**APPENDIX C**

**APPLICATION FOR REGISTRATION FORM**

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As a requirement for individual registration, this application form must be completed and submitted together with the required documents and attachments to the Authorisation Department-Registration Unit at the Capital Market Authority (CMA).

|  |  |
| --- | --- |
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| **Section 2** | Contact Information of The Proposed Registered Person |
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| **Section 6** | Competence and Qualifications |
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| **Section 10** | Authorised Person Declaration |
| **Section 11** | Checking your Application |

**AUTHORISED PERSON NAME**

|  |
| --- |
|       |

**PROPOSED REGISTERED PERSON NAME**

|  |
| --- |
|       |

**SECTION 1: PERSONAL INFORMATION OF THE PROPOSED REGISTRED PERSON**

1. **Full name of Authorised Person (Firm’s Name):**

|  |
| --- |
|       |

1. **License Number:**

|  |
| --- |
|       |

1. **Full Name of proposed registered person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **First Name** | **Middle Name** | **Grandfather Name** | **Surname Name** |
| English |       |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **اسم العائلة** | **اسم الجد** | **اسم الأب** | **الاسم الأول** |
| Arabic |       |       |       |       |

1. **Gender** [ ]  Male [ ]  Female
2. **Marital Status** [ ]  Single [ ]  Married
3. **Date of birth**

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|       |       |       |

1. **Place of birth (City and Country)**

|  |
| --- |
|       |

1. **Nationality**

|  |
| --- |
|       |

 **If applicable, list all other nationalities, passport numbers and place of issue**

|  |  |  |
| --- | --- | --- |
| **Nationality** | **Passport Number** | **City and Country** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**National Identification Number For Saudis OR Passport Number for Non-Saudis**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

* + 1. **Expiry Date (Saudi ID or Passport)**

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|       |       |       |

* + 1. **Passport issuing city and country**

|  |
| --- |
|       |

* 1. **Has the proposed registered person obtained an employment permit (IQAMA) to work and reside in Saudi Arabia?**

 [ ]  Yes [ ]  No

**1.10.1** If Yes, provide Iqama number, name of sponsor, occupation and expiry date (as per Iqama)

1. Iqama number

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |       |       |

1. Name of Sponsor

|  |
| --- |
|       |

1. Occupation (as per Iqama)

|  |
| --- |
|       |

1. Expiry date

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|       |       |       |

**1.10.2 If No, state reason:**

|  |
| --- |
|                      |

**SECTION 2: CONTACT INFORMATION OF THE PROPOSED REGISTRED PERSON**

**2.1 Is the proposed registered person resident in Saudi Arabia?**

 [ ]  Yes [ ]  No

Please provide the address, telephone and mobile numbers and e-mail address.

* 1. **Current Address:**

|  |
| --- |
| Address       |
| Street No. & Name |       |
| District & City |       |
| State & Country |       |
| Postal Code,(if any) |       |
| **Telephone Number** |       |
| **Mobile number and e-mail address** | *(mobile)*       | *(e-mail)*       |

* 1. **Permanent Residential Address**

|  |
| --- |
| Address       |
| Street no. & Name |       |
| District & City |       |
| State & Country |       |
| Postal Code (if any) |       |
| **Telephone Number** |       |
| **Mobile number and e-mail address** | *(mobile)*       | *(e-mail)*       |

**SECTION 3: REGISTRABLE FUNCTIONS**

1. Please indicate the functions to be carried out by the proposed registered person.

|  |  |
| --- | --- |
| [ ]  Chairman **(Please complete section 7.6)** | [ ]  Board Member **(Please complete section 7.6)** |
| [ ]  CEO/Managing Director | [ ]  Senior Officer/Manager |
| [ ]  Compliance Officer/Manager  | [ ]  Money Laundering and Terrorist Finance Reporting Officer |
| [ ]  Finance Officer/Manager  | [ ]  Investment Advisor |
| [ ]  Asset Management Officer/Manager  | [ ]  Corporate Finance Professional Officer/Manager |
| [ ]  Mutual Fund Officer/Manager  | [ ]  Investment Portfolio Officer/Manager |
| [ ]  Brokerage Officer/Manager  | [ ]  Financial Analyst  |
| [ ]  Local Shares Broker  | [ ]  International Shares Broker  |
| [ ]  Advisory Officer/Manager  | [ ]  Arranging Officer/Manager  |
| [ ]  Custody Officer/Manager  | [ ]  Client Relationship Officer/Manager  |
| [ ]  Sales Representative  | [ ]  Customer Services Officer/Manager |
| [ ]  Head of Operations  | [ ]  Other, (Specify      ) |

1. Full job title within Authorised Person and office/branch address:

|  |  |
| --- | --- |
| **English** |       |

|  |  |
| --- | --- |
| **Arabic** |       |

1. Please indicate the function above to be under which licensed activity?

|  |  |
| --- | --- |
| [ ]  All Activities |  |
| [ ]  Dealing as: | [ ]  Managing: |
|  [ ]  Agent |  [ ]  Investment Fund Management |
|  [ ]  Principle |  [ ]  Portfolio Management |
|  [ ]  Underwriter | [ ]  Custody |
| [ ]  Arranging | [ ]  Advising |

1. Please indicate if the position is a full time position or a part time position and how much time will be allocated to the role.

|  |  |
| --- | --- |
| **POSITION TIME** | **TIME OF ALLOCATED TO THE ROLE** |
| [ ]  | **FULL** |       |
| [ ]  | **PART** |       |

1. Provide below the job description for the proposed registered person clearly outlining the responsibilities of the role that will be performed.

Description:

|  |
| --- |
|                                                    |

**3.6** Describe below how the authorised person has determined that the proposed registered person is qualified to perform the registrable function(s)

|  |
| --- |
|                                     |

**SECTION 4: DISCIPLINARY and investigations record**

Sections 4 to 5 are about business activities of the proposed registered person both in Saudi Arabia and elsewhere. If the proposed registered person is a subject of an ongoing investigation which cannot lawfully disclose. The proposed registered person must to notify the CMA of the investigation within 7 business days of it becoming lawful to disclose it, or of completion of the investigation**.**

1. Has the proposed registered person, or a company or firm of which the proposed registered person is or was a partner, substantial shareholder, CEO or administrative Officer ever been:
	1. Refused or restricted from the right to carry on any trade, business or profession for which a specific license, registration or other authorisation is required by law?

 [ ]  Yes [ ]  No

* 1. Censured, disciplined or disqualified by any professional or regulatory body (including a stock or futures exchange) in relation to any trade, business or profession?

 [ ]  Yes [ ]  No

* 1. The subject of an investigation relating to him/her (or his/her company’s or firm’s) business activities conducted by a regulatory or criminal investigatory body (i.e. police, securities regulator, stock or futures exchange, or other regulatory body)?

 [ ]  Yes [ ]  No

* 1. Found by a court to be guilty of a criminal offence?

 [ ]  Yes [ ]  No

* 1. Judged by a court to be civilly liable for fraud, dishonesty or malfeasance?

 [ ]  Yes [ ]  No

1. The subject of any disciplinary actions or proceedings that are currently pending?

 [ ]  Yes [ ]  No

1. Disqualified by a court order from being an executive director of a corporation, or the equivalent in another jurisdiction locally or internationally?

 [ ]  Yes [ ]  No

If yes, please provide details:

|  |
| --- |
|                                |

**4.2** Has the proposed registered person answered “Yes” to any of the questions in **Section 4.1**?

 [ ]  Yes [ ]  No

**If Yes,** please explain why the authorised person believe that the proposed registered person is fit and proper to be registered by the CMA in the light of your “Yes” answers. Please provide any other information that might be relevant in considering your application.

|  |
| --- |
|                                          |

**If No,** provide any other information that the authorised person thinks it will be relevant in considering this application.

|  |
| --- |
|                                          |

**SECTION 5: FINANCIAL STATUS**

1. Has the proposed registered person ever been a party to any civil litigation in the past ten years involving damages in amount in excess of SR 200,000 or equivalent?

 [ ]  Yes [ ]  No

1. Is the proposed registered person presently a party to any civil litigation?

 [ ]  Yes [ ]  No

1. Are there any judgments or court orders that he/she is currently subject to, or with which the proposed registered person has not complied?

 [ ]  Yes [ ]  No

1. Has the proposed registered person ever been a party to a scheme of arrangement; or entered into any form of compromise with his/her creditors in the past ten years involving an amount in excess of SR 200,000 or equivalent? [ ]  Yes [ ]  No
2. Has the proposed registered person ever been bankrupt, or served with a bankruptcy petition?

 [ ]  Yes [ ]  No

1. Has the proposed registered person ever been an executive director, substantial shareholder, or involved in the management of a company or firm which was wound up other than by voluntary wind up?

 [ ]  Yes [ ]  No

1. Has the proposed registered person ever been a partner of a firm which was dissolved other than with the consent of all the partners? [ ]  Yes [ ]  No

**5.8** Has the proposed registered person answered “Yes” to any of the questions in **Section 5**?

 [ ]  Yes [ ]  No

**If Yes,** please explain why the authorised person believe that the proposed registered person is fit and proper to be registered by the CMA in the light of your “Yes” answers. Please provide any other information that might be relevant in considering your application.

|  |
| --- |
|                      |

**If No,** provide any other information that the authorised person thinks it will be relevant in considering this application.

|  |
| --- |
|                      |

**SECTION 6: COMPETENCE AND QUALIFICATIONS**

1. Please provide information on the proposed registered person education and academic qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Name of institution** | **Country** | **Year Awarded** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Please provide information on his/her professional qualifications. This includes any professional or industry accreditations, certifications, courses or programs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Name of institution** | **Country** | **Year Awarded** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Choose the checkbox if the proposed registered person taken any of the listed below Capital Market Examinations.

|  |
| --- |
| [ ]  **CME-1 (Part 1)**  |
| [ ]  **CME-1 (Part 2)**  |
| [ ]  **CME-2** |
| [ ]  **CME-3** |

1. Please provide information on the employment history of the proposed registered person

|  |  |
| --- | --- |
| **Employer Name** |  |
| **Type of Business** |  |
| **Job Title, including Roles & Responsibilities** |  |
| **Start Date** |  |
| **End Date** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Employer Name** |  |
| **Type of Business** |  |
| **Job Title, including Roles & Responsibilities** |  |
| **Start Date** |  |
| **End Date** |  |
| **Reason for Leaving** |  |

|  |  |
| --- | --- |
| **Employer Name** |  |
| **Type of Business** |  |
| **Job Title, including Roles & Responsibilities** |  |
| **Start Date** |  |
| **End Date** |  |
| **Reason for Leaving** |  |

1. Have any of the Proposed Registered Person’s previous employers been regulated by the Authority (or an equivalent regulatory body in another jurisdiction)?

 [ ]  Yes [ ]  No

If yes, please provide details:

|  |
| --- |
|                      |

**SECTION 7: ADDITIONAL INFORMATION**

**7.1** Has the proposed registered person ever been registered by or licensed with the Authority and/or any regulatory body, in Saudi Arabia or elsewhere, to engage in any regulated securities business or similarly regulated activity?

[ ]  Yes [ ]  No

If yes, please describe below and provide supporting documents:

|  |
| --- |
|                      |

|  |
| --- |
| **7.2** Is the Proposed Registered Person also a member of the Board of Directors of any company / establishment either registered within or outside the Kingdom of Saudi Arabia and conducting Securities Business or any other business in Saudi Arabia or any other country? |

[ ]  Yes [ ]  No

If yes, please provide details on the names of such companies and the period of such service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Company Name** | **Nationality** | **Legal Form** | **Positions Held** |
| **1** |       |       |       |       |
| **2** |       |       |       |       |
| **3** |       |       |       |       |
| **4** |       |       |       |       |

|  |
| --- |
| **7.3** Is the Proposed Registered Person performing service on the Management team or overseeing the day to day operations of those companies conducting Securities Business or any other business in Saudi Arabia or in any other country other than or in addition to the Authorised Person referenced in this Registration Form?[ ]  Yes [ ]  No |

If yes, please provide details on the names of such companies the position and the period of employment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Company Name** | **Nationality**  | **Legal Form** | **Positions Held** | **Start Date** |
| **1** |       |       |       |       |       |
| **2** |       |       |       |       |       |
| **3** |       |       |       |       |       |
| **4** |       |       |       |       |       |

|  |  |
| --- | --- |
| **7.4** Is the Proposed Registered Person an Owner/Shareholder of any company/establishment conducting Securities Business or any business in Saudi Arabia or in any other country other than or in addition to the Authorised Person referenced in this Registration Application?[ ]  Yes [ ]  No |   |

If yes, please provide details of the % shareholding/ownership, names of such companies and their country or registration for the Proposed Registered Person.

**(Please exclude publicly listed companies in Saudi Arabia or elsewhere, unless shareholding exceeds 5%.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Company Name** | **Nationality**  | **Legal form** | **Capital** | **Ownership %** |
| **1** |       |       |       |       |       |
| **2** |       |       |       |       |       |
| **3** |       |       |       |       |       |

**7.5** Is the proposed Registered Person, (who is Saudi citizen or non-Saudi resident) employed in a government or in a company owned and controlled by the Government of the Kingdom of Saudi Arabia or the Government of any country.

[ ]  Yes [ ]  No

If yes, please provide details of such employment:

|  |
| --- |
|                      |

**7.6** Is the proposed registered person nominated as Board Member?

[ ]  Yes [ ]  No

**If yes, please complete the below:**

**7.6.1** Representing himself as a shareholder of the AP.

[ ]  Yes [ ]  No

**7.6.2** Representing one of the shareholders.

[ ]  Yes, [ ]  No

If YES, please provide shareholder name (     )

**7.6.3** Independent.

[ ]  Yes [ ]  No

**If Independent Board Member, please complete the following information:**

a. First degree relative to any of the shareholders:

[ ]  Yes [ ]  No

b. Employed in companies/establishments of any of the shareholders or its subsidiaries:

[ ]  Yes [ ]  No

* 1. Shareholder in the companies/establishments of any of the shareholders or its subsidiaries:

 [ ]  Yes [ ]  No

Please provide details for any of the “YES” responses.

|  |
| --- |
|                                     |

**7.7** Is the proposed registered person a member of the Investment Funds (Mutual Funds) board Authorised by CMA?

[ ]  Yes [ ]  No

If yes, please provide details of the fund name, fund manager, and the Authorised Person’s name:

|  |
| --- |
|                                                    |

**SECTION 8: INFORMATION RELEVANT IN CONSIDERING THIS APPLICATION**

Is there any information that the Authorised Person thinks will be relevant in considering this application?

[ ]  Yes [ ]  No

If yes, please describe below and provide supporting documents (if any):

|  |
| --- |
|                                                              |

**SECTION 9: CHECKING YOUR APPLICATION**

Check that everything needed is provided to process this application. Check that the following is included. This check list has to be signed by the Chief Compliance Officer.

[ ]  The registration request letter.

[ ]  Enclosed the application fee(s) “Deposit Slip”.

[ ]  This Application Form, with all applicable questions completed.

[ ]  Attached detailed & updated CV with all relevant supporting documents.

[ ]  Attached clear & valid copy of Saudi ID and Family Card ID (For Saudis).

[ ]  Attached clear & valid copy of Passport and Iqama (For Non Saudis).

if there is no Iqama, attached the copy of Visa for entry Saudi Arabia.

[ ]  Attached copies of Education & Academic Certificates, (Sections: 6.1 & 6.2).

[ ]  Attached the Exam results sheet for Capital Market Examination-1 (CME-1), (Section: 6.4).

[ ]  Attached the discharge letters from the previous employers, (Section: 6.5)

[ ]  Attached an updated recent passport size photograph in the specific box. (Section: 9).

[ ]  Any information that the Authorised Persons thinks will be relevant in considering this

 application.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      /     /

 Chief Compliance Officer Name Signature and stamp Date

**SECTION 10: DECLARATION OF THE PROPOSED REGISTERED PERSON**

To be completed by the proposed registered person.

Please attached a recent passport size photograph here

Name of the proposed registered person

|  |
| --- |
|       |

I **certify and represent** that the information in this Application (including all Supporting Documents) is complete, true and correct.

Having reviewed the Capital Market Law and its Implementing Regulations, I **understand** that the Authority may take any disciplinary or regulatory action against a person who has made a false or misleading representation when applying for registration.

I **undertake** that if any information in this Application changes before this Application is approved, I will notify the Authority in writing immediately of the changes.

I **confirm** that I have reviewed the Capital Market Law and its Implementing Regulations, and am aware of the offences contained therein relating to the making of incorrect or incomplete statements. I **confirm** thatI am aware that these offences apply to information contained in this form.

I **confirm** that I am aware of my duty to comply with the Authorized Persons Regulation (APR) principles, including the principle of co-operation with regulators, including disclosing to the Authority any material event or change in the Authorised Person's business operations or organization.

I **consent** to the Authority using or disclosing any information I have provided in this Application, or may provide in the future, for the purpose of carrying out its responsibilities.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      /     /

 Signature Date

**SECTION 11: AUTHORISED PERSON DECLARATION**

To be completed by the *Authorised* **Person***.*

I declare that I Name of Authorised Person have reviewed:

|  |  |
| --- | --- |
|  | The information provided in this Application Form (including all Supporting Documents). |
|  |  |
|  | The documents evidencing Name of Proposed Registered Person academic and professional |
|  | qualifications stated in this form (including all attachments). |

I **confirm** that I have reviewed the Capital Market Law and its Implementing Regulations, and am aware of the offences contained therein relating to the making of incorrect or incomplete statements. I **confirm** I am aware that these offences apply to information contained in this form.

I **confirm** that I am aware that the skills, experience, competence and integrity of the Registered Person will be an important factor for the Authority in assessing whether or not to maintain the authorisation of the Authorised Person.

I **confirm** that to the best of our knowledge, the information is true and complete and **confirm** that Name of Proposed Registered Person is a fit and proper person to be registered to carry out the Registrable Functions set out in this Application.

**Name of Authorised Person (Firm’s Name):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      /     /

 Director or Responsible Officer Name Signature and stamp Date