Placeholder for Proposed Director’s Passport Photograph

**APPLICATION FOR APPOINTMENT OF A DIRECTOR BY A CMSP**

Instructions:

1. Applicants are required to complete and submit the application form together with the applicable supporting documents written in English or Amharic Language, to the Authority.
2. Where the supporting documents to be filed with the application is in any other language, then an authenticated translated version in English or Amharic, shall accompany the application.
3. An application for the appointment of a Director by a CMSP will only be considered as having been filed when all complete document(s)/information have been submitted.
4. Applicants are required to provide responses in the appropriate box and tick where required. Where the response to a section is “Not Applicable”, it should be stated as such, with cogent reasons why the information is deemed not applicable.

**CMSP**

|  |
| --- |
| **SECTION 1: TYPE OF APPOINTMENT** |
| *Please tick as appropriate:* |
| [ ]  | New Appointment |
| [ ]  | Change of Designation |

| **SECTION 2: NEW APPOINTMENT** |
| --- |
| **Name** | **Role** | **Date of Appointment** |
|  |  |  |

|  |
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| **SECTION 3: CHANGE OF DESIGNATION** |
| **Name** | **New Role** | **Former Role** | **Date of First Appointment** |
|  |  |  |  |

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| --- |
| **SECTION 4: GENERAL INFORMATION** |
| Name |  |
| Father’s Name /Middle Name |  |
| Grandfather’s Name/Surname |  |
| Business Address |  |
| Home Address |  |
| Date of Birth |  |
| Phone Number |  |
| Sex (Male/Female) |  |
| Marital Status |  |
| Name of Spouse |  |
| Email Address |  |
| Nationality |  |
| Valid Means of Identification  | [ ]  Passport [ ]  Driver’s License [ ]  Others *(please specify)*:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Country of Issue |
| Expiry Date |

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| **SECTION 4.1: DIRECTORSHIP HISTORY** |
| Have you been on the Board of any Company? | [ ]  Yes |  [ ]  No |
| **S/N** | **Name of Company** | **Place of Incorporation** | **Nature of Business** | **Date** | **Role** | **Reason for Exit** |
| **From** | **To** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

| **SECTION 4.2: EMPLOYMENT HISTORY** |
| --- |
| **S/N** | **Name of Employer** | **Address** | **Date** | **Position Held** | **Reason for Leaving** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| **SECTION 4.3: SHAREHOLDINGS IN ANY CMSP** |
| **S/N** | **Name of CMSP** | **No. of Shares** | **% Held** | **Value (Birr)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **SECTION 4.4: ACADEMIC QUALIFICATIONS** |
| --- |
| **S/N** | **Name of Institution** | **Address** | **Date** | **Course of Study**  | **Qualification Obtained** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| **SECTION 4.5: PROFESSIONAL QUALIFICATIONS** (if any) |
| --- |
| **S/N** | **Name of Awarding Institution** | **Address** | **Certificate/Qualification Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **SECTION 5: REFERENCE** *(Provide at least two names as referees. This should exclude relations and persons connected with the sponsoring Capital Market Service Provider)* |
| --- |
| **S/N** | **Name** | **Address** | **Occupation** | **Contact Details** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

| **SECTION 6: SUPPORTING DOCUMENTS** |
| --- |
| **S/N** | **Description** | **Attached?** | **Comment**  |
|  |  | **Yes** | **No** | **N/A** |  |
|  | Board Resolution |[ ] [ ] [ ]   |
|  | Letter of appointment or employment as a Director |[ ] [ ] [ ]   |
|  | Copy of Director’s valid means of Identification |[ ] [ ] [ ]   |
|  | Curriculum Vitae/Resume |[ ] [ ] [ ]   |
|  | Certificate(s) evidencing educational qualifications |[ ] [ ] [ ]   |
|  | Certificate(s) evidencing professional qualifications |[ ] [ ] [ ]   |
|  | Police Clearance Certificate |[ ] [ ] [ ]   |
|  | Reference Letters |[ ] [ ] [ ]   |
|  | Signed and Sworn Undertaking to Comply with the Code of Conduct for CMSPs, their Employees and Persons with Significant Influence |[ ] [ ] [ ]   |

| **SECTION 7: DISCLOSURE**  |
| --- |
| **S/N** | **Has the Appointee been:** | **YES** | **NO** | **Comment** |
|  | Convicted of any offence relating to fraud, theft, dishonesty or market abuse? |[ ] [ ]   |
|  | Adjudged guilty of misconduct relating to capital market activities by any court of competent jurisdiction? |[ ] [ ]   |
|  | Declared bankrupt? |[ ] [ ]   |
|  | Disqualified or expelled from membership of any professional body/association, organization, or any trade group/association, or had a practicing/operating license revoked? |[ ] [ ]   |
|  | Removed as an Appointed Representative or Director of any capital market entity? |[ ] [ ]   |
|  | Found to be incapacitated on grounds of mental or physical illness? |[ ] [ ]   |

| **SECTION 8: UNDERTAKING** *(Strictly by the Chief Compliance Officer and Managing Director/Chief Executive Officer/General Manager or Other Senior Executive Officer)* |
| --- |

We, \_\_\_\_\_ (*Insert Full name and Designation*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_ (*Insert Full name and Designation*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

declare as follows:

1. That we are duly authorized by \_\_\_\_\_\_\_\_\_\_\_\_ (*Insert name of CMSP) \_\_\_\_\_\_\_\_* to sign this application; and
2. That the information provided by us in this application and documents attached thereto are to the best of our knowledge truthful and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature Name and Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date