

ECMA FORM A2.1 – AF, CISO, C, IB, PM, SB, SD OR SBD SERVICES LICENSE APPLICATION FORM

**ECMA FORM A2.1 APPLICATION FOR A SERVICES LICENSE (SAF,
CISO, SC, IB, SPM, SB, SD or SBD)**

Instructions:

- i. Applicants are required to complete relevant sections of the application form and submit same together with the applicable checklist of supporting documents written in English and/or Amharic, to the Authority.
- ii. Where the supporting documents to be filed with the application are presented in any language other than the aforementioned, certified translated versions of such documents in English or Amharic, shall accompany the application.
- iii. All sections of the application form that are relevant to the specific license(s) being sought must be completed. 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. An application for a Services License will only be considered as having been filed when all complete documentation(s)/information have been submitted.

APPLICANT

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SECTION 1: TYPE OF APPLICATION <i>(Tick as applicable)</i>	
<input type="checkbox"/>	Securities Appraisal Firm
<input type="checkbox"/>	Collective Investment Scheme (CIS) Operator
<input type="checkbox"/>	Securities Custodian
<input type="checkbox"/>	Investment Bank <i>(Excluding acting as a Broker to Institutional Clients)</i>
<input type="checkbox"/>	Investment Bank <i>(Including acting as a Broker to Institutional Clients)</i>
<input type="checkbox"/>	Securities Portfolio Manager <i>(Excluding Automated Investment Advisory Services)</i>
<input type="checkbox"/>	Securities Portfolio Manager <i>(Including Automated Investment Advisory Services)</i>
<input type="checkbox"/>	Securities Broker
<input type="checkbox"/>	Securities Dealer
<input type="checkbox"/>	Securities Broker Dealer

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SECTION 2: GENERAL INFORMATION

SECTION 2.1: Self-Evaluation Form		
Has the Applicant completed the Self-Evaluation Form?	Yes	No <i>If No, do not proceed with the application)</i>

SECTION 2.2: Profile	
Type of Business Organization	Share Company
	Private Limited Company
Registered Address	
Proposed Head Office Address <i>(if different from the Registered Office Address)</i>	
Place of Incorporation	
Registration Number	
Phone Number	
Email Address	
Website Address	
Contact Person <i>(Chief Compliance Officer/ Managing Director/CEO/ Representative)</i>	Full Name:
	Designation:
	Telephone Number:
	Email:

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SECTION 2.2: Profile				
Capital Structure:				
Paid-Up Capital	_____ units of shares of _____ Ethiopian Birr each, with a total value of _____ Ethiopian Birr.			
Shareholders' Fund	_____ Ethiopian Birr			
Number of Employees	S/N	Employees	Total Number	
			<i>Ethiopian(s)</i>	<i>Foreigner(s)</i>
	1	Management		
	2	Senior Executives		
	3	Other Employees		
		Total		
Number of Directors	S/N	Directors	Total Number	
			<i>Ethiopian(s)</i>	<i>Foreigner(s)</i>
	1	Executive		
	2	Non-Executive		
	3	Independent		
		Total		

SECTION 2.3: Details of Substantial Shareholders of the Applicant (i.e. persons holding 5% or more of the capital of the applicant)						
S/N	Name	Address	Nationality/ Country of Incorporation	No. of Shares	% Held	Value (Birr)
1.						
2.						
3.						

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SECTION 2.4: Particulars of Directors/Officers with significant influence (<i>i.e. Managing Director/Chief Executive Officer/ Executive Directors/ Non-Executive Directors etc.</i>) and Other Senior Executive Officers (<i>i.e. Chief Operating Officer/Chief Financial Officer/Chief Risk Officer/Chief Investment Officer, etc.</i>)						
S/N	Name	Address	Nationality	Designation	Qualification	Years of Experience
1.						
2.						
3.						
4.						
5.						

SECTION 2.5: Group Structure (<i>If Applicable</i>)					
S/N	Name of Entity	Type	Shareholding Held in the Applicant (%)	Shareholding Held by the Applicant (%)	Registered Location (<i>State and Country</i>)
1.		Parent			
2.		Subsidiary			
3.		Affiliate			
4.		Others			

SECTION 2.6: Details of Branch Offices (<i>If any</i>)				
S/N	Location of Branch (<i>Zone and Regional State</i>)	Full Address	Number of Resident Employees	Date of Opening (DD/MM/YYYY)
1.				
2.				
3.				

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SECTION 2.7: Appointed Representatives					
S/N	Name	Designation	Years of Experience	Qualifications	Fayda No.
1.		Managing Director/Chief Executive Officer			
2.		Chief Compliance Officer			
3.		Appraisal Officer <i>(Only applicable to Appraisal Firms)</i>			
4.		Chief Digital/Technology Officer <i>((Only applicable to Portfolio Managers that intend to provide automated investment advisory services)</i>			
5.		Investment Manager <i>(Only applicable to CIS Operators)</i>			
6.		Research Officer <i>(Only applicable to Portfolio Managers)</i>			
7.		Trader <i>(Only applicable to Investment Banks that intend to act as Brokers to Institutional Clients, Securities Brokers, Securities Dealers and Securities Broker Dealers)</i>			
8.					
9.					

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SECTION 2.8: Registration with Recognized Self-Regulatory Organization (SRO)/Industry Association				
1.	Registration with a recognized SRO/Industry Association	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.	Status of Membership	Active <input type="checkbox"/>	Inactive/Suspended <input type="checkbox"/>	Awaiting Approval <input type="checkbox"/>
3.	Name(s) of SRO/Industry Association			
4.	Date of Admission as Member and Category of Membership			

SECTION 3: DISCLOSURES				
S/N	Has the Applicant been:	YES	NO	Comment
1.	Convicted of any offence relating to fraud, theft, dishonesty or market abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Adjudged guilty of misconduct relating to capital market activities by any court of competent jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Declared bankrupt/ placed under liquidation?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Disqualified or expelled from membership of any professional body/association, organization or any trade group/association, or had a practicing/operating license revoked?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Expelled from any Securities Exchange or had its license revoked?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 4: CHECKLIST CONFIRMATION		
Has the applicant completed and attached the checklist <i>(alongside all supporting documents required in the checklist)</i> as an addendum to this application form?	Yes	No <i>(If No, do not proceed with the application)</i>

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SECTION 5: UNDERTAKING

I _____ (*Insert Full name*) _____, being the
_____ (*Insert Designation*) _____ of
_____ (*Insert Name of Applicant*) _____

Makes this undertaking on behalf of _____ (*Insert Name of Applicant*)
_____ and state as follows:

- i. That I am the Chief Compliance Officer/ Company Secretary of _____
(*Insert Name of the Applicant*) _____;
- ii. That I am duly authorized by the Board of Directors by the applicant to sign this application;
- iii. That _____ (*Insert Name of the Applicant for a business organization or "I: for an individual applicant"*) _____, its Appointed Representatives, employees and persons with significant influence shall comply, at all times, with the Code of Conduct for Capital Market Service Providers, their Employees and Persons with Significant Influence and other capital market laws and Directives; and
- iv. That the statements of facts made in this application and appendix attached thereto are truthful and accurate.

Name _____

Signature _____

Date _____