For DFSA use only

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**Form SUP4**

**Applying to vary a Licence**

If you are applying to add the Financial Service of Managing a Collective Investment Fund in relation to an Exempt Fund, please complete the relevant sections of the Exempt Fund Form only. You will not be required to complete this form.

**Purpose of this form**

This form and any applicable supplements should be submitted if you are wishing to vary your Licence by:

* adding Financial Services and/or financial products to your Licence;
* removing Financial Services and/or financial products from your Licence;
* varying or withdrawing conditions or restrictions imposed on your Licence.

Financial Services are defined in the GEN module of the DFSA Rulebook.

The DFSA may require additional information or clarification to complete the processing of an application. We will correspond with the applicant’s contact person as listed below.

If you wish to withdraw your Licence completely (as opposed to varying your Licence), please submit the ‘Applying to withdraw a Licence’ form (not this form) to your relationship manager in the Supervision Division.

**Representative Offices**

|  |  |
| --- | --- |
| If you are applying to alter your existing Licence to become a Representative Office and have read the REP module of the rulebook, please tick here and complete/review sections 1, 3.3, 3.4, 3.5, 5, 6 and 7 only |  |
| If you are currently Licensed as a Representative Office and want to increase the Financial Services activities you are licensed to undertake, please tick here. |  |

Please also note that the DFSA will generally not expect to receive any application for a variation to a Licence where there are any outstanding material regulatory issues.

|  |
| --- |
| Full name of Authorised Firm and DFSA reference number. |
|  |
| Name of contact person for application. Please provide telephone, fax, e-mail and postal address. |
|  |
| Name and contact details of professional adviser(s) assisting with the application, if any. |
|  |
| Would you like us to copy in your adviser on any correspondence? |
| Yes  No |

**Content**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Title** | **To be completed by** | |
| 1 | Declaration by the applicant | All applicants |
| 2 | Addition of Financial Services and/or financial products to a Licence | Authorised Firms wishing to add Financial Services and/or financial products to their Licence |
| 3 | Removal of Financial Services and/or financial products from a Licence | Authorised Firms wishing to remove Financial Services and/or financial products from their Licence |
| 4 | Variation or withdrawal of conditions or restrictions imposed on a Licence | Authorised Firms wishing to vary or withdraw conditions or restrictions imposed on their Licence |
| 5 | Payment of fees | All applicants, as relevant |
| 6 | Checklist of attachments | All applicants, as relevant |
| 7 | Disclosure of information to the Dubai International Financial Centre Authority (DIFCA) | All applicants |

**Notes for completing this form**

* The term “you” refers to the legal entity for which a variation of Licence is being sought. In all instances where a form/supplement requests details to be supplied, responses should be provided in relation to the entity wishing to vary its licence within the DIFC.
* Defined terms are identified throughout this application form and applicable supplements by the capitalisation of the initial letter of each word. These terms are defined in the Glossary module (GLO) of the DFSA’s Rulebook.
* All financial information must be given in US Dollars, with a statement of the original currency used (if relevant) and the exchange rate applied for conversion.
* Questions must be answered fully and the use of abbreviations or acronyms should be avoided. Any abbreviations or acronyms used should be clearly defined.
* Do not leave any questions blank. If a question is not applicable this should be indicated in the response section. Failure to answer questions or provide full responses may delay the progress of the application.
* Answers must be typed in electronic format and the form must be signed by the Senior Executive Officer. The version of this form is available on the DFSA’s website is in Microsoft Word.
* Before completing this form, we urge you to read the GEN module of the DFSA Rulebook to ensure you provide appropriate information. You are urged to familiarise yourself with other relevant Rules prior to completing this form.
* Please return the completed form to your relationship manager:

Dubai Financial Services Authority

Supervision Division

Level 13, The Gate Building

Dubai International Financial Centre

PO Box 75850, Dubai, UAE

* Firms are advised to retain a copy of the form and all relevant attachments for their records.

**Section 1: Declaration by the applicant**

1. 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 Article 66 of the Regulatory Law 2004 to provide to the DFSA 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 DFSA.
2. I declare my understanding that the DFSA 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 propriety of the firm or any person connected to the firm. I consent to the DFSA contacting any previous employers, educational institutions, professional organisations or any other organisation, to verify any information contained in this form.
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. I also confirm that I have the authority to give the consent specified above.

4. For the purposes of complying with DIFC Data Protection Law 2007, I understand that any Personal Data provided to the DFSA will be used to discharge its regulatory functions under the Regulatory Law 2004 and other relevant legislation and may be disclosed to third parties for those purposes.

|  |  |
| --- | --- |
| Name of the Senior Executive Officer of the Authorised Firm(or director at head office for Representative Office) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of the Senior Executive Officer of the Authorised Firm(or director at head office for Representative Office) |  | Date |  |

**Section 2: Addition of Financial Services and/or financial products to vary a Licence**

|  |  |
| --- | --- |
| **2.1** | Please indicate, in the matrix below, the **additional** Financial Services and/or financial products you wish to add to your Licence. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Services (GEN Chapter 2) |  | Shares | Debentures | Warrants | Certificates | Options | Units | Futures | Structured Products | Rights under a LTI Contract\* | Deposit | PSIA\*\* | Interest in an EMP Scheme\*\*\* |
| 1. Accepting Deposits |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Providing Credit |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Dealing in Investments as Principal |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Dealing in Investments as Agent |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Arranging Deals in Investments |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Managing Assets |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Advising on Financial Products |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Managing a Collective Investment Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Providing Custody |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Arranging Custody |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Insurance Intermediation |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Insurance Management |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Managing a PSIA\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. Operating an Alternative Trading System |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. Providing Trust Services |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. Providing Fund Administration |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. Acting as the Trustee of a Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18. Operating a Credit Rating Agency |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19. Arranging Credit and Advising on Credit |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20. Operating an EMP Scheme\*\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21. Acting as the Administrator of an EMP Scheme\*\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*LTI Long Term Insurance Contract**

**\*\* PSIA Profit Sharing Investment Account. In relation to the Financial Service of Managing a PSIA, please state whether this will be a Restricted PSIA or an Unrestricted PSIA.**

**\*\*\* EMP Scheme Employee Money Purchase Scheme**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Class** | | | | | | | | | | | | | | |
| **All** | **I** | **II** | **III** | **IV** | **V** | **VII** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Effecting Contracts of Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carrying out Contract of Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Note: Classes of insurance are set out in APP 4 of the GEN module of the DFSA Rulebook.*

|  |  |
| --- | --- |
| **2.2** | Please describe the basis of, and rationale for, the proposed variation. Please **attach** an updated regulatory business plan. Please refer to Part 2 of the ‘Notes for Applicants’ booklet (available under AFN Module) for notes on what the DFSA expects to see in a regulatory business plan. |
|  | |
| **2.3** | As a result of the proposed variation, please provide a breakdown of how your financial and capital position will alter (with respect to the appropriate DFSA prudential rules). As well as in the narrative please **attach** the following financial projections and assumptions:   * quarterly cash flow forecast * quarterly profit & loss account, split into income streams * quarterly balance sheet   *Note:* Please provide all projections from the commencement of the proposed variation of Licence and on a quarterly basis for the first twelve months. All figures should be provided in the relevant DFSA prudential reporting format. A list of the key assumptions supporting these financial projections must also be submitted. |
|  | |
| **2.4** | As a result of the proposed variation, please describe to what extent existing Client documentation, procedures, systems and controls will be amended to take into account the new Financial Services and/or financial products.  Include in your response details of any additional financial reporting, management information, and risk management systems that will be implemented. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.5** | When you submit this form, the supporting documents listed below must be revised and be ready for inspection by the DFSA.  By ticking the “Revised, complete, and ready to be inspected” box, you are confirming these supporting documents meet all applicable standards and contain all necessary provisions taking into account the nature, size and complexity of your proposed activities. The DFSA may request to inspect these supporting documents at any stage.   |  |  | | --- | --- | | **Document** | **All applicants** | | Compliance Manual | Revised, complete, and ready to be inspected | | Compliance Monitoring Programme | Revised, complete, and ready to be inspected | | Risk Management Policies | Revised, complete, and ready to be inspected | |
| **2.6** | Describe any proposed changes to your existing senior management responsibilities, and **attach** a revised organisation chart, including details of any amended internal and external reporting lines. |
|  | |
| **2.7** | In respect of the impact of the proposed changes on your Employees, please describe the extent to which:   * new employees competent to provide the additional Financial Services and/or financial products have been, or will be, recruited; * existing employees have been, or will be, trained to ensure they are competent to provide the additional Financial Services and/or financial products; and * existing employees are considered competent to provide the additional Financial Services and/or financial products.   Please support your answers with reference to any steps you have taken, or will take, to comply with GEN 5.3.19 in respect of the firm’s Employees involved in the provision of the additional Financial Services. |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.8** | Is the applicant seeking authorisation to either:   * operate an Islamic Window; or * convert to an Islamic Financial Institution? |  | | | |
| Yes |  | No |  |
|  | | | |
| If Yes, please complete the Islamic Financial Business supplement and **attach** it to this application.  Please advise if you are seeking authorisation to operate an Islamic Window and whether this will relate to all of the Financial Services you are carrying out or a sub-set of them. | | | | |
|  | | | | | |
| **2.9** | For firms operating in the DIFC through a Branch, please confirm details of the firm’s lead regulator and supervisory contact. Provide the name of the supervisory contact person and include the postal address, telephone number, fax number and e-mail address at the regulator responsible for the supervision of you or your Parent.  Please also state whether your firm is authorised in its home country to carry on similar Financial Services and/or financial products to those proposed in this application, and whether the firm has notified its lead regulator of its proposals. | | | | |
|  | | | | | |
| **2.10** | Please confirm that you have made all notifications to the DFSA required under section 11.10 (Notification) of the GEN module of the DFSA’s Rulebook, or otherwise give details below. If no such notifications have been required under chapter 11 of GEN, please state “none required”. | | | | |
|  | | | | | |
| **2.11** | Please advise of the date that you are proposing to begin providing these additional Financial Services and/or financial products. | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **2.12** | Please complete and **attach** the appropriate supplements for the variation of Licence. You may need to complete more than one supplement, depending on the nature of the additional Financial Services you are applying to carry out. Financial Services are defined in the GEN module of the DFSA Rulebook.  The supplements are designed to assist you to provide us with information about the Financial Services and financial products for which you are seeking a Licence variation and to help us understand how you intend to carry on those activities.  You may also refer to Part 3 of the ‘Notes for Applicants’ booklet for notes on how to complete the relevant supplements, available in Chapter 2 of the Authorised Forms and Notices Module (AFN-AUT Forms).  The DFSA may ask for additional information or clarification to complete the consideration of an application. In this case, we will correspond with the contact person listed on the form. |

**FOR APPLICANTS THAT ARE CURRENTLY LICENSED AS A REPRESENTATIVE OFFICE.**

|  |  |
| --- | --- |
| **2.13** | A Representative Office does not have Authorised Individuals. The applicant is therefore required to submit AUT-IND forms in respect of the individuals who will fulfill the Licensed Functions should this variation be approved. |

**FOR AN AUTHORISATION TO OPERATE AN EMPLOYEE MONEY PURCHASE SCHEME.**

|  |  |
| --- | --- |
| **2.14** | Please advise:   * the name of Scheme that is to be established/operated by the applicant; * the legal form of each Scheme (e.g. whether it is a trust or another legal form); * the jurisdiction in which each Scheme is established; * what law governs the contributions to the Scheme; * whether Members can make additional voluntary contributions; * whether there are any restrictions applicable to the payout in respect of voluntary contributions; and * the name of the Administrator of each Scheme. |

**FOR AN AUTHORISATION TO ACT AS THE ADMINISTRATOR OF AN EMPLOYEE MONEY PURCHASE SCHEME.**

|  |  |
| --- | --- |
| **2.15** | Please:   * advise the name of the Scheme or Schemes to which you are to be appointed as the Administrator, and the name of the Operator of the Scheme; * provide a copy of the approval from the supervisory board of the Scheme; * advise if the Scheme is not established in the DIFC: * what is jurisdiction in which the Scheme has been established; * what is the legal form of the Scheme (e.g. whether it is a trust or another legal form); * what law governs the contributions to the Scheme; * whether Members can make additional voluntary contributions; and * whether there are any restrictions applicable to the payout in respect of voluntary contributions. |

**Section 3: Removal of Financial Services and/or financial products from a Licence**

|  |  |
| --- | --- |
| **3.1** | Please indicate in the matrix below, the Financial Services and/or financial products you wish to remove from your Licence. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Services (GEN Chapter 2) |  | Shares | Debentures | Warrants | Certificates | Options | Units | Futures | Structured Products | Rights under a LTI Contract\* | Deposit | PSIA\*\* | Interest in an EMPS\*\*\* |
| 1. Accepting Deposits |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Providing Credit |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Dealing in Investments as Principal |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Dealing in Investments as Agent |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Arranging Deals in Investments |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Managing Assets |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Advising on Financial Products |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Managing a Collective Investment Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Providing Custody |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Arranging Custody |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Insurance Intermediation |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Insurance Management |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Managing a PSIA\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. Operating an Alternative Trading System |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. Providing Trust Services |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. Providing Fund Administration |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. Acting as the Trustee of a Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18. Operating a Credit Rating Agency |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19. Arranging Credit and Advising on Credit |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20. Operating an EMPS\*\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21. Acting as the Administrator of an EMPS\*\*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*LTI Long Term Insurance Contract**

**\*\* PSIA Profit Sharing Investment Account. In relation to the Financial Service of Managing a PSIA, please state whether this will be a Restricted PSIA or an Unrestricted PSIA.**

**\*\*\* EMPS Employee Money Purchase Scheme**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Class** | | | | | | | | | | | | | | |
| **All** | **I** | **II** | **III** | **IV** | **V** | **VII** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Effecting Contracts of Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carrying out Contract of Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Note: Classes of insurance are set out in APP 4 of the GEN module of the DFSA Rulebook.*

|  |  |
| --- | --- |
| **3.2** | As a result of the proposed variation, please provide a breakdown of how your financial and capital position will alter (with respect to the appropriate DFSA prudential rules). As well as in the narrative please **attach** the following financial projections and assumptions:   * quarterly cash flow forecast * quarterly profit & loss account, split into income streams * quarterly balance sheet   *Note:* Please provide all projections from the commencement of the proposed variation of Licence and on a quarterly basis for the first twelve months. All figures should be provided in the relevant DFSA prudential reporting format. A list of the key assumptions supporting these financial projections must also be submitted. |
|  | |
| **3.3** | Please describe any arrangements you have made, or will make, concerning your existing Clients, including obtaining any consents where required. Please refer to COB chapter 6.  Matters to be covered in your response should include, for example:   * the period over which any Financial Services and/or financial products will be run-down or transferred; * whether deposits must be returned to Clients; * whether Client Money and other assets belonging to Clients must be returned; * whether there is any other matter that the DFSA would reasonably expect to be resolved before approving the variation of Licence. |
|  | |
| **3.4** | Please advise of the date that you are proposing to remove these Financial Services and/or financial products?  If you have already ceased to provide the above Financial Services and/or financial products, please also state the date on which this occurred. |
|  | |

**FOR FIRMS APPLYING TO BECOME REPRESENTATIVE OFFICE ONLY.**

|  |  |
| --- | --- |
| **3.5** | A Representative Office is not required to have Authorised Individuals. An individual is however required to hold a position of Principal Representative. Please confirm below who the Principal Representative will be and whether they currently hold a Licensed Function.  The individual noted below will be required to complete an AUT-IND 4 Form.  Those individuals that currently hold Licensed Functions (e.g. the Finance Officer with the firm applying to become a Representative Office) are required to cancel their Authorised Individual status with this firm. AUT–IND 3, Application to Withdraw Authorised Individual Status forms must be completed and submitted. |
|  | |

**TO REMOVE AN AUTHORISATION AS AN OPERATOR OF AN EMPLOYEE MONEY PURCHASE SCHEME.**

|  |  |
| --- | --- |
| **3.6** | With respect to each Scheme you have operated:   * if the Scheme is to be transferred to another DFSA Licensed Operator, provide the name of that Operator and the effective date of the transfer; * if the Scheme is to be transferred to another Operator licensed and regulated in a jurisdiction outside the DIFC, provide the name of that Operator and the jurisdiction in which it is located and the effective date of the transfer; * if the Scheme is wound up, provide the effective date of the winding up; and * provide a copy of the supervisory board approval to be removed as Operator |

**TO REMOVE AN AUTHORISATION AS THE ADMINISTRATOR OF AN EMPLOYEE MONEY PURCHASE SCHEME.**

|  |  |
| --- | --- |
| **3.7** | With respect to each Scheme for which you act as the Administrator:   * please advise whether the Scheme will continue to operate with a different Administrator; * if the Scheme has been wound up, provide the effective date of the winding up; and * provide a copy of the supervisory board approval to be removed as the Administrator |

**Section 4: Varying or withdrawing conditions or restrictions imposed on a Licence**

|  |  |  |  |
| --- | --- | --- | --- |
| **4.1** | Please provide details of the existing conditions or restrictions imposed on your Licence, and indicate whether you are applying for the condition or restriction to be withdrawn, or its terms varied. | | |
|  | Withdrawal (go to question 4.2) |  |
|  | Variation (go to question 4.3) |  |
|  | | | |
| **4.2** | Please state the grounds under which you consider it appropriate for the condition or restriction to be withdrawn. | | |
|  | | | |
| **4.3** | Please indicate below (using marked-up text) any amendments you are proposing, and include a statement as to why the variation is required or is considered appropriate. | | |
|  | | | |
| **4.4** | Please advise of the date that you are proposing to vary or withdraw conditions or restrictions imposed on your Licence. | | |
|  | | | |

**Section 5: Payment of Fees**

You may be required to pay the DFSA an application fee if the additional Financial Service(s) requires a fee payable that is higher than the fee payable for the Financial Service(s) you are currently authorised to carry on.

If a fee is payable, you will be invoiced by the DFSA. Please make the payment by bank transfer in US dollars, the relevant bank details will be included on the invoice you will receive from the DFSA. Cheques or Bank drafts cannot be accepted.

**Applications will not be processed until the full relevant fee (including applicable bank charges), where one is due, is received by the DFSA.**

**Section 6: Attachments**

|  |  |  |
| --- | --- | --- |
| **Relevant**  **Question** | | **Attachments** |
| **Yes** | **No** |
| **2.2** | | Updated regulatory business plan |  |  |
| **2.3 / 3.2** | | Financial projections, including:   * quarterly cash flow forecast * quarterly profit and loss account, split into income streams * quarterly balance sheet   *Note:* Please provide all projections commencing at the time of the proposed Licence variation and on a quarterly basis for the first twelve months. This should include a breakdown of how your financial and capital position will alter (with respect to the appropriate DFSA prudential rules). |  |  |
| **2.6** | | Revised organisation chart |  |  |
| **2.8 / 2.12** | | Islamic Finance Business supplement, if applicable |  |  |
| **2.12** | | Banking and Lending supplement, if applicable |  |  |
| **2.12** | | Insurance supplement, if applicable |  |  |
| **2.12** | | Sales and Trading supplement, if applicable |  |  |
| **2.12** | | Asset Management supplement, if applicable |  |  |
| **2.12** | | Public Fund supplement, if applicable |  |  |
| **2.12** | | Exempt Fund Form, if applicable |  |  |
| **2.13** | | AUT-IND Forms for those individuals that will be holding a Licensed Functions |  |  |
| **3.5** | | AUT-IND3 Forms for those individuals that are no longer required to hold Licensed Functions with the applicant firm |  |  |
| **3.5** | | AUT-IND4 Form for the Individual that will be the Principal Representative |  |  |
| **3.6** | | Employee Money Purchase Scheme Supplement, if applicable |  |  |
| Other – please specify | | | | |
|  |  | |  |  |
|  |  | |  |  |

**Section 7: Disclosure of information to the Dubai International Financial Centre Authority (DIFCA)**

The provision of certain information by the DFSA to the DIFCA under the following consent will assist the DIFCA in exercising its functions and powers. It is not mandatory to provide consent and should you not wish to provide consent, we ask that you consider keeping the DIFCA informed of the progress of your application.

I consent  / I do not consent  to disclosure of the following information by the DFSA to DIFCA:

1. The fact of the filing of this application, together with the name of the applicant;

2. The fact (if applicable) that this application is still being reviewed by the DFSA; and

3. The outcome of this application. An outcome may include a decision by the DFSA to approve this application, in principle or otherwise, or to reject the application or the withdrawal of the application.