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إستمارة اعتماد موظف في شركة وساطة Employee Registration Application Form

Brokerage Firm Details

بيانات شركة الوساطة

Company Name: _____ اسم الشركة:
Contact Person Name: _____ اسم الشخص المسؤول:
Contact Number : _____ رقم الهاتف المتحرك للشخص
المسؤول :
Employee's Director Name: _____ اسم المدير المباشر للموظف:
Signature: _____ توقيع المدير المباشر:
Company Stamp: _____ ختم الشركة:

Employee Details

بيانات الموظف

Employee Name: _____ اسم الموظف:
Nationality: _____ الجنسية:
Employee Office Number _____ رقم هاتف الموظف (المكتب) :
Employee Mobile Number: _____ رقم هاتف الموظف (المتحرك) :
Employee Job Title: _____ المسمى الوظيفي:
ADX exam pass date: _____ تاريخ النجاح في امتحان السوق:
Employee IN Number: - - رقم المستثمر:

Documents Attached

المرفقات

- ♦ Copy of employment letter نسخة من رسالة توظيف الموظف في الشركة
- ♦ Copy of SCA Approval letter نسخة من رسالة اعتماد الموظف من هيئة الأوراق
المالية والسلع
- ♦ Copy of Passport نسخة من جواز السفر
- ♦ 1 personal Photo صورة شخصية واحدة

Employee Signature: _____

توقيع الموظف:

APPLICATION BY REPRESENTATIVE FOR REGISTRATION IN THE ADX REGISTER OF BROKER'S REPRESENTATIVE IN ACCORDANCE WITH THE RULES OF THE MARKET OPERATED BY ADX

Capitalized terms in this application shall have the meaning given to them in the Rules of the Market operated by ADX

1. In making this application I authorize ADX to obtain information regarding the application for any source.
2. ADX may waive the requirement for any documentation to be provided and may require such further information as it deems appropriate.
3. I declare that the information supplied is complete and correct.
4. Registration in the ADX Register of Broker's Employee is at the discretion of ADX.
5. I agree if my application is successful and I am registered in the ADX Register of Broker's Employee, I shall comply with and be bound by the Rules which are or may be in force.
6. I agree that if any application for a registration with the Authority is rejected or any license or registration from the Authority is revoked or cancelled, the registration in the ADX Register or Broker's Employee shall be terminated forthwith.
7. I acknowledge that my full time job is (or will be upon registration) as mentioned in the Form.
8. I declare that I have never been convicted of a criminal offence in any country.
9. I declare that I have not ceased to pay my debts.
10. ADX must be notified of any information which is relevant to the application. All applicants must notify ADX immediately of any significant change in the information provided in or with this application form which occurs after the date of the submission of the application and prior to receiving notification of ADX's decision.
11. Misleading or attempting to mislead ADX or the Authority shall be deemed a misconduct and may render the Broker liable to disciplinary proceedings.

Name of the Applicant: _____

Signature: _____

Date: _____