



Guidance Notes for New Registration Application Form – Authorisation Department

Each note below relates to a question or a statement in the CRA Registered Person Form. Those guidance notes provide explanation only to the questions/statements that are not self-explanatory and require further clarification.

The content of this document shall not prejudice the provisions of the Capital Market Law and its Implementing Regulations and any other relevant laws.

Section I: Authorised CRA and Contact Person Details:

I.1 Provide details of the Authorised CRA accordingly
Name: Provide the full name of the Authorised Credit Rating as it appears in its Commercial Registration or Ministry of Commerce and Industry official approved name reservation if under formation.
License Number: Provide the authorisation number of the Authorised Credit Rating Agency assigned by the CMA, if available.
Address: Provide details of the CRA's office inside the Kingdom of Saudi Arabia. If the CRA is under authorisation and does not have a physical address in the Kingdom at the time of filling the Application for Authorisation, provide one of the following: <ul style="list-style-type: none">• For a foreign CRA, provide the address in the foreign jurisdiction where the headquarter is located.• For a local CRA, please provide the address of the controller.
Website: Provide the Authorised CRA website, if any.
E-mail Address: Provide the official e-mail address of the Authorised CRA or the e-mail address of the Authorised CRA designated contact person.
Telephone Number: Provide the Authorised CRA telephone number.



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Facsimile Number: Provide the Authorised CRA facsimile number.
1.2 Contact Person Details:
Full Name: The full name of the Authorised CRA designated contact person as it appears on the ID.
Job Title: the job title of the Authorised CRA designated contact person.
Address: Provide the office address of the Authorised CRA designated contact person if it's different from the Authorised CRA official address. Otherwise, write "Same as Authorised CRA".
Telephone Number: Provide the office telephone number of the Authorised CRA designated contact person.
Mobile Number: Provide the mobile number of the Authorised CRA designated contact person.

Section 2 : Personal Information for the Proposed Registered Person

2.1 – 2.7 Provide details of the proposed registered person accordingly.
Full Name: The full name of the applicant's designated contact person in Arabic as it appears on the ID.
Full Name: The full name of the applicant's designated contact person in English as it appears on the ID.
If the proposed registered person holds another nationality/dual citizenships, please specify the other nationality(ies) in the provided space while providing the CMA with a copy .



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If the proposed registered person is a Saudi citizen, provide the national ID number and the expiration date accordingly.

If the proposed registered person is a GCC citizen, provide the national ID number, passport number, expiration dates of both documents accordingly.

If the proposed registered person is a foreign citizen, provide the passport number, expiration date, and Residence Permit number if available accordingly
If no Residence Permit has been issued yet, provide the reasons in the space provided, the expected date to obtain it, and the action plan(s) to be taken in case the Residence Permit was not issued.

Section 3 : Contact Information for the Proposed Registered Person

3.1 Permanent Residential Address Provide the permanent address of the proposed registered person which is usually his address at his home country and fill the details in the table accordingly.

3.2 Current Address Provide the current address of the proposed registered person which is usually his address in Saudi Arabia and fill the details in the table accordingly.
If the permanent address is the same as the current address, check the box only instead of filling the details once again.

Section 4 : Registrable Functions

4.1 If the Authorised CRA is incorporated in The Kingdom of Saudi Arabia, specify the function to be carried out by the proposed registered person.

4.2 If the Authorised CRA is a foreign CRA, specify the function to be carried out by the proposed registered person.



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<p>4.3 Provide the job title of the proposed registered person in the authorised CRA in Arabic.</p>
<p>4.4 Provide the job title of the proposed registered person in the authorised CRA in English.</p>
<p>4.5 Provide the address of the branch/office where the proposed registered person will be based in.</p>
<p>4.6 Provide the type of activity in which the proposed registered person will be involved in.</p>
<p>4.8 Provide an estimated percentage of the time that will be allocated to the registerable function by the proposed registered person based on a 40 hours working week.</p>
<p>4.9 To be completed by the authorised CRA, briefly describe how the authorised CRA determined that the proposed registered person is fit to perform the duties of the function he is applying to register for.</p>

Section 5 : Disciplinary and Investigations Record

<p>5.1 The proposed registered person must read carefully this subsection and choose an answer truthfully and honestly as a background check will be conducted. If the answer is “Yes” to any of the questions included in this section, provide the following details:</p> <ul style="list-style-type: none">• Date of the incident.• Name of the person responsible for the incident.• Position of the person responsible for the incident within the organisation of the applicant.• Brief explanation of the incident.
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5.2 The proposed registered person must read carefully this subsection and choose an answer truthfully and honestly as a background check will be conducted. If the answer is “Yes” to any of the questions included in this section, provide the following details:

- Date of the incident.
- Name of the person responsible for the incident.
- Details of court decision, if applicable.
- Location and type of the court, if applicable.
- Position of the person responsible for the incident within the organisation of the applicant.
- Brief explanation of the incident.

Section 6 : Financial Status

The proposed registered person must read carefully this subsection and choose an answer truthfully and honestly as a background check will be conducted.

If the answer is “Yes” to any of the questions included in this section, provide the following details:

- Date of the incident.
- Name of the person responsible for the incident, if applicable.
- Details of court decision, if applicable.
- Location and type of the court, if applicable.
- Position of the person responsible for the incident within the organisation of the applicant, if applicable.
- Brief explanation of the incident.

Section 7 : Competence and Qualification

7.1 Please list all the academic degrees obtained by the proposed registered person in the table and provide all the required details as seen appropriate. If the degrees obtained outnumbered the fields provided in the table, print another table and attach it after filling all the details with the application.



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7.2 Please list all the professional qualifications obtained by the proposed registered person in the table and provide all the required details as seen appropriate. If professional designations outnumbered the fields provided in the table, print another table and attach it after filling all the details with the application.

7.3 Provide the employment history of the proposed registered person starting with the most recent.

7.4 Provide the details of the firm, start date, type of business, and the roles and responsibilities of the proposed registered person in that firm, the CMA will contact you in case further information is required.

Section 8 : Additional Information

8.1 If the answer is “Yes”, please provide all documents that prove that the proposed registered persons can perform related registrable functions such as CVs, resumes, etc.

8.3 If the proposed registered person is currently performing other functions at any company other than the CRA referenced in the Registration Application, whether within or outside the Kingdom, provide details on the names of such companies, the position, the period of employment and potential conflict of interest.

8.5 If the answer is “Yes”, please provide the job title and name of the entity which the person works for.

Section 9 : Payment of Fees

A Registration Fee of SAR 2,000.00 is to be paid in favor of of CMA on the following CMA bank account details:

- Beneficiary: Capital Market Authority
- Bank Name: Saudi British Bank (SABB)
- Bank Account Number: 154051114001
- IBAN Number: SA33 4500 0000 1540 5111 4001
- SWIFT: SABBSARI



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9.1 Provide the fee payment details as follows:

Amount the fee amount that was paid.

Date the date of the payment as it appears in the payment slip/bank statement.

Depositor Name if the payment was made through a direct deposit, provide the name of the depositor.

Bank Name if the payment was made through a bank transfer, provide the name of the bank where the transfer was done from.

Reference Number (UTI) if the payment was made through a bank transfer, provide the reference number for the transfer provided by the bank.

Section 10 : Checking your Application

This section is to be used by the proposed registered person as a reference checklist to ensure all requirements were provided/met.

Section 11 : Declaration of the Proposed Registered Person

This section is to be signed by the proposed registered person confirming the information provided and ensuring its truthfulness and correctness as well as declaring the responsibility to update the information provided in case of any changes and providing the CMA with the authority to disclose the information for the purpose of carrying out its responsibilities.

Section 12 : Authorized CRA Declaration

This section to be signed by the authorised CRA representative and the responsible officer to confirm the correctness and truthfulness of the information as well as all supporting documents provided by the proposed registered person.