**Withdrawal of Approved Person Status**

This form must be submitted by an Authorised Person[[1]](#footnote-1) applying to withdraw an individual’s Approved Person[[2]](#footnote-2) status.

Alternatively, if the Approved Person will cease to perform one of the Controlled Functions but will continue to be an Approved Person, then the Change of Approved Person status (APS-3) must be completed.

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 or notification.

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

An Authorised Person should also ensure that it appropriately notifies the Registration Authority of any relevant withdrawals.

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| --- | --- |
|  **1** | **General Information** |

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| --- |
| ***Details about the Authorised Person:*** |
| *Name of the Authorised Person:* |  |
| *Financial Services Permission Number:* |  |

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| --- |
| ***Details about the Authorised Person’s Contact Person:*** |
| *Name of contact person:* |  |
| *Position or title of contact person:* |  |
| *Contact person’s telephone number:* |  |
| *Contact person’s e-mail address:* |  |

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| ***Details about the Controlled Functions:*** |
| *Name of the Controlled Function:* |  |
| *Position or title of Controlled Function* |  |
| *Controlled Function’s telephone number:* |  |
| *Controlled Function’s e-mail address:* |  |

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|  **2** | **Withdrawal Details** |

|  |  |
| --- | --- |
| ***Details about the Controlled Functions:*** |  |
| Controlled Functions: | Select relevant functions below: | Date Function Ceased (dd/mm/yy): |
| *Senior Executive Officer:* |[ ]   |
| *Licensed Director:* |[ ]   |
| *Licensed Partner:* |[ ]   |
| *Finance Officer:* |[ ]   |
| *Money Laundering Reporting Officer:* |[ ]   |
| *Compliance Officer:* |[ ]   |
| *Senior Manager:* |[ ]   |
| *Responsible Officer:* |[ ]   |

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| --- |
| ***Reasons for Withdrawal:*** |
| *Select relevant reasons below:* |
| *Change of Responsibilities:*  |[ ]
| *End of contract:* |[ ]
| *Resignation:* |[ ]
| *Withdrawal of offer of employment:* |[ ]
| *Dismissal, termination of employment/contract or requested to resign:* |[ ]
| *Suspension:*  |[ ]
| *Other:* |[ ]
| *If ‘Other’, provide reason:* |
|  |
| *Please provide an explanation of the reason for the Approved Person’s withdrawal e.g., reason for resignation, dismissal, suspension etc., or any other relevant information.* |
|  |
| *Are there any circumstances which lead the Authorised Person to believe that the Approved Person is no longer fit and proper?* | *Yes:* | [ ]  |
|  | *No:* | [ ]  |
| *If the response above was “yes”, provide rationale for this conclusion:* |
|  |

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| **3** | **Declaration by the Authorised Person** |

I declare that, to the best of my knowledge and belief, and having made due enquiry, that the information given in this form 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/provide this notification, to declare as specified above and sign this form for, or on behalf, of the 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.

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|  |  |
| --- | --- |
| *Name of the Authorised Signatory:* |  |
| *Position or title of the Authorised Signatory:* |  |

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|  |
|  |

1. *Terms defined in the FSRA Glossary (GLO) 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.*  [↑](#footnote-ref-1)
2. *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.*  [↑](#footnote-ref-2)
3. *The individual signing this declaration must be a Director, Partner, Senior Executive Officer or Compliance Officer of the Authorised Person.* [↑](#footnote-ref-3)