**Application Form for Money Exchanging Premise Ownership, Renting or Relocation**

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 Type:  Premises Ownership \  Renting \  Relocation:
* Request strategic reasons (objectives):

1. ....................................................................................................
2. ....................................................................................................
3. ....................................................................................................

* **In case of relocation:** The type of center to be relocated:  Headquarter \  Branch:

|  |  |  |
| --- | --- | --- |
| # | **Location of the center to be relocated** | **Suggested new location** |
| 1 | .................................. ............. | .................................. ............. |
| 2 | .................................. ............. | .................................. ............. |
| 3 | .................................. ............. | .................................. ............. |

* **In case of ownership:** Information of the premises to be owned:

|  |  |
| --- | --- |
| R | Premises location |
|  | .................................................................................................... |
|  | .................................................................................................... |

* The following must be attached:

|  |  |  |  |
| --- | --- | --- | --- |
| R | Requirements | Attached | Not attached |
| 1 | A formal letter that includes a request to obtain SAMA’s no-objection on the application |  |  |
| 2 | Anything attesting the person signing the request authority whether from the Memorandum of Association or an authorization from the partners, etc. (For general partnerships and limited liability companies) |  |  |
| 3 | Any documents showing the area of the suggested premise |  |  |
| 4 | Images of the suggested premises from the inside and outside showing its location and surroundings |  |  |
| 5 | A copy of the initial agreement signed by both parties |  |  |
| 6 | A copy of employees’ registration certificates in Social Insurance and the list of active subscribers. |  |  |

\*Along with complying with SAMA’s circular, containing the minimum requirements of Money Exchangers premises.

\*Upon obtaining SAMA’s non-objection, the Money Exchanger shall announce about what is intended to happen to its headquarters, branch or platform in a way that is clearly evident for the public 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.