



## Application for Approval of Principal Representative Status

### **Financial Services Regulatory Authority (FSRA) Principal Representative Status-1 (PRS-1) Form**

This multi-purpose form must be submitted by the intended Principal Representative of a new applicant-firm seeking the Financial Services Permission to Operate a Representative Office or by an existing Representative Office<sup>1</sup> that is seeking to designate a new Principal Representative.

In advance of submitting an application to the ADGM FSRA, the applicant firm or Authorised Person must make all reasonable enquires as to the individual's fitness and propriety to carry out the relevant Controlled Function.

In some cases the ADGM FSRA may require additional information in order to complete the processing of this application. If this is necessary, the ADGM FSRA will contact the person identified as the firm's relevant contact to obtain such additional information.

To assist you in completing this form we occasionally make reference to various Rules, sections, or chapters of the various modules which make up the ADGM FSRA Rulebook.<sup>2</sup> However, these references are provided only as a guide and are not an exhaustive list of the Rules in our Rulebook that may be applicable to your situation. It is your responsibility to research the Rulebook for any Rules that might be pertinent to your application. The use of acronyms is to be avoided. If you do need to use acronyms then they must be defined.

Ensure that that you<sup>3</sup> are using the latest published version of this application form. ADGM FSRA will only accept out-of-date forms if they are submitted within one-month of the latest versions available on our web site.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> Terms defined in the GLO Rulebook or the glossary sections in other Rulebooks are identified by the capitalisation of the initial letter of a word or of each word in a phrase, unless the context otherwise requires the word to have its natural meaning.

<sup>2</sup> Refer to ADGM FSRA GEN, Chapter 9 – Representative Office.

<sup>3</sup> The terms "you" and "your" as used throughout are not implied in the personal sense, but rather refer to the firm applying for a waiver or modification. The terms "we" and "our" refer to the ADGM FSRA.



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# 1 General information about the applicant firm or the Authorized Person

1.1 Name of the applicant firm or of the Authorised Person:

[Insert text here]

1.2 ADGM license number (if an Authorised Person):

[Insert text here]

1.3 The applicant firm's or Authorised Person's application contact person:

[Insert text here]

1.4 Contact telephone number:

[Insert text here]

1.5 Contact e-mail address:

[Insert text here]

1.6 Contact address:

[Insert text here]



## 2 General information about the applicant seeking Approved Person status

- 2.1 Title (Mr, Mrs, etc.):
- 2.2 Full name as it appears in the applicant's passport or passports if holding more than one:
- 2.3 Other names:
- 2.4 Has the applicant ever used any previous names?
- 2.5 If you answered "Yes", state the previous names you have used:
- 2.6 If you answered "Yes", state the date your name changed:
- 2.7 If you answered "Yes", state the reason for the change of name:
- 2.8 Date of birth:
- 2.9 Place of birth:
- 2.10 Passport number or numbers if holding more than one:
- 2.11 State the country and place of issues of each passport that you hold:



- 2.12 Attach a copy of all passports held by the applicant and include copies of any current visas. Confirm that you have attached these with this application form:

[Insert text here]

- 2.13 Have you, the intended Principal Representative, previously held any individual registrations with the ADGM FSRA or any other financial services Regulator?

[Insert text here]

- 2.14 If “Yes”, provide your previous ADGM FSRA individual reference number:

[Insert text here]

- 2.15 Provide the requested details of all citizenships and residencies held by the applicant:

**Citizenship 1:**

Country or territory:

[Insert text here]

Status: national; resident; domicile; or other?

[Insert text here]

Relevant dates (if applicable):

[Insert text here]

National identification number:

[Insert text here]

National identification source: ID card; visa; passport; or other?

[Insert text here]

**Citizenship 2 (if applicable):**

Country or territory:

[Insert text here]

Status: national; resident; domicile; or other?

[Insert text here]

Relevant dates (if applicable):

[Insert text here]



National identification number:

[Insert text here]

National identification source: ID card; visa; passport; or other?

[Insert text here]

**Citizenship 3 (if applicable):**

Country or territory:

[Insert text here]

Status: national; resident; domicile; or other?

[Insert text here]

Relevant dates (if applicable):

[Insert text here]

National identification number:

[Insert text here]

National identification source: ID card; visa; passport; or other?

[Insert text here]

**Contact details:**

2.16 Residential address:

[Insert text here]

2.17 Dates resident at above address (from and to):

[Insert text here]

2.18 Previous address if less than three years at the above address:

[Insert text here]

2.19 Residential phone number:

[Insert text here]

2.20 Contact email address:

[Insert text here]



### 3 The applicant Principal Representative's role and experience:

3.1 Job title within the Representative Office:

text here]

3.2 Commencement date of Principal Representative role:

text here]

3.3 Attach a detailed job description for the applicant. It should clearly state the responsibilities of the role to be carried out. Indicate below if the appointment is full time. If not, detail how much of the applicant's time will be devoted to carrying out the assigned duties:

text here]



## 4 Education and professional qualifications

4.1 List all higher education degrees and diplomas held:

<i>Dates:</i>		<i>Full name of institute:</i>	<i>Details of degree or diploma:</i>
<i>From:</i>	<i>To:</i>		

4.2 List any professional qualifications held:

<i>Dates:</i>		<i>Full name of institute:</i>	<i>Full name of qualification:</i>
<i>From:</i>	<i>To:</i>		

4.3 List any other qualifications held by the applicant that are relevant to their role:

<i>Dates:</i>		<i>Full name of institute:</i>	<i>Full name of qualification held:</i>
<i>From:</i>	<i>To:</i>		





## 5 Employment history

- 5.1 Provide a full summary of your career for the past 10 years. Any gaps between employment or education of more than one month must be included and relevant details provided. For example, career break, unemployment, etc.:

<i>Dates:</i>		<i>Employer's name:</i>	<i>Position held:</i>
<i>From:</i>	<i>To:</i>		



## 6 Fit and Proper Questionnaire

Complete the following questionnaire in relation to the Controlled Function applicant. Answers must be provided to every questions.

- 6.1 Has the applicant ever: Yes No  
Been convicted or found guilty by any court of competent jurisdiction in respect of any offence, other than a minor road traffic offence?
- 6.2 Has the applicant ever: Yes No  
Been the subject of disciplinary procedures by a government body or agency or any self-Regulatory organisation or other professional body?
- 6.3 Has the applicant ever: Yes No  
Contravened any provision of financial services legislation or of Rules, Regulated Activity, statements, or principles of codes of practice made under or by a Financial Services Regulator or other supervisory body?
- 6.4 Has the applicant ever: Yes No  
Been refused or restricted the right to carry on a trade, business, or profession requiring a licence, registration, or other authority?
- 6.5 Has the applicant ever: Yes No  
Been dismissed or requested to resign from any office of employment?
- 6.6 Has the applicant ever: Yes No  
Been concerned with the management of a Body Corporate which has been or is currently the subject of an investigation into an allegation of misconduct or of malpractice?
- 6.7 Has the applicant ever: Yes No  
Received an adverse finding in a civil action by any court of competent jurisdiction of fraud, misfeasance, or other misconduct, whether in connection with the formation or management of a corporation or otherwise?
- 6.8 Has the applicant ever: Yes No



Received an adverse finding in an agreed settlement in a civil action by any court or tribunal of competent jurisdiction?		
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6.9 Has the applicant ever: Yes No

Been the subject of an order of disqualification as a Director or otherwise to act in the management or conduct of the affairs of a corporation by a court of competent jurisdiction or Regulator?		
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6.10 Has the applicant ever: Yes No

Been a Director, or Partner or concerned in the management of a company or Partnership which has gone into insolvent liquidation whilst you were connected with that company, Partnership or within one year of such a connection?		
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6.11 Has the applicant ever: Yes No

Been the subject of a Complaint in connection with a Financial Services Regulator or ancillary service which relates to his/her integrity, competence, or financial soundness?		
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6.12 Has the applicant ever: Yes No

Been censured, disciplined, publicly criticised by, or the subject of a court order at the instigation of a Financial Services Regulator or any officially appointed inquiry?		
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6.13 If you have answered "Yes" to any of the above questions, provide appropriate details of the matter below:

[Insert text here]
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## 7 Confirmation of additional supporting attachments

- 7.1 In the table below confirm that the requested supporting documents are attached by putting an “X” into the appropriate cell. If they are required documents and are not attached then your application will be returned unless you can provide a reasonable explanation as to why they are not attached. If they are not required as per your submission then place the mark in the “Not-applicable” (N/a) cell:

Relevant question:	Required Attachment	Attachment included?		
		Yes	To follow	N/a
2.12	Copies of all passports held including any current visas:			
3.3	Copy of the applicant’s detailed job description:			
<i>Any other necessary attachments. Make reference to them:</i>				

- 7.2 Explanation of why required documents are not attached and why your application should not be considered incomplete and returned:

[Insert text here]



## 8 Declaration by the Principal Representative

- 8.1. I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form, the supplements and documents attached, is complete and correct. I understand that it is an offence under ADGM FSMR, Article 219 – *Misleading the Regulator* if you were to knowingly or recklessly provide to the ADGM any information which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the ADGM.
- 8.2. I declare that to the best of my knowledge and belief, having made due enquiry, that I am fit and proper to perform the Principal Representative functions to which this application relates.
- 8.3. I understand that any personal data provided to the ADGM will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013 and other relevant legislation and may be disclosed to third parties for those purposes.

\_\_\_\_\_  
Signature of the Principal Representative:

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

Printed name of the above signed individual above:

[Insert text here]

Position or title:

[Insert text here]



## 9 Declarations by the applicant firm

- 9.1. 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, is complete and correct. I understand that it is an offence under ADGM FSMR, Article 219 – *Misleading the Regulator* if you were to knowingly or recklessly provide to the ADGM FSRA any information which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the ADGM FSRA.
- 9.2. I declare my understanding that the ADGM FSRA may request more detailed information (including but not limited to, personal, educational, employment, and financial information) should it be deemed necessary to adequately assess the fitness and probity of the firm or any person connected to the firm. I consent to the ADGM FSRA contacting any previous employers, educational institutions, professional organisations, or any other organisation, to verify any information contained in this form.
- 9.3. 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 and may be disclosed to third parties for those purposes.
- 9.4. 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 applicant.

\_\_\_\_\_  
Signature of Director or Partner:

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

Printed name of the above signed Director/Partner of the applicant:

[Insert text here]

Position or title:

[Insert text here]



## 10 Submitting your application to the ADGM

Once you are satisfied that this form and all other supporting forms and documents necessary for your completed application have been finalised, then arrange to submit it to the FSRA. This can be arranged by calling Abu Dhabi Global Markets Financial Services Regulatory Authority, Authorisation Department, at +971 2 333 8548.

We will undertake an initial review of it to ensure that your submission appears to be materially complete and all the necessary attachments are included.

For your submission we will require hardcopies of one set of application forms, supplemental forms, and purpose-written, attachment documents, as well as the same on memory stick. If you are submitting published documents (for example, a corporate annual report), they are to be submitted on memory stick only.

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