

Qatar Financial Markets Authority

Form AAI-1 (QFMA Approved Individual)

Application for QFMA Approved Individuals

Name of Individual:

Name of Applicant:

Background and purpose of Form AAI-1 (*Authority Approved Individual*)

Form AAI-1 (*Authority Approved Individual*) “Application for Authority Approved Individuals” should be completed for all *Authority Approved Individuals* listed in section 2.28 of Form LF-1 (*Licensed Firm*), “Application to be Licensed to Conduct Regulated Activities”.

Applicants seeking a *Licence* will be required to appoint individuals to perform *Controlled Functions*. Individuals carrying out *Controlled Functions* on behalf of the *Applicant* must be approved by the *Authority* as *Authority Approved Individuals*. The *Controlled Functions* are defined in the *Authority’s Rulebook* in *INDIVIDUALS* 3.1.. A separate *Application Form* must be completed and attached for each *Authority Approved Individual*. The individual may only conduct the particular *Controlled Functions* that he has been granted approval by the *Authority* to carry on.

The completed Form AAI-1 (*Authority Approved Individual*) should be submitted to the *Authority*. The *Authority* will review the information provided in the *Application Form* to gain an understanding of the *Controlled Functions* for which approval is being sought and to assess whether the individual meets the requirements as to *Fitness and Propriety* in the *INDIVIDUALS* rules in the *Authority’s Rulebook* and has the appropriate experience and qualifications to carry out such *Controlled Functions*.

The completed *Application Form* should be signed by the individual, a *Director* and the *Compliance Officer*. If the *Applicant* is not yet legally formed and there are no *Directors*, the *Application Form* should be signed by an individual who it is intended will become a *Director* of the *Applicant* when formed.

If the individual has applied to a *Regulator* for similar status within the last 12 months, the *Applicant* sponsoring the individual and/or the individual should contact the *Authority* because it may be possible for it to use information already prepared in assessing the application for *Authority Approved Individual* status.

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1. DECLARATION

Declaration by the individual

I certify that the information given in this *Application Form* is true, accurate and complete to the best of my knowledge and belief. I understand that it is a contravention of the *Qatar Financial Markets Law* to knowingly or recklessly provide to the *Authority* 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 *Authority*.

I declare that I am fit, proper and competent to perform the *Controlled Functions* specified in this *Application Form*. If, at any time between the making of this application and the granting of *Authority Approved Individual* status and thereafter, I become aware of a material change which is reasonably likely to be relevant to the *Authority*, I will inform the *Authority* in writing of such a change without delay.

The *Authority* reserves the right to inspect records or contact the individual in order to obtain further information in support of this application. I agree to waive my privacy rights so that the *Authority* may obtain any information necessary to assess my application for *Authority Approved Individual* status.

1.1 Print name of individual:

1.2 Signed:

1.3 Date:

Declaration by the Applicant

I confirm that I have the authority to make this application, to declare as specified below and sign this *Application Form* for, or on behalf of, the Applicant.

I certify that the information given in this *Application Form* is true, accurate and complete to the best of my knowledge and belief. I understand that it is a contravention of the *Qatar Financial Markets Law* to knowingly or recklessly provide to the *Authority* 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 *Authority*.

I declare that, to the best of my knowledge and belief, the individual is fit, proper and competent to perform the *Controlled Functions* specified in this form.

1.4 Print name or *Director* signing on behalf of the *Applicant*:

1.5 Job title:

1.6 Signed:

1.7 Date:

1.8 Print name of *Compliance Officer*:

1.9 Signed:

1.10 Date:

2. GENERAL QUESTIONNAIRE

Personal details

2.1. Title (Mr/Mrs/Ms/Dr etc):

2.2. Surname:

2.3. All forenames:

2.4. Date of birth:

2.5. National identification number (where applicable):

2.6. Previous name(s):

Date of name change:

2.7. Nationality:

2.8. Passport number:

2.9. Place of birth:

2.10. Residential telephone number:

2.11. Email address:

2.12. Residential address:

Please **attach** documentary evidence of address, e.g. confirmation from an electoral register, tenancy agreement, utility bill or local tax bill.

2.13. Dates resident at this address (dd/mm/yyyy):

From:

/ /

To:

/ /

2.14. Previous address if less than three years at the address given in 2.12 above:

Firm identification details

2.15. Name of *Applicant*:

2.16. Existing *Authority* Licence number (where applicable):

2.17. Who should the *Authority* contact at the firm in relation to this application?

Name:

Telephone number:

Fax number:

Email address:

Controlled Functions

2.18. Job title of the individual:

2.19. *Controlled Function(s)* the individual will perform:

Chairman of Board of Directors	<input type="checkbox"/>
Vice-Chairman of Board of Directors	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Chief Executive Officer	<input type="checkbox"/>
Deputy Chief Executive	<input type="checkbox"/>
General Manager	<input type="checkbox"/>
Mandatory Member of the Company's Management	<input type="checkbox"/>
Deputy Mandatory Member of the Company's Management	<input type="checkbox"/>
Deputy Mandatory Member of the Company's Management	<input type="checkbox"/>
Chief Financial Officer	<input type="checkbox"/>
Financial Advisor	<input type="checkbox"/>
Account Manager	<input type="checkbox"/>
Representative and Broker	<input type="checkbox"/>

Operations Manager	<input type="checkbox"/>
Financial Analyst	<input type="checkbox"/>
Investment Manager	<input type="checkbox"/>
Representative of the Custodian	<input type="checkbox"/>
Compliance Officer	<input type="checkbox"/>
Deputy Compliance Officer	<input type="checkbox"/>
Anti-money laundering and Terrorist Financing Officer	<input type="checkbox"/>
Anti-money laundering and Terrorist Financing Deputy Officer	<input type="checkbox"/>
Risk Management Officer	<input type="checkbox"/>
Internal auditor	<input type="checkbox"/>

2.20. Effective date of *Controlled Function(s)*:

Controlled Function	Date

2.21. Please describe the steps the *Applicant* has taken to ensure that the individual is competent to carry out the *Controlled Functions* identified in 2.19 above. Include an explanation of how the individual's experience is relevant to the *Controlled Functions* identified:

Education and professional qualifications

2.22. Please provide details of all higher education courses completed:

Name of Institution	Qualification	Dates (From / To)

Address of Institution

Name of Institution	Qualification	Dates (From / To)

Address of Institution

Please continue on a separate page if necessary.

2.23. Please provide details of all other relevant qualifications held:

Name of Institution	Qualification	Dates (From / to)

Address of Institution

Name of Institution	Qualification	Dates (From / To)

Address of Institution

Please continue on a separate page if necessary.

Professional memberships

2.24. Please provide details of all professional memberships currently held (including jurisdiction):

Name of Organisation	Membership Details	Date of Admission

Address of Organisation

Brief description of the organisation

Name of Institution	Qualification	Dates

Address of Institution

Brief description of the organisation

[Redacted area]

Please provide details of the individual's employment history for the last seven years, starting with the most recent employment:

Position 1:

2.25. Period of employment (dd/mm/yyyy):

From:

/ /

To:

/ /

2.26. Name of employer:

[Redacted area]

2.27. Nature of employer's business:

[Redacted area]

2.28. Employer's address:

[Redacted area]

2.29. Is or was the employer regulated by any *Regulator*? If YES, please provide details:

YES ☐

NO ☐

[Redacted area]

2.30. Position(s) held:

2.31. Please provide a brief description of the individual's responsibilities:

2.32. Reason for leaving:

2.33. Please provide contact details for the employer:

Name of contact:

Position / Title:

Telephone number:

Fax:

Email address:

Position 2:

2.34. Period of employment (dd/mm/yyyy):

From:

/ /

To:

/ /

2.35. Name of employer:

2.36. Nature of employer's business:

2.37. Employer's address:

2.38. Is or was the employer regulated by any *Regulator*? If YES, please provide details:

YES ☐

NO ☐

2.39. Position(s) held:

2.40. Please provide a brief description of the individual's responsibilities:



Other personal registrations

2.41. Other than the positions identified in the Employment History section above, has the individual ever held or been granted any licence, registration or authorisation by any *Regulator*? If YES, please provide details.

YES ☐

NO ☐



Other positions held

2.42. Has the individual held any positions in the last seven years as a *Director*, partner or other *Controller*? If YES, please provide details including the name of the *Entity*, a description of the individual's involvement, the individual's percentage shareholding and the nature of the relationship between the *Entity* and the individual.

YES ☐

NO ☐

Referees

Please provide details of at least two referees who will vouch for the individual's integrity and professional experience:

Referee 1:

2.43. Name:

2.44. Telephone number:

2.45. Email Address:

2.46. Postal Address:



2.47. Please explain how this referee can vouch for the integrity and/or professional experience of the individual:



Referee 2:

2.48. Name:



2.49. Telephone number:



2.50. Email Address:



2.51. Postal Address:



2.52. Please explain how this referee can vouch for the integrity and/or professional experience of the individual:



3. FITNESS AND PROPRIETY QUESTIONNAIRE

This questionnaire is intended to demonstrate to the *Authority* that the individuals conducting *Regulated Activities* for *Licensed Firms* meet the requirements as to *Fitness and Propriety* in the *Authority's INDIVIDUALS* rules in its *Rulebook* in relation to the functions for which they are employed. An individual may perform more than one *Controlled Function* but may not carry out a *Controlled Function* for which this questionnaire has not been completed.

If the individual answers YES to any question below, please provide details in the space provided.

Please answer ALL the following questions:

Unless otherwise stated, the questions refer to the individual's experience in the *State* and/or any other country or jurisdiction.

	Yes	No
1. Has the individual ever been convicted or found guilty of any offence related to fraud, theft, false accounting, serious tax offences, dishonesty, money laundering, market manipulation, insider dealing or any other financial sector crimes?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the individual ever been refused entry to, been dismissed from, or requested to resign from any profession, position of trust or fiduciary office whether or not remunerated?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the individual ever been refused, restricted in, or had suspended, the right to carry on any business or trade for which specific licence, registration, authorisation or other authority is required?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the individual ever been disqualified by a Court from acting as Director or in any other management capacity of any company, partnership or other Legal entity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the individual ever been censured, criticised, suspended, expelled, fined or been the subject of any investigation, intervention or disciplinary proceedings by any Regulator or equivalent body?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the individual ever resigned or been required to resign from any such body?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a company, partnership or other related entity in any country or jurisdiction ever been wound up, put into liquidation, ceased trading, placed in receivership or administration or negotiated a settlement with its creditors while the individual was a Director, partner or otherwise involved in the management of that entity or within one year of that association ending?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the individual ever been subject to any conviction or adverse finding of any court for fraud, misconduct, wrongful trading or other misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the individual been involved in the management of a company, partnership or other legal entity which has been subject to an investigation under companies or other such legislation for malpractice or misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the individual ever been the subject of disciplinary procedures by a government body, agency or other self regulatory body or organisation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the individual ever been the subject of a formal complaint in connection with financial services or ancillary services which relates to his/her integrity, competence or financial soundness?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the individual ever contravened any provision of financial services rules, legislation, code of practice or principle or other ethical standards as defined by any Regulator or similar such body?	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

If the individual has answered YES to any of the questions above, please provide details in the space below. If further space is required, please attach additional pages as necessary.

Supporting Documentation to be included with this Application

Documents	Included
Certified copy of individual's passport	<input type="checkbox"/>
Documentary evidence of address, e.g. confirmation from an electoral register, tenancy agreement, utility bill or local tax bill	<input type="checkbox"/>
Certificates evidencing Qualifications stated in 2.22 to 2.23	<input type="checkbox"/>
Individual's job description for the proposed position	<input type="checkbox"/>