



## Application for Withdrawal of Approved Person Status

### ***Financial Services Regulatory Authority (FSRA) Withdrawal of Approved Person Status (APS-2) Form***

This form must be submitted by an Authorised Person applying to withdraw an Approved Person's status. In some cases the FSRA may require additional information in order to complete the processing of this form. In such cases, the FSRA will contact the Authorised Person mentioned in section 2.

If the Approved Person will cease to perform one of the Controlled Functions but will continue to be an Approved Person, then the FSRA – Extend or Vary Approved Person status (APS-3) form would need to be completed.

To assist you in completing this form we occasionally make reference to various Rules or chapters of the FSRA Rulebooks, as well as sections or parts of Financial Services and Markets Regulations 2015 (FSMR).

Ensure that that you<sup>1</sup> are using the latest published version of this application form. FSRA will only accept out-of-date forms if they are submitted within one-month of the latest versions available on our web site.

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<sup>1</sup> The terms "you" and "your" as used throughout are not implied in the personal sense, but rather refer to the Authorised Person applying for a withdrawal of an Approved Person Status. The terms "we" and "our" refer to the ADGM FSRA.



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# 1 Form guidelines

- 1.1 Defined terms are identified throughout this application form by the capitalisation of the initial letter of a word or phrase and are defined in the FSRA Glossary Rulebook (GLO).
- 1.2 The word “Applicant” refers to the individual for whom the Approved Person status is being withdrawn.
- 1.3 Prior to completion of this form, Authorised Persons should read the relevant regulatory provisions in relation to Approved Persons.
- 1.4 All sections of this form must be completed unless stated otherwise in the guidelines.
- 1.5 Questions must be answered fully and the use of abbreviations or acronyms should be avoided or defined.
- 1.6 Do not leave any questions blank. Failure to provide clear answers will delay the processing of this form.
- 1.7 Answers must be typed in electronic format and the form must be signed by a Licensed Director/Partner, Senior Executive Officer, or Compliance Officer of the Authorised Person.
- 1.8 Authorised Persons are advised to retain a copy of the form and all relevant attachments for their records.



## 2 General information about the Applicant and the Authorised Person

About the Applicant:

- 2.1 Title:
- 2.2 Family Name:
- 2.3 Other Names:
- 2.4 Residential address:

About the Authorised Person:

- 2.5 Name of Authorised Person:
- 2.6 ADGM License number:
- 2.7 Contact person for this form:
- 2.8 Contact's telephone number:
- 2.9 Contact's email address:



## 3 Controlled Functions

- 3.1 Indicate all the Controlled Functions within the scope of the Approved Person's status and indicate the date on which he/she ceased to perform each Controlled Function:

Controlled Function	Insert an "x" where applicable	Date (DD/MM/YY)
<i>Senior Executive Officer</i>		
<i>Licensed Director</i>		
<i>Licensed Partner</i>		

- 3.2 Indicate the reason(s) for withdrawal of the above Controlled Function:

Reasons	Insert an "x" where applicable
<i>Change of responsibilities</i>	
<i>End of contract</i>	
<i>Resignation</i>	
<i>Withdrawal of offer of employment</i>	
<i>Dismissal, termination of employment/contract, or requested to resign</i>	
<i>Suspension</i>	
<i>Other</i>	

- 3.3 Explanation (if any) of the reasons for withdrawal:

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## 4 Submitting your notification to the FSRA

Once you are satisfied that this form and all other supporting forms and documents necessary for your completed application have been finalised, then email the signed document to the Authorised Person's supervision case officer.

You are advised to retain a copy of this form, any supplements, and all attachments for your records.



## 5 Declaration by the Authorised Person

- 5.1 I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form, as well as any applicable supporting documents, are complete and correct. I understand that it is an offence under FSMR to knowingly or recklessly provide to the FSRA any information which is false or misleading.
- 5.2 I confirm that I have the authority to make this application, to declare as specified above and sign this form for, or on behalf of, the Authorised Person.
- 5.3 I understand that any personal data provided to the ADGM FSRA will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013 and other relevant legislation or regulations and may be disclosed to third parties for those purposes.

\_\_\_\_\_  
Signature of Senior Executive Officer or Compliance  
Officer or Licensed Director:

\_\_\_\_\_  
Date:

Printed name of the above signed individual above:

Position or title: