

THE CAPITAL MARKETS DEVELOPMENT AUTHORITY ACT, 1996

INFORMATION TO ACCOMPANY APPLICATION FORM

Name of Company or Individual:

Address:

Registered Office:

Date of Incorporation:

Number of Company:

In this form the term “control affiliate” means-

an individual or partnership or company that directly or indirectly controls, is under common control with, or is controlled by the applicant. Excluded are any employees who perform clerical, administrative, support or similar functions or who, regardless of title, perform no executive duties or have no senior policy making authority.

1. Has any court-

(a) ever declared the applicant, a control affiliate or a director to be bankrupt?

YES..... NO.....

(b) ever found that the applicant, a control affiliate or a director was involved in a violation of the Capital Markets Development Authority Act or Regulations and Rules thereunder, or equivalent foreign law?

YES..... NO.....

2. Has any regulatory authority or securities exchange expelled the applicant, a control affiliate or a director from membership of a securities exchange or the activity being applied for in this application?

YES..... NO.....

3. Has the applicant, a control affiliate or any of their directors ever been denied a licence as a broker or dealer?

YES NO.....

4. Has the applicant or a control affiliate ever had a licence as a broker or dealer revoked by the appropriate authority?

YES NO.....

5. Has any of the directors of the applicant or a control affiliate ever been a director of a company whose licence as a broker or dealer has been revoked by the appropriate authority?

YES NO.....

6. Is the applicant, a control affiliate or a director now the subject of any proceeding that could result in a “yes” answer to parts 1-5 above?

YES..... NO.....

For each question answered "YES", please give the following details of any court or regulatory action-
the company and individuals named:
the title and date of the action:
the court or body taking the action:
a description of the action:

1. Types of securities business engaged in (or to be engaged in, if not yet active) by applicant.

Engaged To be engaged

- Broker
(Representative).....
- Dealer.....
(Representative).....
- Investment Advisor
(Representative).....
- Mutual Fund
(Representative).....
- Unit Trust
(Representative).....
- Other (give details).....

8. Does the applicant engage in any non-securities business?
(if "yes" described each other business briefly.)
YES..... NO.....

9. We/I⁺ have read the Capital Markets Development Authority Act, 1996 and the Regulations and Rules made thereunder and apply for a licence to conduct the business of broker/dealer/investment adviser/mutual fund/unit trust/other (state if representative of any of the foregoing)⁺
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We/I⁺ attach hereto the application form, statement on documents, and fees required to fulfil the terms and conditions as stated in the Act, Regulations and Rules.

10. **DECLARATION**

(a) We are/I am⁺ aware that section 63 of the Act provides as follows:

“Every person who -

- (a) contravenes any provision of this Act or any requirement imposed under the provision of this Act or any rule or regulation made thereunder;
- (b) furnishes for the purpose of this Act any information or any returns the contents of which is, to his knowledge, untrue or incorrect or misleading because of material omissions; or
- (c) wilfully obstructs any member of the Authority or an officer or servant of the Authority in the performance of his duties under the provisions of this Act;

shall commit an offence and, on conviction, be liable to pay a fine which shall not exceed \$10,000 and or imprisonment for a term not exceeding 7 years or both”.

(b) We/I⁺ declare that all information given in this application and in the attached annexures (if any) is true and correct.

Dated this _____ day of _____ 20_____

Signed:

.....) Director⁺

.....) Director⁺

.....) Secretary⁺

OR

.....

(Individual Applicant)⁺

+ Delete what is not applicable.
