# 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 the 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*.

In advance of submitting this form to the FSRA, you4 must make all reasonable enquires including all due diligence concerning the proposed Approved Person’s fitness and propriety to carry out the relevant role(s).

In some cases we may require additional information. If this is necessary, we shall contact the person identified herein as the contact person.

We occasionally refer to various Rules, sections, or chapters of the FSRA Rulebooks. 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 Rulebooks for any Rules that might be pertinent to your application.

The use of abbreviations or acronyms should be avoided, but where used they must be clearly defined.

*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 entity applying for a Financial Services Permission as opposed to the nominated individual applying for Approved Person status.*

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.*

|  |  |
| --- | --- |
| *Name of the proposed Approved Person:* |  |
| *Name of the Applicant or Authorised Person:* |  |

Contents

1. [**General information about the Applicant or the Authorised Person 4**](#bookmark0)
2. [**Information about the nominated candidate for Approved Person status 5**](#bookmark1)
3. [**Controlled Functions 6**](#bookmark2)
4. [**Educational and professional qualifications 9**](#bookmark3)
5. [**Employment history 10**](#bookmark4)
6. [**Other personal registrations 12**](#bookmark5)
7. [**Other holdings 13**](#bookmark6)
8. [**Fit and Proper Questionnaire 14**](#bookmark7)
9. [**Confirmation of additional supporting attachments 16**](#bookmark8)
10. [**Declaration by the candidate for Controlled Function(s) 17**](#bookmark9)

11) [**Declaration by the Applicant or Authorised Person 18**](#bookmark10)

**1**

**General information about the Applicant or**

**the Authorised Person**

|  |  |
| --- | --- |
| ***Details about the Applicant (firm) or Authorised Person*** | |
| *Name of the Applicant or of the Authorised Person:* |  |
| *ADGM license number (if an Authorised Person):* |  |
| *The Applicant’s or Authorised Person’s contact person:* |  |
| *Position or title of contact person:* |  |
| *Name of home regulator of head office (if applicable):* |  |
| *Contact person’s telephone number:* |  |
| *Contact person’s e-mail address:* |  |
| *E‐mail address:* |  |



*Page 5 of 18*

**2**

**Information about the nominated candidate**

**for Approved Person status**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Details about the proposed Approved Person*** | | | |
| *Full name in pass-*  *port:* |  | *Place of birth:* |  |
| *Date of birth:* |  | *Email address:* |  |
| *Telephone number:* |  | *Is this your current residential address:* | ☐Yes ☐ No |
| *Mailing address:* |  | *Current Residential*  *address:* |  |
| *Previous address if < 3 years at current address:* |  | *Dates at above*  *address:* |  |
| *Has the individual ever used any other name(s)?* | ☐Yes ☐ No | *If “Yes”, the name(s) previously used:* |  |
| *If you answered “Yes” state the reason(s) for the*  *change(s) of name(s):* | |  | |
| *Does the individual currently hold, or have they held, Approved Person status in the ADGM?* | | ☐Yes ☐ No | |
| *If “Yes”, provide full details of the role(s) and the*  *name(s) of the Authorised Persons:* | |  | |

Provide the requested details of all current and previous citizenships and any associated residencies held by the candidate:

|  |  |  |
| --- | --- | --- |
| ***1. Citizenship Details:*** | |  |
| *Citizenship:* | *Passport Number:* |  |
| *Date of Issue:* | *Date of Expiry:* |  |
| *National identification number:* | *National identification type (ID card, etc.):* |  |
| *National identification type (if 'Other' is selected):* |  |  |

**3**

**Controlled Functions**

Controlled Functions are described in the FSRA GEN Rulebook, Rule 5.3 – *Controlled Functions and Approved Persons*.

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*** | ***Name of Individual*** | | | | |
|  | | | | |
| Licensed Director | ☐ | ☐ | ☐ | ☐ | ☐ |
| Licensed Partner | ☐ | ☐ | ☐ | ☐ | ☐ |
| Senior Executive Officer | ☐ | ☐ | ☐ | ☐ | ☐ |
| Compliance Officer | ☐ | ☐ | ☐ | ☐ | ☐ |
| MLRO | ☐ | ☐ | ☐ | ☐ | ☐ |
| Finance Officer | ☐ | ☐ | ☐ | ☐ | ☐ |
| Responsible Officer | ☐ | ☐ | ☐ | ☐ | ☐ |
| Senior Manager | ☐ | ☐ | ☐ | ☐ | ☐ |
| Resident of UAE upon licensing[[1]](#footnote-1) – If No, please state the current residency | ☐ Yes  ☐ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes  ☐ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes  ☐ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes  ☐ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes  ☐ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



*Page 6 of 18*

|  |  |
| --- | --- |
| **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 Functions 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?* |  |

*Will the proposed candidate be performing their duties on an outsourced basis:*

☐Yes ☐ No

|  |  |
| --- | --- |
| **Provide details of all the other firms to which they provide services (or will provide services if in consultation)8:** | |
|  | |
| *Name and contact details of professional service*  *provider firm:* |  |
| *Title of individual at his/her professional service*  *provider firm:* |  |
| *Description of any in-house responsibilities that the proposed candidate performs. For example: administration; supervisory; business development; application submissions; etc. State the average weekly time commitment:* | |
|  | |

|  |  |
| --- | --- |
| **Outsourcing Details:** | |
| *Do you have any details for other firms to which the candidate provides services (or will provide*  *services if in consultation)?* | ☐Yes ☐ No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Name of Firm:* | *Domicile:* | *Jurisdiction:* | *Prudential category:* | *Services provided:* | *Total monthly hours:* | *In-situ monthly hours:9* |
|  |  |  |  |  |  |  |

|  |
| --- |
| Under the categories of technical competence and relevant experience describe how you, the Applicant or Authorised Person, have determined that the proposed Controlled Person is competent to carry out the proposed functions: |
| ***Technical competence:*** *include details of the relevant qualifications and training specific to the proposed Controlled 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 Controlled Function on which you have determined the candidate’s competence for the role to be carried out:* |
|  |

*8Refer to FSRA GEN module, Rule 3.3.31 on outsourcing requirements.*

*9Hours spent, or to be spent, in the premises of the contracting Applicant or Approved Person.*

**4**

**Educational and professional qualifications**

|  |  |
| --- | --- |
| **List all higher education degrees and diplomas held:** | |
| *Do you have higher education degrees and*  *diplomas details to provide?* | ☐Yes ☐ No |

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates:* | | *Awarding institution and location* | *Details of degree or diploma:* |
| *From:* | *To:* |
|  |  |  |  |

|  |  |
| --- | --- |
| **List all professional qualifications or memberships held:** | |
| *Do you have any professional qualification or*  *membership details to provide?* | ☐Yes ☐ No |

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates:* | | *Awarding body and location* | *Full name of qualification:* |
| *From:* | *To:* |
|  |  |  |  |

**5**

**Employment history**

|  |  |
| --- | --- |
| *Provide a summary of your career for the past ten years. Any gaps of more than one month must be explained, with relevant details provided; this might include, for example, career break, unemployment:* | |
| *Do you have any employment history details to*  *provide?* | ☐Yes ☐ No |
| *Please enter the reason if 'No' is selected:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Dates:*** | | ***Name of Employer or Reasons*** | ***Position held:*** |
| ***From:*** | ***To:*** |
|  |  |  |  |

|  |  |
| --- | --- |
| 1. ***Employment*** | |
| *Name of Employer or Reasons:* |  |
| *Domicile:* |  |
| *Jurisdiction:* |  |
| *City and country of employer* |  |
| *Nature of business* |  |
| *Name and position of appropriate contact person or department who can verify the stated employment:* |  |
| *Email address of the contact person or*  *department:* |  |
| *Nature of employment:* | ☐Employed  ☐Self-Employed  ☐Contractor  ☐Other |
| *Is the employer regulated by a financial service regulator?* | ☐Yes ☐ No |
| *State the employer’s financial service*  *regulator:* |  |

|  |  |
| --- | --- |
| *If applicable, details of any regulated activities carried out by the candidate:* |  |
| *Reason for leaving:* |  |

**6**

**Other personal registrations**

*Has the candidate for a Controlled Function held or been granted, in a personal capacity, any licence or registration by any other*

*financial services regulator?*

☐Yes ☐ No

|  |  |
| --- | --- |
| **1. Personal Registration:** | |
| *Full name of the financial services regulator:* |  |
| *Nature of the licence, registration, or*  *authorisation held:* |  |
| *Scope of the activities permitted by licence, registration, or authorisation held:* |  |
| *Relevant start and end dates of the licence, registration, or authorisation held:* |  |
| *Provide an explanation of the individual’s competence and relevant experience to carry out the Controlled Function(s) adequately in light of any other employment commitments:* |  |

**7**

**Other holdings**

*Has the candidate held any positions as a Controller, Director, or Partner during the past ten years?*

☐Yes ☐ No

|  |  |
| --- | --- |
| ***1. Holding:*** | |
| *The full name of the entity:* |  |
| *Domicile:* |  |
| *The business operations of the entity:* |  |
| *A description of candidate’s involvement with the*  *entity:* |  |
| *Percentage of candidate’s shareholding in the*  *entity (if applicable):* |  |
| *What is the nature of the entity’s current relation‐*  *ship with the Applicant or Authorised Person*  *submitting this application?:* | ☐Direct  ☐Indirect  ☐None |
| *Further describe the nature of this relationship:* |  |

**8**

**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.

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. Been the subject of any disciplinary procedures by a governmental body or agency or any self-regulatory organisation or other professional body?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. Been refused or restricted the right to carry on a trade, business, or profession requiring a licence, registration or other authority?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. Been dismissed or requested to resign from any employment?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

☐Yes ☐ No

*If “Yes”, provide full details:*

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

* 1. 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?

|  |  |
| --- | --- |
| ☐Yes ☐ No | *If “Yes”, provide full details:* |
|  | |

**9**

**Confirmation of additional supporting attachments**

In the table below confirm that the requested supporting documents are attached. FSRA may consider your application to be materially incomplete if any of these documents are not attached:

|  |  |  |
| --- | --- | --- |
| ***Verify that the following required documents are attached with this application submission:*** | ***Uploaded:*** | ***Comments:*** |
| Passport Copy | ☐Yes ☐ No |  |
| Resumes/CVs | ☐Yes ☐ No |  |
| Emirates ID | ☐Yes ☐ No |  |
| Job Description | ☐Yes ☐ No |  |
| 12-Month Work Plan | ☐Yes ☐ No |  |
| Service Level Agreement | ☐Yes ☐ No |  |

|  |  |  |
| --- | --- | --- |
| **Additional Documents:** | | |
| ***Document Name:*** | ***Uploaded:*** | ***Comments:*** |
|  | ☐Yes ☐ No |  |

**10**

**Declaration 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 Abu Dhabi Law No. 4 of 2013, FSMR, the ADGM Data Protection Regulations 2021, 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:* |  |

**11**

**Declaration 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 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 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 Abu Dhabi Law No. 4 of 2013, FSMR, the ADGM Data Protection Regulations 2021, and other relevant legislation, and may be disclosed to third parties for those purposes.

Signature of the authorised signatory[[2]](#footnote-2) Date:

|  |  |
| --- | --- |
| *Printed name of the above signed individual:* |  |
| *Position or title, or proposed title or position (if an Applicant):* |  |

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

1. *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.* [↑](#footnote-ref-1)
2. *The individual signing this declaration must be a (in the case of an Applicant, proposed) Director, Partner, Senior Executive Officer or Compliance Officer of the Authorised Person.* [↑](#footnote-ref-2)