**Change in Approved Person Status**

This form must be submitted by an Authorised Person[[1]](#footnote-1) applying to change the Controlled Functions[[2]](#footnote-2) carried out by an Approved Person.

Alternatively, if the Approved Person will cease to perform any Controlled Function, then the Withdrawal of Approved Status form (APS-2) must be completed.

Where changing an Approved Person’s status to include additional Controlled Function(s), you[[3]](#footnote-3) must make all reasonable enquiries including all due diligence concerning the Approved Person’s fitness and propriety to carry out the additional function(s) in advance of submitting this form. In some cases, we may require additional information. If this is necessary, we shall contact the person identified herein as the contact person.

We occasionally refer to various Rules, sections, or chapters of the FSRA Rulebooks. They are provided only as guidance and are not an exhaustive list of the Rules that may be applicable to your situation. It is your responsibility to research the Rulebooks for any Rules that might be pertinent to your application or notification.

The use of abbreviations or acronyms should be avoided, but where used they must be clearly defined.

The Authorised Person will be invoiced by the FSRA for variations in Approved Persons once this fully completed document is received by the FSRA. Details of the FSRA’s bank account will be provided.

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| *Name of the Approved Person:* |  |
| *FSRA Reference Number:* |  |
| *Name of the Authorised Person:* |  |
| *FSP Number:* |  |

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| **1** | **Contact Person** |

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| ***Details about the Authorised Person’s Contact Person*** | |
| *Name of contact person:* |  |
| *Position or title of contact person:* |  |
| *Contact person’s telephone number:* |  |
| *Contact person’s e-mail address:* |  |

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| **2** | **Changes to Controlled Functions** |

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| ***Changes to Controlled Functions:*** | | |
| *Controlled Functions:* | *Type of Change:* | *Effective Date of*  *Withdrawal/Appointment:* |
|  | Withdraw  Add |  |
|  | Withdraw  Add |  |
|  | Withdraw  Add |  |

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| ***Details about role and experience:*** | | | |
| *Current job title:* | |  | |
| *Proposed job title (if different):* | |  | |
| *Detail or attach the revised job description for the Approved Person’s role. It should clearly outline the revised responsibilities to be performed as a result of this application/notification.* | | | |
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| *Please indicate how much of the Approved Person’s time will be allocated to the performance of these additional responsibilities:* | | | |
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| *Under the categories of technical competence and relevant experience below, describe how you, the Authorised Person, have determined that the Approved Person is competent to carry out the additional Controlled Function(s):* | | | |
| ***Technical competence:*** *include details of the relevant qualifications and training specific to the additional Controlled Function(s) on which you have determined the candidate’s competence for the expanded role:* | | | |
|  | | | |
| ***Relevant experience:***  *include details of the relevant experience specific to the additional Controlled Function(s) on which you have determined the candidate’s competence for the expanded role:* | | | |
|  | | | |
| *Is the Approved Person performing their duties on an outsourced basis?* | | | Yes  No |
| *If yes, Name and contact details of professional service provider firm:* | | | |
|  | | | |
| *Does Approved Person provide services to other firms?* | | | Yes  No |
| *If yes, provide details of all the other firms that the Approved Person provides services to:* | | | |
| *Name of firm:* |  | | |
| *Domicile:* |  | | |
| *Jurisdiction:* |  | | |
| *Prudential category:* |  | | |
| *Services Provided:* |  | | |
| *Total monthly hours:* |  | | |
| *Provide an explanation of the Approved Person’s capacity to carry out the additional Controlled Function(s) adequately in light of these other commitments:* | | | |
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| **3** | **Fit & Proper Questionnaire** |

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| Complete the following questionnaire in relation to the Controlled Function(s) that the candidate will be *responsible* for. An answer must be provided to each question. | | |
| ***Has the Approved Person ever:*** | ***Yes*** | ***No*** |
| *Been convicted (including where a conviction has been completed, removed from record, or otherwise spent, as the case may be) or found guilty by any court of a competent jurisdiction of any criminal offence?* |  |  |
| *Been the subject of any disciplinary procedures by a governmental body or agency or any self-regulatory organization or other professional body?* |  |  |
| *Contravened any provision of financial services legislation or of Rules, Regulated Activities, statements, or principles of codes of practice made under or by a Financial Services Regulator or other supervisory body?* |  |  |
| *Been refused or restricted the right to carry on a trade, business, or profession requiring a license, registration or other authority?* |  |  |
| *Been dismissed or requested to resign from any employment?* |  |  |
| *Been engaged in 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?* |  |  |
| *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?* |  |  |
| *Received an adverse finding in an agreed settlement in a civil action by any court or tribunal of competent jurisdiction resulting in an award against an individual in excess of $10,000 or awards that total more than $10,000?* |  |  |
| *Been the subject of an order of disqualification as a Director or otherwise, issued by a court of competent jurisdiction or a regulator, to prohibit their acting in the management or conduct of the affairs of a corporation?* |  |  |
| *Been a Director, or Partner or concerned in the management of a company or Partnership which has gone into insolvent liquidation whilst connected with that company, Partnership, or within one year of such a connection?* |  |  |
| *Been the subject of a complaint in connection with a financial services regulator or an ancillary service which relates to his/her integrity, competence, or financial soundness?* |  |  |
| *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?* |  |  |
| *If you have answered “Yes” to any of the questions above, in each case provide appropriate details of the matter(s) below:* | | |
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| **4** | **Supporting Documentation** |

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| ***Required Documents*** | ***Attachment included?*** |
| *Revised job description:* | Yes  No |

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| ***Additional Documents*** | ***Description*** |
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| **5** | **Declaration by the Approved Person** |

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.

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 my fitness and propriety in relation to the Controlled Function(s). 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 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, FSMR and other relevant legislation and may be disclosed to third parties for those purposes.

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| Signature of Approved Person: |  | Date: |

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| *Name of Approved Person:* |  |
| *Position or title of Approved Person:* |  |

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| **6** | **Declaration by the Authorised Person** |

I declare that, to the best of my knowledge and belief, and having made due enquiry, that the information given in this form is complete and correct. I understand that it is an offence under ADGM 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 confirm that I have the authority to make this application/provide this notification, to declare as specified above and sign this form for, or on behalf, of the Authorised Person.

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, FSMR, the ADGM Data Protection Regulations 2021, and other relevant legislation and may be disclosed to third parties for those purposes.

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1. *Terms defined in the FSRA Glossary (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.*  [↑](#footnote-ref-1)
2. *As defined in the Financial Services and Markets Regulations 2015 (FSMR), Part 5 – Performance of Con­trolled Functions and the FSRA General Rulebook (GEN), Rule 5.3 – Controlled Functions and Approved Persons.*  [↑](#footnote-ref-2)
3. *The terms “you” and “your” as used throughout are not implied in the personal sense, but rather refer to the firm submitting this notification. The terms “we” and “our” refer to the FSRA.* [↑](#footnote-ref-3)
4. *The individual signing this declaration must be a Director, Partner, Senior Executive Officer or Compliance Officer of the Authorised Person.* [↑](#footnote-ref-4)