



Notification or Approval of Change in Control of a Branch or a Domestic Firm

Financial Services Regulatory Authority (FSRA) Change in Control (CIC) Form

This multipurpose form must be submitted for prior approval to undertake a change in control¹ of a Domestic Firm² by an Authorised Person or a Person who is, or is proposing to become, a Controller; or, in the case of a Branch, to provide written notification of a change in control by a Controller or a Person proposing to become a Controller. The Authorised Person or Person should submit this application form in advance of the proposed acquisition to be able to obtain the FSRA's approval in time for the proposed acquisition.

To assist you in completing this form we³ 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 you are using the latest published version of this application form. Abu Dhabi Global Market (ADGM) FSRA will only accept out-of-date forms if they are submitted within one-month of the latest versions available on our web site.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 Refer to ADGM FSRA, General Rulebook (GEN), Rule 8.8 – Changes relating to control.

² Terms defined in the ADGM FSRA Glossary Rulebook (GLO) 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.

³ The terms "you" and "your" as used throughout are not implied in the personal sense, but rather refer to the Applicant. The terms "we" and "our" refer to the ADGM FSRA.



Contents

1) General information about the Applicant firm or the Authorised Person.....	3
2) Controllers (individuals)	4
3) Controllers (Undertakings).....	6
4) Change in control details	8
5) Additional information.....	9
6) Submitting your notification to the ADGM.....	10
7) Declaration by the Applicant.....	11



1 General information about the Applicant firm or the Authorised Person

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

1.2 ADGM Financial Services Permission number (if an Authorised Person):

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

1.4 Contact telephone number:

1.5 Contact e-mail address:



2 Controllers (individuals)

To be completed only if the application or notification relates to an individual:

2.1 Title:

2.2 Family Name:

2.3 Other Names:

2.4 Residential Address:

2.5 Date of birth: (DD/MM/YY):

2.6 Place of birth:

2.7 Passport(s) Number(s): (provide a copy of the passport):

2.8 Nationality:

2.9 Provide details of any positions of Director or Partnership held:

Company/Partnership name	Principal activity

2.10 Details of any other Controller positions held:

Company/Partnership name	Principal activity	Nature of Control
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3 Controllers (Undertakings)

3.1 Full name of Undertaking:

3.2 Date of formation/establishment: (DD/MM/YY):

3.3 Place of establishment:

3.4 Contact address:

3.5 Head office address (if different from above):

3.6 Undertaking website address (if applicable):

3.7 Legal status (Company/Partnership/Trust):

3.8 Principal Activity:

3.9 Name of the Undertaking's Financial Regulator:

3.10 Directors/Partners of the Undertaking:

Full name	Job title	Date of Birth (DD/MM/YY)





4 Change in control details

- 4.1 Is the Authorised person seeking approval or notifying of a change under the Rulebook – insert “x” as appropriate:

<i>Approval</i>	
<i>Notification</i>	

- 4.2 State the reason for seeking approval/notification with reference to GEN 8.8 – *Changes relating to control*:

- 4.3 Effective date: (DD/MM/YY):

- 4.4 Total control expressed as percentage of shares:

- 4.5 Provide details of how the control can be exercised:



5 Additional information

Provide details on the following specific matters:

a) Background of the new Controller:

b) Reason for the change in control:

c) Impact of the new Controller on the Authorised Person and/or its Group:

d) Timetable for the proposed or actual change:

e) Revised structure (before and after the change – attach a separate diagram if appropriate):

f) Updated (if applicable) contact details of the Home State Regulator of the new Controller (see below):

g) Any other relevant details:

h) If applicable, provide the details of the Controller's Financial Regulator:

<i>Name and country:</i>	
<i>Contact person or supervisor:</i>	
<i>Telephone and email address:</i>	



6 Submitting your notification 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 an application submission meeting with ADGM Financial Services Regulatory Authority.

At this meeting we will undertake a review of it to ensure that your submission appears to be materially complete so that we can begin our assessment of it.

This meeting can be arranged by calling Abu Dhabi Global Markets Financial Services Regulatory Authority, Authorisation Department, at +971 2 333 8548.

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.

If firms have already been established at the ADGM, contact your case officer for submission.

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



7 Declaration by the Applicant

- 7.1 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, 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.
- 7.2 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.
- 7.3 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. I also confirm that I have the authority to give the consent specified above.
- 7.4 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 Controller(s):

Date:

Printed name of the above signed individual above:

Position or title:

Signature of the Senior Executive officer or Compliance Officer:

Date:



Printed name of the above signed individual above:

Position or title: