Application Form for FSRA Recognition as a Remote Member

General Information

Under section 138A of the ADGM Financial Services and Markets Regulations 2015 (FSMR), this form must be submitted by Applicants applying to the Abu Dhabi Global Market Financial Services Regulatory Authority (FSRA) for a Recognition Order as a Remote Member.

Completing and submitting this form

When completing this Application Form, please refer to Chapter 8 of the FSRA’s Market Infrastructure Rulebook (MiR), which sets out the Rules applicable to Remote Members.

Once completed and signed, Applications can be submitted\(^1\) to the FSRA via email at MIP@adgm.com.

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\(^1\) See section 27 of FSMR.
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Instructions for completing the Form

- Unless otherwise defined in the form, capitalised terms shall have the meaning given to them in the FSRA Glossary (GLO) Rulebook;
- Please use appendices if necessary and submit attachments if required;
- Please type all dates in the DD/MM/YY format, unless otherwise required;
- Please define any acronyms used;
- Questions are to be answered in detail;
- Do not leave any questions blank. If a question is not applicable, please state “N/A” and explain so; and
- Answers must be typed in electronic format.
Remote Member - Application for Recognition Order Form

1 Information about the Applicant

1.1 Full name of Applicant: 

1.2 Address of Applicant’s head office: 

1.3 Address of Applicant’s registered office: 

1.4 Name of Recognised Body upon which Applicant is applying for membership as a Remote Member: 

1.5 Please detail the name, as well as the contact details, of the Applicant’s Financial Services Regulator in the Applicant’s home jurisdiction, which is responsible for the authorisation and ongoing supervision of any regulated Group entities, including details of the following:

<table>
<thead>
<tr>
<th>Name of regulatory authority:</th>
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<tbody>
<tr>
<td>Jurisdiction/country:</td>
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<tr>
<td>Details of the licence held:</td>
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<td>Date of licensing:</td>
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<td>Name of on-going Supervisor:</td>
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<td>Supervisor designation:</td>
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<td>Supervisor contact number:</td>
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<tr>
<td>Supervisor e-mail address:</td>
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</table>

1.6 Does the Applicant or the Applicant’s Group have a: 

2 The business name or trading name that the Applicant intends to use in the ADGM.
Branch that is an Authorised Person in the ADGM?

If so, please detail the nature of the Regulated Activities that this Branch conducts in or from the ADGM:
2 Compliance with Chapter 8 of MIR

2.1 Please provide a detailed description of the activities the Applicant intends to undertake on the Recognised Body upon which it is applying for membership as a Remote Member\(^3\), and pursuant to the scope of activities it is licensed to undertake by its Non-ADGM Financial Services Regulator:

2.2 Please provide details demonstrating how the Applicant is licensed or otherwise authorised to trade on, or use the facilities of, an exchange or clearing house in a jurisdiction acceptable to the FSRA:

2.3 Please provide details demonstrating how the Applicant is regulated in respect of the trading, or use of facilities referred to in question 2.2 above, by a Non-ADGM Financial Services Regulator to a standard acceptable to the Recognised Body upon which Applicant is applying for membership:

2.4 Please provide a demonstration explaining how the law and practise under which the Applicant is licensed or otherwise authorised, is broadly equivalent to the ADGM regulatory regime as it applies to an ADGM Member:

2.5 Please provide confirmation and details of the notifications regarding this application to the relevant Non-ADGM Financial Services Regulator responsible for the Applicant’s licensing and regulation:

2.6 Please provide evidence that the Applicant carries on business in a jurisdiction other than the ADGM, and that its head office and registered office are outside ADGM:

2.7 Please provide details as to how the Applicant, when using the facilities of a Recognised Investment Exchange or Recognised Clearing House, will ensure that it only does so for the purpose of dealing in investments as either agent or principal, pursuant to the scope of the activities it is licensed to undertake by its Non-ADGM Financial Services Regulator:\(^4\)

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\(^3\) Including details of whether it will undertake dealing in investments as either agent or principal (pursuant to MIR Rule 8.2.1(i)).

\(^4\) Please also refer to MIR Rule 8.2.2.
2.8 Please provide details of how the Applicant will ensure that, when dealing on a Recognised Body, it will do so only for non-ADGM clients.\(^5\)

\(^5\) Please also refer to MIR Rule 8.2.3.
Application fee to the FSRA

Applications will not be processed until the relevant fee is paid in full to the FSRA. Details of the application fee for Recognition as a Remote Member are contained in Rule 3.7.4 (a) of the FSRA FEES Rulebook.

Once the Applicant has completed this section as part of their full application submission, the FSRA will issue the Applicant with an invoice containing the payment details.

As per FEES, Rule 1.2 – General provisions, fees can be paid on behalf of an Applicant, as the case may be, by:

- By the Applicant;
- A member of the Applicant’s Group;
- The Applicant’s Parent;
- The Applicant’s legal advisor; or
- A Person who has applied to be a Controller in relation to the Applicant where the Applicant is in formation and does not have a commercial license to enable it to open a bank account in its own name.

Payments must be made by bank transfer in USD. Cheques or bank drafts will not be accepted. Please also provide the FSRA with a soft-copy of the executed transaction at the time of remitting the fees.

3.1 For invoicing purposes, please confirm the Applicant’s full name. The invoice will be raised in the name provided in response to this question:

3.2 Please confirm that the application fees remitted will be net of all service charges for both sides of the transaction:
Declaration by the Applicant and Form submission

4.1 I declare that, to the best of my knowledge and belief, having made all due enquiry, the information given in this form, and in the documents attached, 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.

4.2 I hereby agree in writing that the Applicant will submit unconditionally to the jurisdiction of the ADGM, including the ADGM Courts, FSRA and FSRA administered legislation, in relation to any proceedings or any other matters which arise out of, or which relate to, the Applicant’s use of the facilities of the Recognised Body upon which the Applicant is applying for membership.

4.3 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.

4.4 I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions under Abu Dhabi Law No. 4 of 2013, the FSRA Data Protection Regulations of 2015, and other relevant legislation, and may be disclosed to third parties for those purposes.

Signature of authorised signatory of the Applicant: ____________________________

Date: ____________________________

Enter the name and position or title of the above signed authorised signatory of the Applicant: ____________________________