



CENTRAL BANK OF BAHRAIN

Form 2:

Application for Authorisation of Controller

(Application for authorisation of controller in the Kingdom of Bahrain)



Form 2: Application for Authorisation of Controller

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Form 2: INSTRUCTIONS

INSTRUCTIONS

PLEASE NOTE:

- 1. All persons wishing to be authorised to be a controller of an investment business licensee or seeking to increase or decrease their level of control must receive prior CBB authorisation.
- 2. Controllers are defined in Chapter GR-5 as a natural or legal person who:
 - (a) Holds 10% or more of the shares in the licensee ('L'), or is able to exercise (or control the exercise) of more than 10% of the voting power in L; or
 - (b) Holds 10% or more of the shares in a parent undertaking ('P') of L, or is able to exercise (or control the exercise) of more than 10% of the voting power in P; or
 - (c) Is able to exercise significant influence over the management of L or P.
- 3. This application form should be completed by referring to Volume 4 (Investment Business) of the CBB Rulebook, in particular Module GR (General Requirements). The rules applicable to controllers are found in Chapter GR-5.
- 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 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.
- 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 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 authorised controller *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



Form 2: INSTRUCTIONS (continued)

9. Where the request is in relation to an *existing investment business licensee*, 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

10. Queries may be addressed to:

For applications that form part of a new	For applications that are for an existing
license application:	Investment business licensee
The Director, Licensing & Policy Directorate	The Director, Financial Institutions
Tel: +973 17 547605	Supervision Directorate
Fax:+973 17 537554	Tel: +973 17 547968
E mail: <u>albassam@cbb.gov.bh</u>	Fax: +973 17 531636
	E-mail: aaltajer@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 refusal of the application or cancellation of the authorisation.



Form 2: DECLARATION

I certify that the information submitted in support of this application 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 authorisation for controller.

I am aware that providing to the CBB any information that is false or misleading in connection with an application for authorisation for controller may result in the refusal of the application or cancellation of the authorisation.

I also confirm that I will not assume or increase control of the investment business licensee for which this application is being submitted prior to obtaining such authorisation.

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 authorisation of controller being sought is granted, I will notify the licensee of anything affecting the material completeness or accuracy of, the information provided in this Form 2 as soon as possible, but in any event no later than 15 calendar days from the day that the changes come to my attention.

WHERE THE PROPOSED CONTROLLER IS A NATURAL PERSON:

Name of applicant (please print name)	Signature of applicant	Date
WHERE THE PROPOSED CON DECLARATION MUST BE SIGNE CORPORATE SEAL:	TROLLER IS A LEGAL PER ED BY TWO DIRECTORS AND	<i>,</i>
Director (please print name)	Signature of director	Date
Director (please print name)	Signature of director	Date



Form 2: Contact Information

Please provide full contact details of person(s) with whom the CBB can communicate with, regarding this application.

Name:		 	
Title:		 	
Capacit	ty ¹ :	 	
Tel:		 	
Fax:		 	
E-mail:	:		

We have reviewed the information given by the applicant on this form and upon enquiry of the same, can confirm that such answers are, in our opinion, correct and accurate in all respects.

Authorised Representative of the Licensee/Licensee Applicant:

Name:		 	
Title:		 	
Tel:		 	
Fax:		 	
E-mail:		 	
Signature:		 	
Date		 	
Company Stam	n p :		

¹ (e.g. proposed controller, professional adviser to the proposed controller)

Form 2: Application for Authorisation of Controller Contact Information: Page 1 of 1



Form 2: Section I – Applicant Details

1. Name(s) of the investment business licensee(s) in respect of which this app for authorisation of controller is being made:	olication
2. Seeking authorisation for (please check $\sqrt{appropriate box}$)	
(see Paragraph GR-5.1.1):	
a) A new controller	
b) An existing controller increasing its holding from below 20% to above 20%	
c) An existing controller increasing its holding from below 50% to above 50%	
d) An existing controller reducing its holding from above 50% to below 50%	
3. Circumstances resulting in the applicant becoming a controller or resulting in of control (please check $$ appropriate box) (see Paragraph GR-5.2.1):	change
a) As a shareholder	
b) $\frac{\mathbf{E}}{\mathbf{E}}$ supply details) $\Box \Box \Box$	
4. Name (including any previous names) address and nationality of new/controller for whom authorisation is sought:	existing
Name:	
Full Address:	
Nationality:	
5.Current shareholding held (for existing controller only):	
6. Proposed shareholding for which this application is being made:	



Form 2: Section I – Applicant Details (continued)

7. The applicant is (please select a) or b)):
a) a natural person (individual controller)
Please complete sections II and IV
b) a legal person (corporate controller)
Please complete sections III and IV

Please select one $\sqrt{}$ of the statements below that relates to this application.

- I apply to be a new controller of the investment business licensee noted above. I do not currently have any controlling interest in the investment business licensee for which this application is being provided.
- I apply as a new controller for the investment business licensee noted above. I acquired this controlling interest without my knowledge and am aware that I am required to notify the CBB no later than 15 calendar days from the date of control.
- I apply for permission to effect the change in control detailed above from [day]/[month]/[year] / / (proposed date of event, which must be not less than 60 days and not more than 120 days from the date of this application).
- The change of control shown in this form took place without my knowledge, and I am making this application on becoming aware of the fact, which was on [day]/[month]/[year] / / . I am aware that I am required to make this notification no later than 15 calendar days from the date on which I became aware of the change of control.



Form 2: Section II – Individual Controller

1. Full name (including details of any pro	evious names):
2. Nationality:	
3. Private address:	
4. Current employment:	
5. Population Registration Card (Cl number; and/or Social Security number a	PR); Personal number; National Insurance nd country of issue:
Type (e.g. CPR, social security number,	etc.):
Number:	Country of issue:
6. Passport Information:	
Passport Number:	Place of issue:
Date of issue:	Date of expiry:



7. 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 CBB licensee.

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

Attached

Yes□No □

Corporate Governance

8. Are any proceedings, convictions or judgements of any offence, other than a minor traffic offence, pending against the proposed controller?

Yes□No □



9. Has the proposed controller ever been declared bankrupt, entered into any arrangement with creditors in relation to the inability to pay due debts or failed to satisfy a judgement debt under a court order with creditors, or equivalent in any territory?

 $Yes \Box No \Box$

If yes, please provide details:

10. Has the proposed controller been a director, partner or manager of a corporation which has gone into liquidation or administration or where one or more partners have been declared bankrupt while the applicant was connected with the partnership?

 $Yes \Box No \Box$

If yes, please provide details:

11. Has the proposed controller been subject to any civil proceedings, arbitration or litigation relating to fraud. misfeasance or other misconduct in connection with the formation or management of a corporation or partnership?

 $Yes \Box No \Box$



12. Has the proposed controller ever been refused a license, authorisation or registration from another financial regulatory body?

 $Yes \Box No \Box$

If yes, please provide details:

13. Has the proposed controller ever been disqualified by a court, regulator or other competent body, as a director or as a manager of a corporation?

 $Yes \Box No \Box$

If yes, please provide details:

14. Has the proposed controller ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business, or been found guilty of conducting unauthorised financial activities or been disciplined by any professional body or financial services regulator for misconduct or malpractice?

Yes□No □



15. Is the individual submitting this application aware of any other information relevant to this notification of change in control of which the CBB would reasonably expect notice, including information which could have a material impact on any of the approval requirements?

 $Yes \Box No \Box$



Form 2: Section III – Corporate Controller

1 <mark>.(a)</mark> Name of corport	ate entity:	1.(b) Legal status:		
2. Registered address	:			
3 <mark>.(a)</mark> Country of inco	rporation:	3.(b) Paid up and issu	ed Capital (<mark>(in USD):</mark>
4. Date of incorporati	on:			
[day]/[month]/[year]				
5. Registered number	:			
	cture must indicate th	group structure, inclue e name of the ultimat		
companies within the		her the proposed cont ncial services activities perate.		•
Company Name	Financial Service	Location	Regu	lated
	Activity		Yes	No
If additional companies	es engaged in financial	services, please complet	te an additio	onal sheet.



Form 2: Section III – Corporate Controller (continued)

Name of Shareholder % Ownership in Name of Regulator			(If Share	eholder is a C	Corporate Entity)	Nationality (if
of Corporate Controller	Corporate Controller	(if Shareholder is Regulated)	Country of Incorporation	Legal Status	Paid up and Issued Capital (In USD)	Shareholder is an Individual)

1. To be completed for shareholders owning 10% or more of corporate controller.



Form 2: Section III – Corporate Controller (continued)

8. For those applicants whose companies within the group included regulated financial services, please provide the following details:

Company Name	Regulatory Authority	Regulatory Authority Address	Regulatory Capital Requirement	Actual Regulatory Capital Held

If additional regulated financial services companies, please complete an additional sheet.

9. Please provide details of the proposed controller's most recent audited financial statements.

Attached

 $Yes \Box No \Box Not Applicable \Box$

Corporate Governance

10. Has the proposed controller 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 □



Form 2: Section III – Corporate Controller (continued)

11. Has the proposed controller 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:

12. Has the proposed controller or member(s) of its group ever entered into any arrangement with creditors in relation to the inability to pay due debts?

 $Yes \Box No \Box$

If yes, please provide details:

13. Has the proposed controller or member(s) of its group ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business, or been found guilty of conducting unauthorised financial activities or been disciplined by any professional body or financial services regulator for misconduct or malpractice?

Yes□No□



Form 2: Section IV – Close Links

1. Does (or will) a <u>close link</u> exist between the proposed controller and the licensed firm to which the application relates (for details of what constitutes a <u>close link</u> please refer to Section GR-6.2). The attached reply must identify all undertakings closely linked to the licensee, as defined in Section GR-6.2.

Attached

Yes \Box No \Box Not Applicable \Box

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If additional close links, please complete an additional sheet.

2. Please provide a copy of the proposed controller's organisation chart (of its group) and details of any other investment business companies in which the proposed controller has a greater than 20% interest.

Attached

Yes \Box No \Box Not Applicable \Box

3. Provide the latest audited financial statements of the proposed controller and immediate and ultimate parent (and, where applicable, the consolidated accounts of the group).

Attached

Yes□No□