**Application Form for SAMA’s No-Objection to Nomination, Interim Appointment/Interim Reappointment, or Appointment/Reappointment of Financial Institutions’ Senior Position Holders to Work for Any Public or Private Entity or Perform Any Other Responsibilities**

Version 2

March 2023

**General Instructions and Guidelines**

1. Submit a formal letter to the head of Money Exchanger Control division.
2. The applicant must fully complete all required information. If not, the application will be deemed incomplete.
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 riyal (SAR), and the exchange rate to the riyal that is used must be of the date closest to the date of submission, provided that such date is specified. The relevant accounting standards shall be used.
5. Dates must be provided in the following format: Day/Month/Year.
6. Input and all submitted documents must be in Arabic or translated into Arabic, and the applicant is responsible for ensuring the correctness and accuracy of any translation provided.
7. Forms must be submitted in hard copies after completing them electronically. Any additional data must be attached when needed. The applicant must also ensure that all forms are titled and organized.
8. After its completion, the form must be signed by the authorized signatory.
9. SAMA may request any additional data.
10. The application shall be deemed canceled in the following cases:

• If the attachments are not completed within 10 working days from the date of application submission.

• When SAMA requests additional data but such data are not provided for SAMA within 10 working days.

• In case of any omission or modification to the application form.

1. Upon its completion, the form must be sent to SAMA at the following address below:
* Care/ Money Exchanger Control Division
* Saudi Central Bank – Head Office/ Riyadh

P.O. Box 2992, Riyadh 11169

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| --- |
| 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 |   |

* Non-Objection Request for: [ ]  Nomination / [ ]  Interim Appointment/ [ ]  Interim Reappointment/ [ ]  Appointment / [ ]  Reappointment

[ ]  Other (please specify): ...............................................................................................................

|  |  |  |
| --- | --- | --- |
| **#** | Name | Position to be held |
| 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 candidate for the position. | [ ]  | [ ]  |
| 2 | An updated CV of the candidate, including all the positions, committees, and membership the candidate currently serves on/occupies in the money exchanger itself and outside, whether in public or private entities, in addition to the number and time of related periodic meetings. | [ ]  | [ ]  |
| 3 | A comprehensive overview of the committee, position or membership to be joined. | [ ]  | [ ]  |
| 4 | A copy of the money exchanger’s organizational structure. | [ ]  | [ ]  |
| 5 | 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) | [ ]  | [ ]  |

**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.