

Notification Form

This notification form is to be used by an Authorised Person¹ in meeting its reporting requirements under the FSRA Funds Rulebook (FUNDS) in relation to the marketing and selling of Domestic Funds and Foreign Funds. This notification form consists of four sections:

1. Details of the Authorised Person;
2. Marketing and selling of Domestic Funds;
3. Marketing and selling of Foreign Funds; and
4. Declaration.

All Authorised Persons must complete sections 1 and 4, together with either (or both) sections 2 or 3 as applicable.

All response cells must be completed. If a certain question we ask is not relevant to your intended activities respond to that effect in the cell. The use of acronyms is to be avoided but, if you² do they must be defined.

Ensure that that you are using the latest published version of this notification form. ADGM FSRA will only accept out-of-date forms if they are submitted within one-month of the publication of the updated version on the ADGM website. On receipt of this notification form, the ADGM FSRA may, as appropriate, request any other information to obtain further clarification.

Return the completed form to your relevant FSRA Supervision relationship manager by email. Firms that have been assigned to pooled supervision should send the completed form to pooledsupervision@adgm.com.

You are advised to retain a copy of this notification form and all attachments for your records.

¹ Terms defined in the ADGM 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.

² The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the Applicant applying for a Financial Services Permission. The terms “we” and “our” refer to the FSRA.

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1 Details of Authorised Person

<i>Full name of the Authorised Person:</i>	
<i>FSRA Licence Number:</i>	
<i>Provide the name and contact details of the lead contact person for this notification. Provide telephone, e-mail and mailing address:</i>	

2 Marketing and Selling - Domestic Funds

An Authorised Person must complete the following information in respect of every Domestic Fund that it markets, promotes or sells in or from ADGM within 30 days of commencing that activity.

(n.b. ADGM Fund Managers are not required to complete this form in respect of Domestic Funds that they manage)

<i>Name of Domestic Fund:</i>	
<i>FSRA Fund Reference Number:</i>	
<i>Confirm that Prospectus provided to all relevant clients:</i>	Yes / No
<i>If the question above is answered "No" provide further details:</i>	

[Please insert additional sheets if reporting multiple Funds]

3 Marketing and Selling - Foreign Funds

An Authorised Person must complete the following information in respect of every Foreign Fund that it markets, promotes or sells in or from ADGM within 30 days of commencing that activity.

<i>Name of Fund:</i>	
<i>Place of domicile:</i>	
<i>Category of Fund³:</i>	
<i>Name of Fund Manager:</i>	
<i>Business Address of Fund Manager:</i>	
<i>Fund Structure / Vehicle Type:</i>	
<i>Investment Objective and Strategy:</i>	
<i>Confirm Prospectus offered to all relevant clients⁴:</i>	Yes / No
<i>Confirm that Prospectus meets all relevant content requirements⁵</i>	Yes / No
<i>If either of the questions above are answered "No" provide further details:</i>	

[Please insert additional sheets if reporting multiple Funds]

³ Provide details of the Fund category in its home jurisdiction.

⁴ See FUNDS 10.1.2

⁵ See FUNDS 10.1.3 and 10.1.4

4 Declarations

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, 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 the fitness and probity of the firm or any person connected to the firm. 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 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 the authority to give the consent specified above.

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

I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the FSRA.

Signature of Director/Partner of the Authorised Person:

Date:

Printed name of the above signed Director/ Partner:

Position or Title: