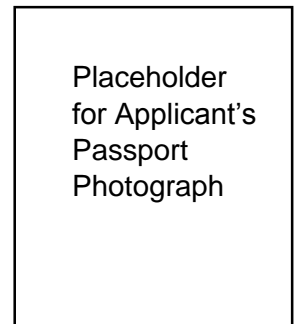


ECMA FORM A3 – APPLICATION FORM FOR APPOINTED REPRESENTATIVE LICENSE



APPLICATION FOR APPOINTED REPRESENTATIVE LICENSE

Instructions:

- i. Applicants are required to complete and submit the application form together with the appropriate supporting documents written in English and/or Amharic Language, to the Authority.
- ii. 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.
- iii. An application for an Appointed Representative License will only be considered as having been filed when all complete document(s)/information have been submitted.
- iv. 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.

SECTION 1: Details of Sponsoring Capital Market Service Provider (CMSP)	
Name of CMSP	

SECTION 2: DESIGNATIONS	
<i>Please tick as appropriate:</i>	
<input type="checkbox"/>	Appraisal Officer
<input type="checkbox"/>	Authorized Market Maker Trader
<input type="checkbox"/>	Chief Compliance Officer
<input type="checkbox"/>	Chief Digital Officer/Chief Technology Officer
<input type="checkbox"/>	General Manager
<input type="checkbox"/>	Investment Manager
<input type="checkbox"/>	Managing Director/Chief Executive Officer
<input type="checkbox"/>	Research Officer
<input type="checkbox"/>	Trader
<input type="checkbox"/>	Others (<i>insert designation</i>) _____

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ECMA FORM A3 – APPLICATION FORM FOR APPOINTED REPRESENTATIVE LICENSE

SECTION 3: GENERAL INFORMATION

SECTION 3.1: Personal Profile	
First Name	
Father's Name /Middle Name	
Grandfather's Name/Surname	
Business Address	
Home Address	
Date of Birth	
Phone Number	
Sex (M/F)	
Marital Status	
Name of Spouse	
Email Address	
Nationality	
Valid Means of Identification (ID)	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Others _____ <i>please specify</i>
	Country of Issue:
	ID Number:
	Issue Date (DD/MM/YY):
	Expiry Date (DD/MM/YY):
Years of Experience	
Bank Details <i>(name of banks utilized within the past three (3) financial years)</i>	

SECTION 3.2: Employment History							
S/N	Name of Employer	Address	Date <i>(DD/MM/YY)</i>		Part Time or Full Time	Position Held	Reason for Leaving
			From	To			
1.							
2.							
3.							
4.							
5.							

ECMA FORM A3 – APPLICATION FORM FOR APPOINTED REPRESENTATIVE LICENSE

SECTION 3.3: Academic Qualifications						
S/N	Name of Institution	Address	Date (DD/MM/YY)		Course of Study	Qualification Obtained
			From	To		
1.						
2.						
3.						
4.						
5.						

SECTION 3.4: Professional Qualifications			
S/N	Name of Awarding Institution	Address	Certificate/Qualification Obtained
1.			
2.			
3.			
4.			
5.			

SECTION 3.5: Reference <i>(Provide at least two (2) names as referees of which one should be a reference from previous employer if applicable. This should exclude relations and persons connected with the sponsoring Capital Market Service Provider)</i>				
S/N	Name	Address	Occupation	Phone Number and Email Address
1.				
2.				

ECMA FORM A3 – APPLICATION FORM FOR APPOINTED REPRESENTATIVE LICENSE

SECTION 4: SUPPORTING DOCUMENTS

SECTION 4.1: Supporting Documents (<i>Applicants for an Appointed Representative License are required to provide the following supporting documents.</i>)					
S/N	Description	Attached?			Comment
		Yes	No	N/A	
1.	Evidence of payment of full application and licensing fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Letter of Appointment or Employment as Appointed Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Certificate(s) evidencing Educational/Professional Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Police Clearance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Referral Letter from the sponsoring Capital Market Service Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 5 – DISCLOSURE

SECTION 5.1: Disclosure				
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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Found to be incapacitated on grounds of mental or physical illness?	<input type="checkbox"/>	<input type="checkbox"/>	

ECMA FORM A3 – APPLICATION FORM FOR APPOINTED REPRESENTATIVE LICENSE

SECTION 6 – UNDERTAKING BY THE APPLICANT

I _____, hereby undertake and state that:

(Insert Full name and Designation)

- i. The information provided by me in this application and documents attached thereto are truthful and accurate; and
- ii. I 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.

DEPONENT

SWORN at the Documents Authentication and Registration Service this _____ Day of _____ Year _____

Documents Authentication and Registration Services