

Central Bank of Bahrain

Form 3:

Application for Approved Person Status

(Application for approved person status in the Kingdom of Bahrain)

Form 3: Application for Approved Person Status

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Form 3: INSTRUCTIONS

PLEASE NOTE:

- 1. All persons wishing to undertake a controlled function in an investment business licensee must be approved by the CBB prior to their appointment.
- This application form should be completed by referring to Volume 4 (Investment Business) of the CBB Rulebook, in particular Module AU (Authorisation). The rules applicable to Approved Persons are found in Section AU-1.2, Chapter AU-3 and Section AU-5.2.
- Applicants should satisfy themselves that they meet the requirements of the Rulebook before submitting an application. This form contains the principal elements that are required, but should applicants consider that there is additional evidence of relevance to the application, this should be submitted with this form. It should not be assumed that information is known to the CBB merely because it is in the public domain or has previously been disclosed to the CBB or another regulatory body. If there is any doubt about the relevance of information, it should be disclosed.
- Complete all sections as fully as possible, attaching supporting documentation and continuation sheets where appropriate. The application should be written in ink in BLOCK CAPITALS or typed.
- 5. Failure to provide all the required information may result in significant delays in processing. The CBB does not accept responsibility for any loss caused to the applicant by any delay.
- 6. All documentation provided to the CBB must be in either the Arabic or English languages. Any documentation in a language other than English or Arabic must be accompanied by a certified English or Arabic translation thereof.
- 7. If any question is not applicable given your particular circumstances, please clearly indicate by marking 'N/A', with an explanation as to why it does not apply. Please provide a full explanation for any question that cannot be answered at this stage. Please note that failure to provide the required information may prejudice an application and will cause delay.
- 8. Where the request for approved person status *forms part of a new license application*, the **original** completed form, together with supporting documentation, should be submitted to:

The Director, Licensing & Policy Directorate Central Bank of Bahrain PO Box 27 Manama Kingdom of Bahrain

 Where the request is in relation to an existing investment business licensee (except when dealing with a MLRO), the original completed form, together with supporting documentation, should be submitted to:

The Director, Financial Institutions Supervision Directorate Central Bank of Bahrain PO Box 27 Manama Kingdom of Bahrain

Form 3: INSTRUCTIONS (continued)

9A. Where the request is in relation to an *existing investment business licensee dealing with a MLRO*, the **original** completed form, together with supporting documentation, should be submitted to:

The Director, Compliance Directorate Central Bank of Bahrain PO Box 27 Manama Kingdom of Bahrain

10. Queries may be addressed to:

For applications that form part of a new license application:

The Director, Licensing & Policy Directorate

Tel: +973 17 547605 Fax:+973 17 537554

E mail: albassam@cbb.gov.bh

For applications that are for an existing investment business licensee, other than MLRO

The Director, Financial Institutions Supervision

Directorate

Tel: +973 17 547968 Fax: +973 17 531636 E-mail: <u>aaltajer@cbb.gov.bh</u>

For applications that are for an existing investment business licensee, dealing with

MLRO

The Director, Compliance Directorate

Tel: +973 17 547107 Fax: +973 17 535673

E-mail: compliance@cbb.gov.bh

11. Applicants are reminded that providing to the CBB any information which is false or misleading in connection with the submission of this application or any related information, may result in the withdrawal of approved person status or other disciplinary measures.

Form 3: Application for Approved Person Status *Instructions: Page 2 of 2*

Form 3: DECLARATION

I certify that the information in this Form 3 is accurate and complete to the best of my knowledge and belief and that there are no other facts relevant to this application of which the Central Bank of Bahrain (CBB) should be aware.

I authorise the CBB to make such enquiries and seek further information it deems necessary in considering this application for approved person status.

I am aware that providing to the CBB any information which is false or misleading in connection with an application for approved person status, may result in the withdrawal of approved person status or other disciplinary measures.

I also confirm that I will not assume the responsibilities of the approved person for which this application is being submitted prior to obtaining such approval.

I undertake to inform the licensee of any changes material to the application that may arise while the CBB is considering the application. I further undertake that, in the event that the approved person status being sought is granted, I will notify the licensee of any material changes to or affecting the completeness or accuracy of, the information provided in this Form 3 as soon as possible, but in any event no later than 21 days from the day that the changes come to my attention.

Name of applicant (please print name)	Signature of applicant	Date

Note: The use of the term 'applicant' throughout this form refers to the individual seeking the Approved Person Status.

Form 3: Application for Approved Person Status *Declaration: Page 1 of 1*

Applicant:

Form 3: Contact Information

Please provide full contact details of the applicant and an authorised representative of the licensee (e.g. Board member or senior management) or of the person seeking a license with whom the CBB can communicate with, regarding this application.

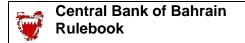
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enquiry of the accurate in all		in our opinion, correct and
Authorised Ro	epresentative of the Licensee/Licensee Ap	pplicant:
Name:		
Γitle:		
Гel:		
Fax:		
E-mail:		
Signature:		
Date		
Company Stan	<mark>np:</mark>	

Form 3: Section I – Applicant Details

1. Name(s) of the investment business licensee(s) in respect of which this application for approved person status is being made:
2. Title of position for which this application is being submitted:
3. Name of the applicant for approved person status:
First Names:
Family Name:
4. Has the applicant had any previous name (s) by which he (she) is known?
Yes No
If yes, please specify
5. Date and place of birth:
Place Date: DayMonthYear
6. Nationality of applicant:
7. Nationality of and name(s) of applicant's spouse:
Name of spouse:
Nationality of spouse:

Form 3: Section I – Applicant Details (continued)

	h the applicant's current address please list all previous private he last 10 years with relevant dates:		
Date	Address		
	istration Card (CPR); Personal number; National Insurance number; urity number and country of issue:		
Type (e.g. CPR, so	ocial security number, etc.):		
Number:	Country of issue:		
10. Passport Inform	mation:		
Passport Number:	Place of issue:		
Date of issue:	Date of expiry:		
(Note that the iden one of the followin (a) a registered la (b) a registered no (c) a chartered acc (d) a government n (e) an official of an (f) an official of a	wyer; countant; ministry; n embassy or consulate; or CBB licensee. widing the above certification must include clear contact details (e.g.		
1 cs NO			



Form 3: Section II - Details of Controlled Function

1. Controlled function(s) for which application is sought (Ref: Section AU-1.2):
☐ Member of the Board of Directors
☐ Chief Executive / General Manager
☐ Head of Function
□ Compliance Officer
☐ Money Laundering Reporting Officer
☐ Deputy Money Laundering Reporting Officer (if any)
☐ Member of Shari'a Supervisory Board
☐ Financial Instruments Trader
☐ Investment Consultant / Adviser
2. If the form is being completed for a Member of the Board of Directors, please tick √ as appropriate (Ref: Section HC-1.2):
□ Chairman
□ Executive Director
□ Non-Executive Director (Non-Independent)
□ Non-Executive Director (Independent)
3. Specify responsibilities of the proposed controlled function:

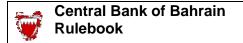
Form 3: Section III – Qualifications & Experience

1. Please provide details of any professional qualifications and the year and place in which these were obtained (with originals or certified copies of certificates and translations if not in Arabic or English).			
Original or Ce	ertif	fied Copies Attached Yes□ No □	
Membership N	0.	Professional Qualification	Year Obtained
2. Please provide details of any further relevant qualifications (not covered in Question III.1) and the year and place in which these were obtained (with originals or certified copies of certificates and translations if not in Arabic or English).			
Original or Co	ertif	fied Copies Attached Yes□ No □	
Qualification		Educational Establishment	Year Obtained

Form 3: Section III – Qualifications & Experience (continued)

Name of Professional Body		Address		Year of Admission
If additional j	professional bodies,	please complete an add	litional sheet.	
and employn employer, the	nent over the past e nature of the bus	employment, please p 10 years, including the iness, the position hel ase account for any gap	e full name a rd and the relev	nd address of the vant dates (please
Period Covered	Name of Address Nature of Business		Position Held	

¹ If self-employed, mark as self-employed.



Form 3: Section III - Qualifications & Experience (continued)

5. Please provide details of any body corporate of which the applicant is currently a director, controller, manager, or company secretary, and the countries in which they are registered. Please state whether any of these positions will be retaine if the Approved Person Status is granted.

Name of Corporate Body	Position Held	Country of Registration
	Executive Director	
	Non-Executive Director	
	Controller	
	Manager	
	Company Secretary	
	Executive Director	
	Non-Executive Director	
	Controller	
	Manager	
	Company Secretary	
	Executive Director	
	Non-Executive Director	
	Controller	
	Manager	
	Company Secretary	

If additional corporate position held, please complete an additional sheet.

Form 3: Section IV - Personal Background

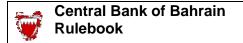
1. Name of companies or businesses the family owns 20% or more or where the					
Name of Business, Address and Telephone Number	Nature of Business	Country of Incorporation			
If additional businesses, please complete	If additional businesses, please complete an additional sheet.				
2. Are there any outstanding litigation and/or any current proceedings against the applicant?					
Yes \square No \square					
If yes, please provide details.					
3. Are there any judgement against the a	applicant?				
Yes \square No \square					
If yes, please provide details.					

 $^{^2}$ The term "family" refers to father, mother, husband, wife, children, grandparents and grandchildren.

4. Has the applicant, or any body corporate, partnership or unincorporated institution to which the applicant has, or has been associated with as a director, controller, manage or company secretary, ever applied to any regulatory authority in any jurisdiction for license or other authority to carry on investment business activity?
Yes <mark>□</mark> No □
If yes, please list all applications showing whether they have been successful cunsuccessful.
5. Has the applicant at any time been convicted of any offence by any court, including civil or military (excluding any minor traffic offence)?
Yes□ No □
If yes, please give full particulars of the court by which the applicant was convicted the offence and the penalty imposed and the date of conviction.

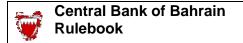


6. Has the applicant ever been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry whether in the Kingdom of Bahrain or elsewhere or by any professional body or trade association to which the applicant has belonged or been the subject of a regulatory order?
Yes No D
If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action.
7. Has the applicant, or any body corporate, partnership or unincorporated institution to which the applicant has, or has been associated with as a director, controller, manager or company secretary been the subject of an investigation by a governmental, professional or other regulatory body?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action.
- <u></u> -



8. Has the applicant ever been the subject of a disciplinary enquiry?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action.
9. Has the applicant ever been suspended from any office, or asked to resign?
Yes□ No □
If yes, please give full particulars of the action taken, where and when it took place.
10. Has the applicant been dismissed from any office or employment or barred from entry to any profession or occupation?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place.

11. Has the applicant ever been disqualified from acting as a director of a company or from acting in the management or conduct or the affairs of any company, partnership or unincorporated association?
Yes <mark>□</mark> No <mark>□</mark>
If yes, please give full particulars of the action taken, where and when it took place.
12. Has the applicant been adjudged bankrupt by a court?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place.
13. Has the applicant ever at any time been declared bankrupt and/or have any money judgments been made against the applicant which have not been satisfied in full?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place.



14. Has the applicant, in connection with the formation or management of any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by the applicant towards such a body or company or toward any members thereof?
Yes□ No □
If yes, please give full particulars of the action taken, where and when it took place.
15. Has any body corporate, partnership or unincorporated institution with which the applicant is or was associated as a director, controller, manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while the applicant was associated with it or within one year after the applicant ceased to be associated with it?
Yes <mark>□</mark> No □
If yes, please give full particulars of the action taken, where and when it took place.
16. In carrying out his duties will the applicant be acting on the directions or instructions of any other person(s)?
Yes <mark>□</mark> No □
If yes, please give full particulars.

17. Provide the name and address of one or more bankers as a reference for the CBB to obtain information on the conduct of your financial affairs over the past 5 years:
18. Has the applicant ever been a director, partner or manager of a corporation which has been liquidated or under administration?
Yes <mark>□</mark> No □
If yes, please give full particulars of the situation, including where and when it took place.

Form 3: Section V – Chairman and Non-Executive Directors only

1. How much t licensee?	ime will the	applicant	give to	the wor	k of the	investment	business
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the investment b			е арриса	nt believ	e he will	bring to the	e work of
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