Name of Proposed Licensee



# **CENTRAL BANK OF BAHRAIN**

# **Application for a Representative Office License**



### **Application for a Representative Office License**

### **Table of Contents**

	Date Last Changed
Instructions	04/2008
Declaration	04/2008
Contact Information	04/2008
Checklist	04/2008
Section I License Type	04/2008
Section II Applicant Details	04/2008
Section III Financial Information	04/2008

#### **INSTRUCTIONS**

- 1. Applicants for a representative office license must submit a duly completed 'Application for a Representative Office License' Form, under cover of a letter signed by an authorised signatory of the applicant. Various supporting documentation specified in the Form must also be appended to the application; these include a non-refundable **application fee of BD 100**.
- 2. Complete all sections as fully as possible, attaching supporting documents and continuation sheets where appropriate. The application should be written in black ink in BLOCK CAPITALS or typed.
- Failure to provide all the required information may result in significant delays in processing the
  application. The CBB does not accept responsibility for any loss caused to the applicant by any
  such delay.
- 4. 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 may cause delay.
- 5. 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.
- 6. 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

- 7. Queries may be addressed to the Director, Licensing & Policy Directorate, on +973 17 547605 (telephone), +973 17 530228 (fax) and <a href="mailto:albassam@cbb.gov.bh">albassam@cbb.gov.bh</a> (e-mail).
- 8. The CBB will review the application and, within 60 calendar days of the application having been declared complete by the CBB, advise the applicant in writing whether it has:
  - (a) Granted the application; or
  - (b) Refused the application, stating the grounds on which the application has been refused and the process for appealing against that decision.
- 9. In order for a license to be granted, applicants must have provided all the required information and demonstrated their ability to comply with the minimum licensing conditions specified in The Standard Conditions and Licensing Criteria for a Representative Office of Volume 5 (Specialised Activities) of the CBB Rulebook.
- 10. Finally, applicants are also 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 refusal of the application or, if discovered later, the subsequent cancellation of any license issued.

### **DECLARATION**

We certify that we have read and understood the provisions of the Central Bank of Bahrain and Financial Institutions Law (Decree No. 64 of 2006) ('CBB Law'), and the Standard Conditions and Licensing Criteria for a representative Office License. We are aware that providing to the Central Bank of Bahrain ('CBB') any information which is false or misleading in connection with the submission of this application or any related information may result in the refusal of the application or, if discovered later, the subsequent cancellation of any license issued.

We certify that the information submitted in support of this application is complete and accurate to the best of our knowledge and belief and that there are no other facts relevant to this application of which the CBB should be aware. We also confirm that no activities from the representative office will be carried on by us prior to obtaining a license.

We undertake to inform the CBB of any changes material to the application that may arise while the CBB is considering the application. We further undertake that, in the event that the institution is granted the license which is hereby sought, we will notify the CBB of anything affecting the material completeness or accuracy of the information provided in this application as soon as possible, but in any event no later than 15 calendar days from the time the changes come to our attention.

The above declaration must be signed by an official representative with authority to bind the company and must indicate the capacity in which he is signing.

Name of official representative	Signature of representative	Date
Capacity of official representative	_	

Contact Information	

Please provide full contact details of person(s) with whom the CBB can communicate regarding this application. Where a professional adviser is given as a contact point, a principal of the applicant must also be given as a contact point.

Contact Point 1	
Name:	
Title:	
Capacity <sup>1</sup> :	
Tel:	
Fax:	
E-mail:	
Contact Point 2 (if applicable)	
Name:	
Name:Title:	_
Name: Title: Capacity <sup>1</sup> :	
Name: Title: Capacity <sup>1</sup> :	

<sup>&</sup>lt;sup>1</sup> (e.g.: professional adviser to the applicant)



### Checklist

Please refer to Standard Conditions and Licensing Criteria for a Representative Office License.

Item	Attac (please tick as	
1. Cheque (payable to CBB) for application fee	Yes	No
2. Copy of confirmation from supervisory/regulatory authority of the applicant (head office) providing consent to establish a Representative Office in Bahrain (See Section II Question 7)	Yes	No
3. Audited balance sheet and profit and loss account of the applicant (head office) for the past three years or since incorporation, whichever is the shorter period. (See Section III Question 1)	Yes	No
4. Duly completed Form 3 (Application for Approved Person status) for the proposed representative in Bahrain and any staff occupying a management position.	Yes	No
5. A copy of the applicant (head office) commercial registration (or equivalent).	Yes	No
6. A certified copy of the Board resolution of the applicant, confirming its decision to seek a license.	Yes	No
7. A copy of the Memorandum and Articles of Association of the applicant (head office/parent).	Yes	No

# Volume 5: Specialised Activities

Section I – License Type		
Select the type of Representative Office License tha	t you are seeking	
1. Banking Representative Office		
2. Insurance Representative Office		
3. Investment Firm Representative Office		
Conventional	Islamic	



# Section II – Applicant Details

Please complete all fields		
1. Name of financial institution:		
2. Date of incorporation: [day]/[month]/[year]		
Country of Incorporation:		
3. Registered Address:		
4. Telephone: F	Fax:	
Swift Code:	E-mail:	
5. Please provide a full organisation chart of the applicant's group, indicating the ultimate controller (e.g. parent company) and any intermediate companies.		
<b>Attached</b> Yes $\square$ No $\square$ Not Applicable $\square$		
6. Please give details of any licenses or authorisations granted by regulatory/supervisory authorities in the country of <b>registration</b> . (Please provide full name, address, telephone and fax numbers of authorities):		
License/Authorisation Type	Granted by	
If additional licenses/authorisations, please co	mplete an additional sheet	



# Section II – Applicant Details (continued)

7. If the <b>principal place of business</b> of the applicant is in a country or territory other than the country of registration, please provide:		
(a) Name of financial institution (if different from 1. above)		
(b) Branch/Subsidiary (please delete whichev	er is not applicable	
(c) Address:		
(e). Telephone:	Fax:	
Swift Code:	E-mail:	
8. Please give details of any licenses or authorisations granted by regulatory/supervisory authorities in the country of principal <b>place of business</b> . (Please provide full name, address, telephone and fax numbers of authorities):		
License/Authorisation Type	Granted by	
If additional licenses/authorisations, please complete an additional sheet.		
9. Is the consent of the authorities mentioned in Questions 6 and 8 required for the financial institution to establish a Representative Office in Bahrain?		
Yes □ No □		
If yes, please provide a copy of the confirmation providing the required consent(s). The Central Bank of Bahrain may seek independent confirmation from the authorities concerned.		

# Section II – Applicant Details (continued)

10. Are there any authorities other than those already mentioned in the answers to Questions 6 and 8:
(a) Whose consent is required? Yes $\square$ No $\square$
(b) Who have the right to visit/inspect your financial institution? Yes \( \sigma \) No \( \sigma \)
If yes to either (a) or (b) please provide full name, address, telephone and fax numbers of authorities:
11. Has the financial institution applying for a representative office license or member(s) of its group been the subject of any litigation (or known circumstances which might give rise to litigation) over the past 5 years, or is any litigation currently outstanding, except cases arising in the course of normal business activities?
Yes □ No □
If yes, please provide details:
12. Has the financial institution applying for a representative office license or member(s) of its group been the subject of adverse finding in a civil action by any court or competent jurisdiction, relating to fraud, misfeasance or other misconduct?
Yes □ No □
If yes, please provide details:



# Section II – Applicant Details (continued)

13. Has the financial institution applying for a representative office license or mem of its group ever entered into any arrangement with creditors in relation to the inabi pay due debts?	
Yes □ No □	
If yes, please provide details:	
	-
	-
14. Has the financial institution applying for a representative office license or mem of its group ever been the subject of an investigation into allegations of miscondinal malpractice in connection with any business, or been found guilty of condinauthorised financial activities or been disciplined by any professional body or fin services regulator for misconduct or malpractice?	ict or icting
Yes □ No □	
If yes, please provide details:	
	-
	-
	-

### **Section III – Financial Information**

•	ccount for the past three years
ferred to in Section II Question	1, please provide details of
Local Currency	US\$ Equivalent
;	ance sheet and profit and loss active is the shorter period.  nost recent year end, please specifierred to in Section II Question at in the country of registration  Local Currency