

Notification Form

This notification form is to be used by an Authorised Person¹ in meeting its reporting requirements under the FSRA Funds Rulebook (FUNDS) in relation to the marketing and selling of Domestic Funds and Foreign Funds. This notification form consists of four sections:

1. Details of the Authorised Person;
2. Marketing and selling of Domestic Funds;
3. Marketing and selling of Foreign Funds; and
4. Declaration.

All Authorised Persons must complete sections-1 and -4, together with either section-2 or -3, or both sections, as applicable.

All response cells must be completed. If a certain question we ask is not relevant to your intended activities respond to that effect in the cell. The use of acronyms is to be avoided but, if you² do they must be defined.

Ensure that that you are using the latest published version of this notification form. ADGM FSRA will only accept out-of-date forms if they are submitted within one-month of the publication of the updated version on the ADGM website. On receipt of this notification form, the ADGM FSRA may, as appropriate, request any other information to obtain further clarification.

Return the completed form to your relevant FSRA Supervision relationship manager by email.

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

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 The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the Applicant applying for a Financial Services Permission. The terms “we” and “our” refer to the FSRA.

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1 Details of Authorised Person

<i>Full name of the Authorised Person:</i>	
<i>FSRA Licence Number:</i>	
<i>Provide the name and contact details of the lead contact person for this notification. Provide telephone, e-mail and mailing address:</i>	

2 Marketing and Selling of Domestic Funds³

No.	Name of Fund	Name of ADGM Fund Manager
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Note: Continue on a separate sheet if necessary.

³ ADGM Fund Managers are not required to complete this form in respect of Domestic Funds that they manage.

3 Marketing and selling of Foreign Funds

Part A: Foreign Funds - Marketing				
No.	Name of Fund	Name of Fund Manager	Place of domicile / incorporation	If Fund is rated / graded as investment grade, provide name of rating agency
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: continue on a separate sheet if necessary.

Part B: Foreign Funds – Recommendation-based Offers									
No.	Name of Fund	Place of domicile / incorporation	Name of Fund Manager	Regulated ⁴	Name of Custodian	Regulated ⁴	Name of investment manager	Regulated ⁴	Suitability assessment undertaken for each Client (Funds Rule 10.1.6 / COBS Rule 3.4.2)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Continue on a separate sheet if necessary.

⁴ Provide details

4 Declarations

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 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.

I declare my understanding that the 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 FSRA contacting any previous employers, educational institutions, professional organisations, or any other organisation, to verify any information contained in this form.

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.

I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions and powers under the Abu Dhabi Law No. 4 of 2013, the FSMR, and other relevant rules or regulations, and may be disclosed to third parties for those purposes.

I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the FSRA.

Signature of Director/Partner of the Authorised Person:

Date:

Printed name of the above signed Director/ Partner:

Position or Title: