



BAHRAIN MONETARY AGENCY

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 insurance licensee must be approved by the BMA prior to their appointment.
2. This application form should be completed by referring to Volume 3 (Insurance) of the BMA Rulebook, in particular Module AU (Authorisation). The rules applicable to Approved Person Status are found in Section AU-1.2, Chapter AU-3 and Section AU-5.2.
3. 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 BMA merely because it is in the public domain or has previously been disclosed to the BMA or another regulatory body. If there is any doubt about the relevance of information, it should be disclosed.
4. 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 BMA does not accept responsibility for any loss caused to the applicant by any delay.
6. All documentation provided to the BMA 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
Bahrain Monetary Agency
PO Box 27
Manama
Kingdom of Bahrain

9. Where the request is in relation to an *existing insurance licensee*, the **original** completed form, together with supporting documentation, should be submitted to:

The Director, Insurance Supervision Directorate
Bahrain Monetary Agency
PO Box 27
Manama
Kingdom of Bahrain



Form 3: INSTRUCTIONS (continued)

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@bma.gov.bh

***For applications that are for an existing insurance
licensee***

The Director, Insurance Supervision Directorate
Tel: +973 17 547302
Fax: +973 17 535170
E-mail: tawfiq@bma.gov.bh

11. Applicants are reminded that it is an offence under the Insurance Law, Decree No. (17) of 1987 and any regulations issued thereunder, to provide the BMA any information which is false or misleading in connection with the submission of this application or any related information.



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 Bahrain Monetary Agency (BMA) should be aware.

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

I am aware that it is an offence under the Insurance Law, Decree No. (17) of 1987 and any regulations issued thereunder to provide to the BMA any information which is false or misleading in connection with an application for approved person status.

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 BMA of any changes material to the application which arise while the BMA is considering the application. I further undertake that, in the event that the approved person status being sought is granted, I will notify the BMA of any material changes to or affecting the completeness or accuracy of, the information provided in Form 3 above 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: 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 BMA can communicate with, regarding this application.

Applicant:

Name: _____

Title: _____

Tel: _____

Fax: _____

E-mail: _____

Authorised Representative of the Licensee/Licensee Applicant:

Name: _____

Title: _____

Tel: _____

Fax: _____

E-mail: _____



Form 3: Section I – Applicant Details

1. Name(s) of the insurance 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: Day _____ Month _____ Year _____

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)

8. Beginning with the applicant's current address please list all previous private addresses during the last 10 years with relevant dates:

Date	Address

9. Population Registration Card (CPR); Personal number; National Insurance number; and/or Social Security number and country of issue:

Type (e.g. CPR, social security number, etc.): _____

Number: _____ Country of issue: _____

10. Passport Information:

Passport Number: _____ Place of issue: _____

Date of issue: _____ Date of expiry: _____

11. Please attach a certified copy of your passport or driving license.

(Note that the identification document must contain a photograph and be certified by one of the following:

- (a) a registered lawyer;*
- (b) a registered notary;*
- (c) a chartered accountant;*
- (d) a government ministry;*
- (e) an official of an embassy or consulate; or*
- (f) an official of a BMA licensee.*

The individual providing the above certification must include clear contact details (e.g. business card or company stamp).

Attached

Yes ☐

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
- ☐ Member of Shari'a Supervisory Board
- ☐ Money Laundering Reporting Officer
- ☐ Unit Linked Investment Adviser
- ☐ Signing Actuary (where the function is undertaken by an employee of the insurance firm)

2. Specify responsibilities of the position (if any). Please indicate if this form is being completed for a non-executive director.

Non-Executive Director Yes ☐ No ☐ (Please tick ✓ one box)

Responsibilities:



Form 3: Section III – Qualifications & Experience

1. Please provide details of any professional qualifications and the year and place in which these were obtained (eg. ACA; ACCA; ACIB; ACIS etc) (with originals or certified copies of certificates and translations if not in Arabic or English).

Original or Certified Copies Attached Yes ☐ No ☐

Membership No.	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 Certified Copies Attached Yes ☐ No ☐

Qualification	Educational Establishment	Year Obtained



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

3. Please provide details of current membership of any relevant professional bodies, their address(es) and the year of admission.

Name of Professional Body	Address	Year of Admission

If additional professional bodies, please complete an additional sheet.

4. Beginning with your present employment, please provide details of all occupations and employment over the past 10 years, including the **full name and address** of the employer, the nature of the business, the position held and the relevant dates (**please enclose curriculum vitae**). Please account for any gaps in employment history.

Period Covered	Name of Employer ¹	Address	Nature of Business	Position Held

If additional employment experience, please complete an additional sheet.

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 retained if the Approved Person Status is granted.

Name of Corporate Body	Position Held	Country of Registration
	Executive Director <input type="checkbox"/>	
	Non-Executive Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	
	Executive Director <input type="checkbox"/>	
	Non-Executive Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	
	Executive Director <input type="checkbox"/>	
	Non-Executive Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	

If additional corporate positions are held, please complete an additional sheet.



Form 3: Section IV – Personal Background

1. Name of companies or businesses that the applicant or member of the applicant's family¹ owns 20% or more or where the applicant has a controlling interest.

Name of Business, Address and Telephone Number	Nature of Business	Country of Incorporation

If additional businesses, please complete an additional sheet.

¹ The term "family" refers to father, mother, husband, wife, grandfather, grandmother, grandson and granddaughter

2. Details of any outstanding litigation and/or any current proceedings against the applicant.

3. Details of any judgment against the applicant.



Form 3: Section IV – Personal Background (continued)

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, manager or company secretary, ever applied to any regulatory authority in any jurisdiction for a license or other authority to carry on a financial services activity?

Yes ☐

No ☐

If yes, please list all applications showing whether they have been successful or unsuccessful.

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.



Form 3: Section IV – Personal Background (continued)

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 ☐

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 ☐

No ☐

If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action.



Form 3: Section IV – Personal Background (continued)

8. Has the applicant ever been the subject of a disciplinary enquiry?

Yes ☐

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 ☐

No ☐

If yes, please give full particulars of the action taken, where and when it took place.



Form 3: Section IV – Personal Background (continued)

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 ☐ No ☐

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 ☐ 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 ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place.



Form 3: Section IV – Personal Background (continued)

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 ☐ 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 ☐ No ☐

If yes, please give full particulars.



Form 3: Section IV – Personal Background (continued)

17. Provide the name and address of one or more bankers as a reference for the BMA 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 ☐ 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 time will the applicant give to the work of the insurance licensee?

2. What particular contribution does the applicant believe he will bring to the work of the insurance licensee?
