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| 1. **Authorized Person Information**
 |
|  | **Name of the Authorized Person**  |
|  |  **CMA License number** |

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| 1. **Information of the External Party Delegated**
 |
|  | **Name of the Outsourcing Firm**  |
|  **[ ]  Authorized Person** | **Classification** |
|  **[ ]  Certified Accounting Firm Licensed by SOCPA** |
|  **[ ]  Law Firm authorized to practice law in Saudi Arabia** |
|  | **License Number** **(A Copy of The License is Required To Be Attached )** |
|  | **Address** |
|  | **Contact Information** |

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| 1. **The Functions and Contact Information**
 |
|  **[ ]  Financial Officer** | **Delegated registrable function** |
|  **[ ]  Compliance Officer** |
|  **[ ]  Anti-Money Laundering & Counter-Terrorism Financing Officer** |
|  | **Name of person in charge** |
|  | **Telephone/Mobile number** |
|  | **E-mail address** |

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| 1. **Authorized Person Declaration**
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| **I hereby declare:** |
| * **that the person assigned by the external party delegated to perform such function has the required Capital Market Authority certification.**
* **to comply with paragraph(D) and (E) from article (20) in the Authorized Person Regulations.**
* **that all the information provided in this form (including all supporting documents, if any) is complete, accurate, and correct.**
* **to provide any additional information CMA may require.**
* **to notify CMA immediately in the incident of the expiry and/or termination of the delegation contract with the external party, or such a delegated party ceased from performing the function.**
* **that if any information in this form changes, will immediately notify the CMA in writing about such changes.**
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|  | **Name of the Authorized Signatory** |
|  | **Position**  |
|  | **Signature** |
| **/ /** | **Date** |