**Application Form for Outsourcing**

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 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. ....................................................................................................

* Data of contracts:

|  |  |  |
| --- | --- | --- |
| # | Third-party data | Assigned tasks/processes |
| 1 | .................................. ............. | .................................. ............. |
| 2 | .................................. ............. | .................................. ............. |

* The following must be attached:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Requirements | Attached | Not Attached |
| 1 | An official letter that includes a request to obtain SAMA’s no-objection to outsourcing. |  |  |
| 2 | A copy of the draft contract stating its period and the rights and obligations of both parties and ensuring that there are no obstacles preventing SAMA from accessing data and inspecting the third party. |  |  |
| 3 | A copy of the approved outsourcing policy. |  |  |
| 4 | An undertaking to not deal with any third party that is proven to have supplied a money exchanger with false or inaccurate information. |  |  |
| 5 | An ML/TF risk assessment of the third party. |  |  |
| 6 | A comprehensive assessment of IT and security risks of outsourcing. |  |  |
| 7 | A detailed technical explanation of the workflow of outsourced tasks/processes, as well as indicating relevance to concerned stakeholders. |  |  |
| 8 | An explanation of cloud computing services (if any). |  |  |
| 9 | Service-level agreements with IT and security service providers, along with services outsourced to them. |  |  |
| 10 | Data retention site and type. |  |  |
| 11 | An explanation of any material outsourcing of IT/security services that have, if disrupted, the potential to significantly impact the entity’s business operations or its ability to manage risks effectively (for high-risk companies). |  |  |
| 12 | 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:**

.......................................................................................................................................................

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

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