



## Application for Financial Services Permission

### ***Financial Services Regulatory Authority (FSRA) Extend or vary Approved Person status (EVAP) Form***

This form must be submitted by an Authorised Person applying to extend or vary an Approved Person's authorised status. In some cases the Abu Dhabi Global Market (ADGM) FSRA may require additional information in order to complete the processing of this form. In such cases, the ADGM FSRA will contact the person mentioned in section 2.

If the Approved Person will cease to perform one or more of the Controlled Functions, then the FSRA – WAP form (Withdrawal of Approved Person status) would need to be completed.

To assist you in completing this form we occasionally make reference to various Rules, sections, or chapters of the various modules which make up the ADGM FSRA Rulebook. However, these references are provided only as a guide and are not an exhaustive list of the Rules in our Rulebook that may be applicable to your situation. It is your responsibility to research the Rulebook for any Rules that might be pertinent to your notification. The use of acronyms is to be avoided. If you do need to use acronyms then they must be defined.

Ensure that that you<sup>1</sup> are using the latest published version of this application form. ADGM FSRA will only accept out-of-date forms if they are submitted within one-month of the latest versions available on our web site.

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<sup>1</sup> The terms "you" and "your" as used throughout are not implied in the personal sense, but rather refer to the firm applying for a waiver or modification. The terms "we" and "our" refer to the ADGM FSRA.



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# 1 Form guidelines

- 1.1 Defined terms are identified throughout this application form by the capitalisation of the initial letter of a word or phrase and are defined in the Glossary module (GLO) of the AGM FSRA's Rulebook.
- 1.2 Unless specified, applicant refers to the individual for whom the Approved Person status is being withdrawn.
- 1.3 Unless specified, Authorised Person refers to the firm on whose behalf the application to withdraw Approve Person status is being submitted.
- 1.4 Prior to completion of this form, Authorised Persons should read the relevant sections of the ADGM FSRA Rulebook applying to Approved Persons.
- 1.5 All sections of this form must be completed unless stated otherwise in the guidelines.
- 1.6 Section 4 only needs to be completed if application is being made to perform a new Controlled Function.
- 1.7 Questions must be answered fully and the use of abbreviations or acronyms should be avoided or defined.
- 1.8 Do not leave any questions blank. Failure to provide clear answers will delay the processing of this form.
- 1.9 Answers must be typed in electronic format and the form must be signed by a Director/Partner of the Approved Person.
- 1.10 Firms are advised to retain a copy of the form and all relevant attachments for their records.



## 2 General information about the applicant firm or the Authorised Person

About the applicant:

2.1 Approved Person number (APN):

[Insert text here]

2.2 Title:

[Insert text here]

2.3 Family Name:

[Insert text here]

2.4 Other Names:

[Insert text here]

2.5 Residential address:

[Insert text here]

About the Authorised Person:

2.6 Name of Authorised Person:

[Insert text here]

2.7 ADGM License number:

[Insert text here]

2.8 Applicant's contact person for this form:

[Insert text here]

2.9 Contact telephone number:

[Insert text here]

2.10 Contact fax number:

[Insert text here]

2.11 Contact email:



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سوق أبوظبي العالمي

## Extend or Vary Approved Person Status (EVAP)

[Insert text here]



## 3 Changes to Controlled Functions

3.1 Please indicate any changes to applicant's Controlled Functions:

Controlled Function	Insert an "x" where applicable	
	Add	Withdraw
<i>Senior Executive Officer</i>		
<i>Licensed Director</i>		
<i>Licensed Partner</i>		

If you have selected to "add" a Controlled Function, please complete section 4.



## 4 New or additional Controlled Functions:

4.1 Current job title:

[Insert text here]

4.2 Proposed job title (if different):

[Insert text here]

4.3 Proposed commencement date of new Controlled Function (DD/MM/YY):

[Insert text here]

4.4 Please detail or attach the revised job description of the applicant clearly outlining the additional responsibilities to be performed as a result of this application. Please indicate how much of the applicant's time will be allocated to the performance of these additional responsibilities:

[Insert text here]

4.5 Please indicate how the Approved Person has determined that the applicant is competent to carry out the additional Controlled Function:

**Technical competence** – include details of the relevant qualifications and training specific to the proposed Controlled Function on which you have determined the applicant's competency:

[Insert text here]

**Relevant experience** – include details of the relevant experience specific to the proposed Controlled Function on which you have determined the applicant's competency:

[Insert text here]



## 5 Fit and Proper Questionnaire

Complete the following questionnaire in relation to the Controlled Function applicant. Answers must be provided to every questions.

- 5.1 Has the applicant ever: Yes No  
Been convicted or found guilty by any court of competent jurisdiction in respect of any offence, other than a minor road traffic offence?
- 5.2 Has the applicant ever: Yes No  
Been the subject of disciplinary procedures by a government body or agency or any self-Regulatory organisation or other professional body?
- 5.3 Has the applicant ever: Yes No  
Contravened any provision of financial services legislation or of Rules, Regulated Activity, statements, or principles of codes of practice made under or by a Financial Services Regulator or other supervisory body?
- 5.4 Has the applicant ever: Yes No  
Been refused or restricted the right to carry on a trade, business, or profession requiring a licence, registration, or other authority?
- 5.5 Has the applicant ever: Yes No  
Been dismissed or requested to resign from any office of employment?
- 5.6 Has the applicant ever: Yes No  
Been concerned with 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?
- 5.7 Has the applicant ever: Yes No  
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?
- 5.8 Has the applicant ever: Yes No





	Received an adverse finding in an agreed settlement in a civil action by any court or tribunal of competent jurisdiction resulting in an award against an individual in excess of \$10,000 or awards that total more than \$10,000?		
5.9	Has the applicant ever:	Yes	No
	Been the subject of an order of disqualification as a Director or otherwise to act in the management or conduct of the affairs of a corporation by a court of competent jurisdiction or Regulator?		
5.10	Has the applicant ever:	Yes	No
	Been a Director, or Partner or concerned in the management of a company or Partnership which has gone into insolvent liquidation whilst you were connected with that company, Partnership or within one year of such a connection?		
5.11	Has the applicant ever:	Yes	No
	Been the subject of a Complaint in connection with a Financial Services Regulator or ancillary service which relates to his integrity, competence, or financial soundness?		
5.12	Has the applicant ever:	Yes	No
	Been censured, disciplined, publicly criticised by, or the subject of a court order at the instigation of a Financial Services Regulator or any officially appointed inquiry?		
5.13	If you have answered "Yes" to any of the above questions, provide appropriate details of the matter below:		
	[Insert text here]		



## 6 Additional information

Please use this section to provide any information that may support or clarify this form:

[Insert text here]



## 7 Submitting your notification to the ADGM

Once you are satisfied that this form and all other supporting forms and documents necessary for your completed application have been finalised, then arrange an application submission meeting with ADGM Financial Services Regulatory Authority.

At this meeting we will undertake a review of it to ensure that your submission appears to be materially complete so that we can begin our assessment of it.

This meeting can be arranged by calling Abu Dhabi Global Markets Financial Services Regulatory Authority, Authorisation Department, at +971 2 333 8548.

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.

If firms have already been established at the ADGM, please contact your case officer for submission.

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



## 8 Declarations by the applicant for the Controlled Function

- 8.1 I declare that, to the best of my knowledge and belief, having made due enquiry, 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 ADGM FSMR, Article 219 – *Misleading the Regulator* if you were to knowingly or recklessly provide to the ADGM 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 ADGM FSRA.
- 8.2 I declare my understanding that the ADGM 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 the fitness and probity of the firm or any person connected to the firm. I consent to the ADGM FSRA contacting any previous employers, educational institutions, professional organisations, or any other organisation, to verify any information contained in this form.
- 8.3 I understand that any personal data provided to the ADGM 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 applicant for the Controlled Function:

\_\_\_\_\_  
Date:

Printed name of the above signed Director/Partner of the applicant:

[Insert text here]

Position or title:

[Insert text here]



## 9 Declaration by the Approved Person

- 9.1 I declare that, the applicant's competence has been assessed in accordance with the requirements of the ADGM FSRA Rulebook and I declare that the applicant is competent to perform the Controlled Functions to which this application relates.
- 9.2 I declare that, to the best of my knowledge and belief, having made due enquiry, 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 ADGM 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 ADGM FSRA.
- 9.3 I declare that to the best of my knowledge and belief, having made due enquiry, the applicant is fit and proper to perform Controlled Functions to which this application relates.
- 9.4 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 Authorised Firm.
- 9.5 I understand that any personal data provided to the ADGM 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 Senior Executive Officer/Director/  
Partner/ or Compliance Officer:

\_\_\_\_\_  
Date:

Printed name of the above signed individual above:

[Insert text here]

Position or title:

[Insert text here]