**Application Form for Money Exchange Branch(s) Closing**

Version 2

September 2023

**General Instructions and Guidelines**

1. Submit a formal letter to the head of Money Exchanger Control Division.
2. The applicant must fully complete the required data, otherwise their application will be considered invalid.
3. Official letters issued by the Money Exchanger must be marked with the issuance number and date (Hijri and Gregorian).
4. When submitting financial data, all numbers must be stated in Saudi riyals (SAR). Figures shall be in the exchange rates as of date of data submission, provided that such date is specified, and that the relevant accounting standards are used.
5. Dates must be provided in the following format: Day \ Month \ Year
6. All inputs and submitted documents must be in Arabic or translated into Arabic, The applicant is responsible for ensuring the correctness and accuracy of any translation.
7. Forms must be submitted in hard copy upon online fulfillment thereof. Furthermore, any additional data must be attached when needed. They must be titled and organized.
8. The form must be signed upon its completion by the authorized signatory.
9. SAMA may request any additional data.
10. The application shall be void in the following cases:
* When attachments are not delivered within 10 working days from the date of request.
* When SAMA requests additional data and such data are not delivered within 10 working days.
* In case of any abrasion or modification.
1. Upon its completion, the form must be sent to SAMA at the following address:
* Care/ Money Exchanger Control Division
* Saudi Central Bank – Head Office/ Riyadh

P.O. Box 2992, Riyadh 11169

|  |
| --- |
| Basic Information |
| Money exchanger’s trade name | .................................................................................................... |
| License No. | ............................................. | License expiry date |   |
| Legal Entity Identifier (LEI) |   |
| Money Exchanger’s Commercial Register Information |
| Unified number of non-government entities | .................................................................................................... |
| Commercial register No. | ............................................... | Business line | ........ ..... ....... |
| Issuance date | ............................................... | Expiry date | ........ ..... ....... |
| Issuer | ............................................... | Capital | ........ ..... ....... |
| Cash Reserve Information |
| Bank’s name | ............................................... | Branch | ........ ..... ....... |
| City | ............................................... | Issuance date | ........ ..... ........ |
| Reserve amount | ............................................... | Ratio | ........ ..... ....... |
| Money Exchanger’s Address |
| City | ............................................... | District | ........ ..... ....... |
| Postal code | ............................................... | Street | ........ ..... ....... |
| Additional No. | ............................................... | Code | ........ ..... ....... |
| Coordinator/compliance officer name | ............................................... | Phone No. | ........ ..... ....... |
| E-mail | ............................................... | Mobile No. | ........ ..... ....... |
| Number of branches |   |

* Request strategic reasons (objectives):
1. ....................................................................................................
2. ....................................................................................................
3. ....................................................................................................
* Branch(s) to be closed:

|  |  |
| --- | --- |
| # | Location(s) of Branch(s) |
| 1 | .................................................................................................... |
| 2 | .................................................................................................... |

* The following must be attached:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Requirements | Attached | Not Attached |
| 1 | A formal letter that includes a request for SAMA’s no-objection to the closing of the branch/branches. | [ ]  | [ ]  |
| 2 | Any document authorizing the person signing the request, such as the Memorandum of Association, an authorization from the partners, etc. (for general partnerships and limited liability companies) | [ ]  | [ ]  |
| 3 | A declaration from all partners approving the request to close the branch/branches. | [ ]  | [ ]  |

\*After obtaining SAMA’s non-objection, the money exchanger must make an announcement regarding the closing of the head office, branch or platform for the public to see it clearly at all times.

**Name of Money Exchanger’s Manager:**

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**Signature:** **Stamp:** **Date: / /**

\*Note: This form shall be deemed invalid in case of any omission or modification made thereto.