## Capital Market Development Authority Male' Maldives

# LICENSE APPLICATION FORM Form A

[To be filled by the Applicant]

Renewal of existing license		ON 1_ APPLICATION PLICATION TYPE								
Dealer				Renewal of exis	ting license	e □ <b>→</b>	Lic	ense number		
Dealer	1B SEL	ECT THE LICENSE(S)								
Investment Adviser				Dealer's Repres	entative					
Shariah Adviser Custodian	Investr	ment Adviser								
SECTION 2_ APPLICANT'S INFORMATION  2A FOR INDIVIDUALS ONLY  (1) General information  Name	Sharial	n Adviser								
2A FOR INDIVIDUALS ONLY  (1) General information  Name  Current Address  Phone  Email:  If an examination is required → Exam completed date  FOR REPRESENTATIVE LICENSES  Name  Registration number  Current employer's name  Employer's Address  Designation  2B FOR BUSINESSES AND ENTITIES  (1) General information  Name  Registred address  Business address  Business address  Phone  Email  Authorized capital  Authorized capital  Auditor's Name  Auditor's Name  Auditor's address  (2) Shareholder's information  ## Name	Custod	lian		Others		$\Box$ $\rightarrow$	>	please specify:		
(1) General information ID Number:				TION						
Name			<u>Y</u>							
Current Address  Phone						ID AI				
Phone Email:  If an examination is required → Exam completed date  FOR REPRESENTATIVE LICENSES  Name  Registration number  Current employer's name  Employer's Address  Designation  2B FOR BUSINESSES AND ENTITIES  (1) General information  Name Registration number:  Registered address  Business address  Phone Fax  Email  Authorized capital Issued capital: Paid up capital:  Auditor's Name  Auditor's address  (2) Shareholder's information  # Name ID number # of shares Acquired date  1			• • • • • • • • • • • • • • • • • • • •			ID Nui	mb	er:		
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(1) General information           Name         Registration number:           Registered address         Business address           Business address         Phone           Fax         Fax           Email         Paid up capital:           Authorized capital         Issued capital:           Auditor's Name         Auditor's address           (2) Shareholder's information           #         Name         ID number         # of shares         Acquired date           1	Design	ation				• • • • • • • • • • • • • • • • • • • •				
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Registered address  Business address  Phone Fax	(1) Ger	neral information								
Business address  Phone Fax	Name							Registration nu	ımber:	
Business address  Phone Fax  Email  Authorized capital Issued capital: Paid up capital:  Auditor's Name  Auditor's address   (2) Shareholder's information  # Name ID number # of shares Acquired date  1	Registe	ered address								
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Phone         Fax           Email	Dusine	33 ddd1 C33								
Email	Phone									
Authorized capital										
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#     Name     ID number     # of shares     Acquired date       1					•••••	• • • • • • •				
#         Name         ID number         # of shares         Acquired date           1	Audito	r s address	***************************************			• • • • • • • • • • • • • • • • • • • •				
1	(2) Sha	reholder's informat	ion							
2	#	Name			ID numbe	er	#	t of shares	Acquired date	
3	1									
4	2									
4	3						١.			
	4						Ť			
5	5						Ι.			

#### (3) Director's information

#	Name	ID number	Designation	Date of
				appointment
1				
2				
3				
4				
5				

#### (4) Company secretary's information

#	Name	ID number	Date of
			appointment
1			

#### (5) Other senior management

#	Name	ID number	Designation	Date of
				appointment
1				
2				
3				
4				
5				

<sup>\*</sup> May attach these lists separately

(6) Are there other persons who are in a position of influence over the management decisions?	YES □	NO □	
Answer 7 & 8 only if it's a renewal application			

Please answer following questions. If YES, please attach a brief description separately with reference to question number

(7) Were there any disciplinary action against any of your representatives? YES  $\square$  NO  $\square$ 

(8) Were there any complaint(s) from customer(s) regarding the service provided? YES  $\square$  NO  $\square$ 

#### SECTION 3\_ FOR ALL APPLICANTS

If YES, please attach brief description separately with reference to question number

(1) Did you have any securities services license or has been a member of an Exchange within last 10 (ten) years?

YES □ NO □

(2) Has a securities license or a membership of an Exchange been denied, restricted or suspended or a disciplinary action taken by an Authority or an Exchange within the last 10 years?

YES □ NO □

(3) Did you have any trade/business or service/professional license within last 10 (ten) years?

YES \( \Boxed{\omega} \quad \text{NO} \( \Boxed{\omega} \)

(4) Has a business/trade or service/professional license been denied, or restricted or suspended within the last 10 (ten)

years?

YES □ NO □

(5) Has a disciplinary action been taken against you by a licensing authority or a professional body within the last 10 (ten) years?

YES □ NO □

## SECTION 4\_ DECLARATION

I/WE declare that the information provided in this form is true and accurate.

I/WE have read the Maldives Securities Act (2/2006) /Maldives Pension Act (8/2009) and are aware that providing false information is an offense

I/WE declare that we will abide by Maldives Securities Act and regulations

### INDIVIDUAL APPLICANTS

		1		
#	Name	ID number	Signature	Date
1				
	L			
	ESSES & ENTITIES (to be signed by all direct			
#	Name	Designation	Signature	Date
1				
2				
3				
4				
5				
	sinesses and entities  Signed application form (Form A)  Declaration form (Form B) by each shareholditionally, following documents if applying Copy of registration certificate  Copy of director's and secretary's ID cards  Copy of directors' and secretary's educati  CV of directors  Copy of registration certificate  Directors Report and Financial Statements  Company profile (from Ministry of Econor Board resolution on obtaining license and A business proposal (in relation to the lice o Company profile; organizational senior management; services to	for a new license  onal qualifications  for the last 2 (two) ye  nic Development)  making application to  ense) covering the follo  il structure; board and	ars CMDA wing aspects senior management; exper	
•	development/deployment (plain handling mechanism)  Additionally, if applying for a Custodian landle Responsibilities of Employees an landle Fee and revenue structure landle Existing or proposed insurance a	icense d agents		in; Complaints