



Notification for Recognised Functions

Financial Services Regulatory Authority (FSRA) Recognised Person Status-1 (RPS-1) Form

This form must be submitted to the FSRA by an Applicant¹ or an existing Approved Person who is notifying the FSRA about their appointment for a proposed Recognised Person to conduct one or more activities requiring Recognised Person status.² These roles are defined in the Abu Dhabi Global Market (ADGM) FSRA General Rulebook (GEN) Rule 5.3 – *Controlled Functions and Approved Persons* and the ADGM FSMR module, Part 5 – *Performance of Controlled Function*.³

In advance of submitting this notification to the ADGM FSRA, the Applicant or Approved Person must make all reasonable enquires as to the proposed Recognised Person's fitness and propriety to carry out the relevant Recognised 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. 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 notification. The use of acronyms is to be avoided. If you do need to use acronyms then they must be defined.

Ensure that that you⁴ 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 ADGM FSRA will only accept out-of-date forms if they are submitted within one-month of the latest versions available on our web site.

¹ Terms defined in the ADGM FSRA Glossary (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.

² These include the functions of Finance Officer, Compliance Officer, Senior Manager, Money Laundering Reporting Officer, and Responsible Officer.

³ An Authorised Person applying to extend or vary the scope of an existing Approved Person's status should use form Approved Person Status-2 form. An Authorised Person applying to withdraw an existing Approved Person's status should use form Approved Person Status-3 form.

⁴ 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 or the Authorised Person

1.1 Name of the Applicant or of the Authorised Person:

1.2 ADGM FSRA license number (if an Authorised Person):

1.3 Contact person's name:

1.4 Contact's telephone number:

1.5 Contact's e-mail address:



2 General information about the proposed Recognised Person

2.1 Full name as it appears in the proposed Recognised Person's passport or passports (if holding more than one):

2.2 Has the proposed Recognised Person ever used any previous names?

2.3 If you answered "Yes", state the previous names that have been used:

2.4 If you answered "Yes", state the date of the change in name:

2.5 If you answered "Yes", state the reason for the change of name:

Contact details:

2.6 Direct phone number of proposed Recognised Person:

2.7 Direct email address of proposed Recognised Person:



3 Recognised Functions

Recognised Functions are described in the ADGM FSRA GEN module, Rule 5.4 – *Recognised Functions and Recognised Persons*.

In the table below insert an “X” into the appropriate cell(s) that pertain(s) to the Recognised Function(s) that the Applicant or Authorised Person is notifying the FSRA about and where other information is requested:

Recognised Functions:	Recognised Function(s):	What senior level position will this Recognised Function-holder have at your firm?			Confirm residency in the UAE: ⁵	
		Licensed Director	Licensed Partner	Senior Manager	Yes	No
Compliance Officer:						
MLRO:						
Finance Officer:						
Senior Manager:						
Responsible Officer:						

The proposed Recognised Person’s role and experience:

3.1 Proposed job title:

3.2 Commencement date of Recognised Function(s):

3.3 Provide a detailed job description below for the proposed Recognised Person. It should clearly state the responsibilities of the Recognised Function to be carried out. Indicate below if the role is full time. If not, detail how much of the proposed Recognised Person’s time will be devoted to carrying out the Recognised Function role:

3.4 If the Recognised Person is (or will be) performing their duty as an outsourced Recognised Person then provide details on all the other firms they provide service to (or will provide service to if in consultation):

⁵ Refer to ADGM FSRA GEN module, Rule 5.5.2 on UAE residency requirements.



<i>Name of Firm:</i>	<i>Jurisdiction:</i>	<i>Prudential Category:</i>	<i>Services Provided:</i>	<i>Weekly Hours:</i>

- 3.5 Under the categories of technical competence and relevant experience describe how your firm has determined that the proposed Recognised Person for the Recognised Function(s) is competent to carry out the licensed functions:

Technical competence: include details of the relevant qualifications and training specific to the proposed Recognised Function on which you have determined the candidate's competence for the role to be carried out:

Relevant experience: include details of the relevant experience specific to the proposed Recognised Function on which you have determined the candidate's competence for the role to be carried out:



4 Education and professional qualifications

4.1 List all higher education degrees and diplomas held:

<i>Dates:</i>		<i>Name and location of university or institution:</i>	<i>Details of degree or diploma held:</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 held:</i>
<i>From:</i>	<i>To:</i>		

4.3 List any other qualifications held by the proposed Recognised Person 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 Summary of the proposed Recognised Person's 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, educational studies, etc.:

Dates:		Summary of past 10-year time period including employer's or educational institute's details and gaps in the 10-year time period:	Position held or studies undertaken:
From:	To:		

- 5.2 Details of employment history or studies taken over the past 10 years that are summarized in 5.1 above:

Employment or educational institute 1:

Full name of employer or educational institute:

Full address of employer or educational institute:

Nature of business or studies:

Contact person of employer or contact details of the firm's human resources department:

Position or title of contact person:

Email address of the contact person or of the firm's human resources department:



If applicable, state the employer's financial service Regulator:

The proposed Approved Person's position or title with the employer:

Nature of employment (employed, self-employed, contractor, etc.):

Details of any Regulated Activity carried out by the proposed Approved Person:

Reason for leaving employment:

Employment 2:

Full name of employer or educational institute:

Full address of employer or educational institute:

Nature of business or studies:

Contact person of employer or contact details of the firm's human resources department:

Position or title of contact person:

Email address of the contact person or of the firm's human resources department:

If applicable, state the employer's financial service Regulator:

The proposed Approved Person's position or title with the employer:

Nature of employment (employed, self-employed, contractor, etc.):



Details of any Regulated Activity carried out by the proposed Approved Person:

Reason for leaving employment:

Employment 3:

Full name of employer or educational institute:

Full address of employer or educational institute:

Nature of business or studies:

Contact person of employer or contact details of the firm's human resources department:

Position or title of contact person:

Email address of the contact person or of the firm's human resources department:

If applicable, state the employer's financial service Regulator:

The proposed Approved Person's position or title with the employer:

Nature of employment (employed, self-employed, contractor, etc.):

Details of any Regulated Activity carried out by the proposed Approved Person:

Reason for leaving employment:



Employment 4:

Full name of employer or educational institute:

Full address of employer or educational institute:

Nature of business or studies:

Contact person of employer or contact details of the firm's human resources department:

Position or title of contact person:

Email address of the contact person or of the firm's human resources department:

If applicable, state the employer's financial service Regulator:

The proposed Approved Person's position or title with the employer:

Nature of employment (employed, self-employed, contractor, etc.):

Details of any Regulated Activity carried out by the proposed Approved Person:

Reason for leaving employment:



6 Confirmation of additional supporting attachments

- 6.1 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:

<i>Relevant question:</i>	<i>Required Attachment</i>	<i>Attachment included?</i>
		<i>Yes?</i>
2.2	Copies of all passports held including any current visas:	
<i>Any other necessary attachments. Make reference to them:</i>		

- 6.2 If the above documents are not attached provide an explanation of why not and why your application should not be considered incomplete and returned:



7 Declaration by the proposed Recognised Person

- 7.1 I declare that, to the best of my knowledge and belief, 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 FSMR, Article 221 – *Misleading the Regulator* to knowingly or recklessly provide to the 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 FSRA.
- 7.2 I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013, the FSRA Data Protection Laws of 2015, and other relevant legislation and may be disclosed to third parties for those purposes.

Signature of the proposed Recognised Person:

Date:

Printed name of the above signed individual:

Proposed position or title:



8 Declaration by the Applicant or Authorised Person

- 8.1 I declare that, the Recognised Person's competence has been assessed in accordance with the requirements of the ADGM FSRA Rulebook and I declare that the proposed Recognised Person is competent to perform the Recognised Functions to which this application relates.
- 8.2 I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form and documents attached, are complete and correct. I understand that it is an offence under ADGM FSMR, Article 219 – *Misleading the Regulator* 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.
- 8.3 I declare that to the best of my knowledge and belief, having made due enquiry, the proposed Recognised Person is fit and proper to perform Recognised Functions to which this application relates.
- 8.4 I confirm that I have the authority to make this notification, to declare as specified above and sign this form for, or on behalf of, the Applicant or Authorised Person.
- 8.5 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.

Signature of the SEO/Director/Partner of the
Applicant or Authorised Person:

Date:

Printed name of the above signed individual:

Position or title (or proposed position or title, if an Applicant):



9 Submitting your notification to the ADGM FSRA

This form, once duly completed and necessary signatures in place, can be emailed as a PDF file to the FSRA. Firms are advised to retain a copy of it for their records.