

ECMA FORM A2.2

APPLICATION FOR A CREDIT RATING AGENCY SERVICES LICENSE

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: GENERAL INFORMATION

SECTION 1.1: Self-Evaluation Form		
Has the Applicant completed the Self-Evaluation Form?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>If No, do not proceed with the application)</i>

SECTION 1.2: Profile	
Type of Business Organization	<input type="checkbox"/> Share Company <input type="checkbox"/> Private Limited Company
Registered Address	
Proposed Head Office Address <i>(if different from the Registered Office Address)</i>	

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SECTION 1.2: Profile				
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:			
Business Objects of the Organization				
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			

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SECTION 1.3: Details of Substantial Shareholders of the Applicant <i>(i.e. persons holding 5% or more of the capital of the applicant)</i>						
S/N	Name	Address	Nationality/ Country of Incorporation	No. of Shares	% Held	Value (Birr)
1.						
2.						
3.						

SECTION 1.4: Particulars of Directors/Officers with significant influence <i>(i.e. Managing Director/Chief Executive Officer/Executive Directors/ Non-Executive Directors etc.) and Other Senior Executive Officers (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 1.5: 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 1.6: 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 <i>(DD/MM/YYYY)</i>
1.				
2.				
3.				

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SECTION 1.7: Appointed Representatives				
S/N	Name	Designation	Years of Experience	Qualifications
1.		Managing Director/Chief Executive Officer/		
2.		Chief Compliance Officer		
3.				
4.				
5.				

SECTION 1.8: 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 2: PROPOSED OPERATIONAL ACTIVITIES				
S/N	Activities	Yes	No	Comment
1.	Operate rating systems	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Provide credit rating services to Issuers of securities	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Provide credit rating services to corporate entities other than Issuers	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Other activities (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION 3: REGISTRATION WITH A FOREIGN LICENSING AUTHORITY <i>(Only applicable to Applicants that are Foreign Credit Rating Agencies or Affiliated with Foreign Credit Rating Agencies)</i>				
1.	Registration with a Licensing Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.	Name of Licensing Authority			
3.	Type of License Held			
4.	Date of Licensing (DD/MM/YYYY)			
5.	Status of License	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive/Suspended	<input type="checkbox"/> Awaiting Approval

SECTION 4: AFFILIATED FOREIGN CREDIT AGENCY <i>(Only applicable only to Domestic Applicants that are affiliated with Foreign Credit Rating Agencies)</i>					
Name					
Address					
Phone Number					
Email Address					
Contact Person		Name:			
		Designation:			
		Phone Number:			
		Email Address:			
Type of Relationship/Affiliation	<input type="checkbox"/> Shared Director(s)	<input type="checkbox"/> Parent of Applicant	<input type="checkbox"/> Subsidiary of Applicant	<input type="checkbox"/> Associate of Applicant	<input type="checkbox"/> Others

SECTION 5: 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"/>	

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SECTION 6: 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 <input type="checkbox"/>	No <input type="checkbox"/> <i>If No, do not proceed with the application)</i>

SECTION 7: 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 _____