

Application for notification of Recognised Functions

This form must be submitted to the FSRA by an Applicant¹ or an Approved Person who is notifying the FSRA about their appointment for a proposed Recognised Person to conduct one or more activities requiring Recognised Person status.² These roles are defined in the FSRA General Rulebook (GEN) Rule 5.3 – *Controlled Functions and Approved Persons* and the ADGM FSMR module, Part 5 – *Performance of Controlled Function*.³

In advance of submitting this notification to the FSRA, you⁴ must make all reasonable enquires as to the proposed Recognised Person’s fitness and propriety to carry out the relevant Recognised 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 We will only accept superseded forms if they are submitted within one month of the latest version’s release.

<i>Name of the Applicant (firm) or Authorised Person:</i>	
<i>Name of the proposed Recognised Person:</i>	

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.

² These include the functions of Finance Officer, Compliance Officer, Senior Manager, Money Laundering Reporting Officer, and Responsible Officer.

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

⁴ The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the firm submitting this notification. The terms “we” and “our” refer to the FSRA.

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1 General information on the Applicant, Authorised Person, or proposed Recognised Person

Details about the Applicant (firm) or Authorised Person

FSRA license number (if an Authorised Person):	
Contact person's name at Applicant or Authorised Person:	
Contact's telephone number:	
Contact's e-mail address:	

Details about the proposed Recognised Person

Full name in the proposed Recognised Person's passport(s):	
Has the proposed Recognised Person ever used any previous names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", state the previous names that have been used:	
If "Yes", state the date of the change in name:	
If "Yes", state the reason for the change of name:	
Direct phone number:	
Direct email address:	
If outsourced, name of the professional service provider firm:	
If outsourced, address of the professional service provider firm:	

Recognised Functions: ⁵	Recognised Function(s) to be performed:	Confirm residency in the UAE upon licensing: ⁶
Compliance Officer:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Laundering Reporting Officer:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance Officer:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior Manager:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible Officer:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁵ Recognised Functions are described in the FSRA GEN module, Rule 5.4 – Recognised Functions and Recognised Persons.

⁶ Refer to FSRA GEN module, Rule 5.5.2 on UAE residency requirements.

2 Recognised Functions and the proposed Recognised Person

The proposed Recognised Person's role and experience:

<i>Proposed job title with the Applicant or Approved person:</i>	
<i>Commencement date of Recognised Function(s):</i>	
<i>Is the role a fulltime position?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If not, how many hours per week will be devoted to the role each week?</i>	
<i>Has you directly interviewed proposed Recognised Person?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide a detailed job description below for the proposed Recognised Person. It should clearly state the responsibilities of the Recognised Function to be carried out:</i>	

If the proposed Recognised Person is (or will be) performing their duty as an outsourced Recognised Person then provide details on all the other firms they provide service to (or will provide service to if in consultation):⁷

<i>Working title of individual at his/her professional service provider firm:</i>					
<i>Description of any in-house responsibilities that the proposed Recognised Person performs. For example: administration; supervisory; business development; application submissions; etc. State the average weekly time commitment:</i>					
<i>Name of Firm:</i>	<i>Jurisdiction:</i>	<i>Prudential category:</i>	<i>Services provided:</i>	<i>Total monthly hours:</i>	<i>In-situ monthly hours⁸</i>

⁷ Refer to FSRA GEN module, Rule 3.3.31 on outsourcing requirements.

⁸ Hours to be spent in the actual office of the contracting Applicant or Approved Person.

Under the categories of technical competence and relevant experience describe how you, the Applicant or Authorised Person, has determined that the proposed Recognised Person for the Recognised Function(s) is competent to carry out the licensed functions:

Technical competence: *include details of the relevant qualifications and training specific to the proposed Recognised Function on which you have determined the candidate's competence for the role to be carried out:*

Relevant experience: *include details of the relevant experience specific to the proposed Recognised Function on which you have determined the candidate's competence for the role to be carried out:*

3 Background of the proposed Recognised Person

List all higher education degrees and diplomas held:

<i>From: (MM/YY)</i>	<i>To: (MM/YY)</i>	<i>Name of university or institution:</i>	<i>Location of university or institution:</i>	<i>Details of degree or diploma held:</i>

List any professional qualifications held:

<i>Date granted: (MM/YY)</i>	<i>Full name of granting body:</i>	<i>Full name of qualification granted:</i>

Provide a summary of the proposed Recognised Person's career for the past 10 years⁹. Any gaps between employment and education of more than one month must be included and relevant details provided. For example, career break, unemployment, educational studies, etc.:

<i>From: (MM/YY)</i>	<i>To: (MM/YY)</i>	<i>Location:</i>	<i>Employer or educational institute:</i>	<i>Position held or studies undertaken:</i>

Details of employment history or studies taken over the past 10 years that are summarized above:

Employment or educational institute 1:

⁹ A submitted resume will enhance the information presented here but, it does not negate the completion of this section.

<i>Full name of employer or educational institute:</i>	
<i>City and country of employer or educational institute:</i>	
<i>Nature of business or studies:</i>	
<i>Contact person of employer or contact details of the firm's human resources department:</i>	
<i>Position or title of contact person:</i>	
<i>Email address of the contact person or of this firm's human resources department:</i>	
<i>If applicable, state the employer's financial Regulator:</i>	
<i>The proposed Recognised Person's position or title:</i>	
<i>Nature of employment (employed, self-employed, etc.):</i>	
<i>Details of any Regulated Activity carried out by the proposed Recognised Person:</i>	
<i>Reason for leaving employment:</i>	
Employment 2 or educational institute 2:	
<i>Full name of employer or educational institute:</i>	
<i>Full address of employer or educational institute:</i>	
<i>Nature of business or studies:</i>	
<i>Contact person of employer or contact details of the firm's human resources department:</i>	
<i>Position or title of contact person:</i>	
<i>Email address of the contact person or of the firm's human resources department:</i>	
<i>If applicable, state the employer's financial service Regulator:</i>	
<i>The proposed Recognised Person's position or title:</i>	
<i>Nature of employment (employed, self-employed, etc.):</i>	
<i>Details of any Regulated Activity carried out by the proposed Recognised Person:</i>	
<i>Reason for leaving employment:</i>	
Employment 3 or educational institute 3:	
<i>Full name of employer or educational institute:</i>	
<i>Full address of employer or educational institute:</i>	
<i>Nature of business or studies:</i>	
<i>Contact person of employer or contact details of the firm's human resources department:</i>	
<i>Position or title of contact person:</i>	

<i>Email address of the contact person or of the firm's human resources department:</i>	
<i>If applicable, state the employer's financial service Regulator:</i>	
<i>The proposed Recognised Person's position or title:</i>	
<i>Nature of employment (employed, self-employed, etc.):</i>	
<i>Details of any Regulated Activity carried out by the proposed Recognised Person:</i>	
<i>Reason for leaving employment:</i>	

4 Confirmation of additional supporting attachments

In the table below confirm that the requested supporting documents are attached. If not the application can be returned unless you can provide a reasonable explanation:

Required Attachment:	Attachment included?
<i>Copies of all passports held including any current visas.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the role of the Recognised Person is outsourced a copy of the service level agreement (SLA) or a draft SLA between the Applicant and service provider:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the role of the Recognised Person is outsourced a 12-month work plan setting out the Recognised Person's priorities and tasks, if not specified in the SLA above.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the above documents are not attached provide an explanation of why not and why your application should not be considered incomplete and returned:

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5 Declaration by the proposed Recognised Person

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 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 proposed Recognised Person:

Date:

Printed name of the above signed individual:

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Proposed position or title:

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6 Declaration by the Applicant or Authorised Person

I declare that, the Recognised Person's competence has been assessed in accordance with the requirements of the FSRA Rulebook and I declare that the proposed Recognised Person is competent to perform the Recognised Functions to which this application relates.

I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form and documents attached, are complete and correct. I understand that it is an offence under ADGM FSMR, Article 219 – *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 that to the best of my knowledge and belief, having made due enquiry, the proposed Recognised Person is fit and proper to perform Recognised Functions to which this application relates.

I confirm that I have the authority to make this notification, 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 SEO/Director/Partner of the
Applicant or Authorised Person:

Date:

Printed name of the above signed individual:

Position or title (or proposed position or title, if an Applicant):

7 Submitting your notification to the FSRA

This form, once duly completed and necessary signatures in place, can be emailed. Contact us in advance and we will email you a Citrix-Sharefile link to facilitate file transfers. Note: in addition to the signed file we also require an MS Word document.

Firms are advised to retain a copy of it for their records.