>City and country of employer or educational institution:</i>	
<i>Nature of business or studies:</i>	
<i>Name and position of appropriate contact person or department who can verify the stated employment:</i>	
<i>Email address of the contact person or department:</i>	
<i>The candidate's position or title with the employer:</i>	
<i>Nature of employment (employed, self-employed, etc.):</i>	
<i>If applicable, state the financial service regulator:</i>	
<i>If applicable, details of any Regulated Activity carried out by the candidate:</i>	
<i>Reason for leaving employment:</i>	

⁵ This should be, for example, the human resources department for an employer or the registrar for an educational institution.

6 Other personal registrations

Have you, the candidate for a Controlled Function, held or been granted, in a personal capacity, any license or registration by any other financial services regulator?

Full name of the financial services Regulator:

If you have previously held any such license or registration, provide the full details below:

Nature of the license, registration, or authorisation held:

Scope of the activities permitted by license, registration, or authorisation held:

Relevant dates, from when to when, of the license, registration, or authorisation held:

Provide an explanation to demonstrate your competence and relevant experience, as the candidate for a Controlled Function(s), to carry out the Controlled Function(s) adequately in light of any other employment commitments that you might have:

7 Professional memberships

List all current professional memberships that the candidate holds:

<i>Date of admission or membership:</i>	<i>Full name of the organisation:</i>	<i>Location of jurisdiction:</i>	<i>Brief explanation of the organisation:</i>

8 Other holdings

Provide a summary of any positions of Controller, Director, or Partner that the candidate currently holds, or has held in the past ten years:

The full name of the entity:

Location of the entity:

The business operations of the entity:

A description of your involvement with the entity:

Your percentage shareholding in the entity (if applicable):

Any current relationship, either direct or indirect, that the entity has with the Applicant or Authorised Person submitting this application:

9 Fit and Proper Questionnaire

Complete the following questionnaire in relation to the Controlled Function(s) that the candidate will be *responsible* for. An answer must be provided to each question.

Has the candidate ever:	Yes	No
<i>Been convicted (including where a conviction has been completed, removed from record, or otherwise spent, as the case may be) or found guilty by any court of a competent jurisdiction of any criminal offence?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been the subject of any disciplinary procedures by a governmental body or agency or any self-regulatory organization or other professional body?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Contravened any provision of financial services legislation or of Rules, Regulated Activities, statements, or principles of codes of practice made under or by a Financial Services Regulator or other supervisory body?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been refused or restricted the right to carry on a trade, business, or profession requiring a license, registration or other authority?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been dismissed or requested to resign from any employment?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been engaged in the management of a Body Corporate which has been or is currently the subject of an investigation into an allegation of misconduct or of malpractice?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Received an adverse finding in a civil action by any court of competent jurisdiction of fraud, misfeasance, or other misconduct, whether in connection with the formation or management of a corporation or otherwise?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Received an adverse finding in an agreed settlement in a civil action by any court or tribunal of competent jurisdiction?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been the subject of an order of disqualification as a Director or otherwise, issued by a court of competent jurisdiction or a regulator, to prohibit their acting in the management or conduct of the affairs of a corporation?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Been a Director, or Partner or concerned in the management of a company or Partnership which has gone into insolvent liquidation whilst connected with that company, Partnership, or within one year of such a connection?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Been the subject of a complaint in connection with a financial services regulator or an ancillary service which relates to his/her integrity, competence, or financial soundness?

If you have answered “Yes” to any of the questions above, in each case provide appropriate details of the matter(s) below:

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10 Confirmation of additional supporting attachments

In the table below confirm that the requested supporting documents are attached. If they are not attached then your application will be returned unless you can provide a reasonable explanation as to why not:

Required Attachments	Attachment included?
<i>Copies of all passports held including any current visas:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Any other necessary attachments. Make reference to them:</i>	
<i>If the above documents are not attached provide an explanation of why not and why your application should not be considered incomplete and returned to you:</i>	

11 Declarations by the candidate for Controlled Function(s)

I declare that, to the best of my knowledge and belief, the information given in this form, as well as any applicable supporting documents, is complete and correct. I understand that it is an offence under FSMR, Article 221 – *Misleading the Regulator* to knowingly or recklessly provide to the FSRA any information which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the FSRA.

I declare my understanding that the FSRA may request more detailed information (including, but not limited to, personal, educational, employment and financial information) should it be deemed necessary to adequately assess my fitness and propriety in relation to the Controlled Function(s). I consent to the FSRA contacting any previous employers, educational institutions, professional organisations, or any other organisation, to verify any information contained in this form.

I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013, the FSRA Data Protection Laws of 2015, and other relevant legislation and may be disclosed to third parties for those purposes.

Signature of the candidate:

Date:

Printed name of the above:

Proposed position or title of the Controlled Function:

12 Declarations by the Applicant or Authorised Person

I declare that, the candidate’s competence and relevant experience has been assessed in accordance with the requirements of the ADGM Rulebook and I declare that the candidate is fit and proper to perform the Controlled Function(s) to which this application relates.

I declare that, to the best of my knowledge and belief, and having made due enquiry, that the information given in this form, the supplements and documents attached, is complete and correct. I understand that it is an offence under ADGM FSMR, Article 219 – *Misleading the Regulator* if you were to knowingly or recklessly provide to the FSRA any information which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the FSRA.

I declare that to the best of my knowledge and belief, having made due enquiry, that the candidate is fit and proper to perform Controlled Functions to which this application relates.

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 or Authorised Person.

I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013 and other relevant legislation and may be disclosed to third parties for those purposes.

Signature of the (proposed) Senior Executive Officer/
Director/ Partner/ Compliance Officer

Date:

<i>Printed name of the above signed individual:</i>	
<i>Position or title or proposed title or position (if an Applicant):</i>	

13 Submitting the application to the FSRA and fees payable

This form, once duly completed and with the necessary signatures in place, can be emailed as a PDF file to the FSRA. Firms are advised to retain a copy for their records.

The Applicant or the Authorised Person will be invoiced by the FSRA once this fully completed document is received by the FSRA. Details of the FSRA's bank account will be provided.

Applications will not be processed until the relevant fee is paid in full to the FSRA.⁶ An application fee of USD 500 is applicable for each candidate, including amending the scope of an existing Controlled Function.⁷

Confirm that the application fees remitted will be net of all banking service charges for both sides of the transaction:

As per FEES, Rule 1.2 – *General provisions*, in the case of an Applicant, fees can be submitted by:

- A member of the Applicant's Group;
- The Applicant's Parent;
- The Applicant's legal advisor; or
- A Person who has applied to be a Controller in relation to the Applicant where the Applicant is in formation and does not have a commercial license to enable it to open a bank account in its own name or by the Authorised Person, as the case may be.

Make the payment by bank transfer in USD. Cheques or bank drafts will not be accepted. Provide the FSRA with a soft-copy of the executed transaction at the time of remitting the fees.

⁶ Details of the application fees are contained in the FSRA FEES Rulebook.

⁷ Ensure that the full amount of fees payable appear as a net deposit into the account of the FSRA where that deposit is the net figure free of all banking services and transaction fees.