

APPLICATION FOR REGISTRATION

Individual/Firm name:

Date application submitted:

FOR OFFICIAL USE

Reference No.:

Date received:

Received by:

Form Q04-V5-APR15



## INTRODUCTION

Form Q04, "Application for registration", should be completed by firms or individuals seeking registration as an *Approved Auditor*, an *Insolvency Practitioner*, or a *Support Services Provider* (SSP) in the Qatar Financial Centre (QFC). If you are seeking a *Licence* to conduct *Non-Regulated Activities* and an approval to be an *Approved Auditor* or SSP, you do not need to complete this form. Instead please complete Form Q01, "Application for a *Licence* to conduct *Non-Regulated Activities*" and indicate that you are applying for a *Licence* and registration.

## WHERE CAN I FIND GUIDANCE ON THE APPLICATION PROCESS?

For further guidance on the process, we recommend that before completing this form the *Applicant* reads the "*Non-Regulated Activities – Application Guidelines*" and the "*Non-Regulated Activities – Application FAQs*" documents which can be found at the following [link](#). There are notes embedded within this form to assist the *Applicant* in answering some questions.

The *Applicant* is strongly encouraged to have a pre-application meeting with the Licensing team before applying for registration. Please email [licensing@qfc.qa](mailto:licensing@qfc.qa) for more information.

## COMPLETING THIS FORM

Part 1 must be completed by all *Applicants*. Parts 2, 3 and 4 are "activity dependent". Please use the table below indicating the sections that must be completed dependent on the activity you are applying to be registered for.

APPLICANT	PART 1 General Information	PART 2 Staffing	PART 3 Security	PART 4 Other Requirements
Approved Auditor	<b>R</b>	<b>R</b>	–	–
Insolvency Practitioner	<b>R</b>	–	<b>R</b>	–
Support Services Provider	<b>R</b>	<b>R</b>	–	<b>R</b>

**R** = Required

– = Not required, unless otherwise specified to be required in your pre-application meeting

## COMPLETING THIS FORM (cont)

- All questions must be answered in full and abbreviations avoided.
- Dates must be provided in the following format: DD/MM/YYYY.
- Responses and all supporting documents must be in English or accompanied by a translation into English (it is the *Applicant's* responsibility to ensure the accuracy of any translation and it may consider certification by a professional translator).
- Responses must be typewritten and any additional pages attached if necessary. Please ensure that attachments are clearly labelled and securely attached.
- Defined terms are identified throughout this form by the capitalisation of the initial letter and italicisation of the word or phrase. Please refer to the glossary.
- The completed form should be signed by an authorised signatory.

## SUBMITTING THIS FORM

The completed Form Q04 and relevant attachments should be submitted in hard and soft copy to the address shown:

On receipt of the *Applicant's* application, the *QFC Authority* will invoice the *Applicant* for the application fee.

**QFC Authority,**  
QFC Tower 1, Level 20,  
PO Box 23245,  
West Bay, Doha, Qatar  
T: +974 4496 7777  
F: +974 4496 7676  
E: [licensing@qfc.qa](mailto:licensing@qfc.qa)

## PERSONAL DATA

The personal data provided within this form will be processed by the *QFC Authority* in accordance with the *QFC's* Data Protection Regulations 2005.

## HOW WILL THE INFORMATION IN THIS FORM BE USED?

Information provided in or with forms submitted to the *QFC Authority* will be used to establish and update registers and databases maintained by the *QFC Authority*, the *CRO* and the *QFC Regulatory Authority*.

Information provided in or with forms submitted to the *QFC Authority* may be shared with the *CRO* and the *QFC Regulatory Authority* under arrangements between them.

# CONTENTS

## SECTION **PART 1: GENERAL INFORMATION**

1	Undertaking .....	5
2	Activities for which Registration is Sought .....	6
3	Applicant's Details .....	7
4	Professional Memberships and Competence .....	8
5	Ownership .....	9
6	History of Applicant .....	10
7	Professional Indemnity Insurance (PII).....	12
8	Qualifications and Competence .....	13

## SECTION **PART 2: STAFFING**

1	Staffing .....	14
---	----------------	----

## SECTION **PART 3: SECURITY**

1	Security Bond .....	15
---	---------------------	----

## SECTION **PART 4: OTHER REQUIREMENTS**

1	Home Jurisdiction .....	16
---	-------------------------	----

## SECTION **PART 5: ATTACHMENT CHECKLIST**

1	Attachment Checklist .....	17
---	----------------------------	----

## SECTION **PART 6: GLOSSARY**

1	Glossary .....	18
---	----------------	----

**UNDERTAKING**

**1.1** I confirm my understanding that it is a contravention of the QFCA Rules to knowingly or recklessly give false or misleading information to the *QFC Authority* or to any entity performing any function on behalf of the *QFC Authority*.

**1.2** I confirm that I have the authority to make this application, to declare as specified below and sign this form for, or on behalf of, the *Applicant*. I also confirm that I have the authority to give the consent specified below.

**1.3** I declare my understanding that the *QFC Authority/CRO* may request more detailed information (including but not limited to, personal, educational, employment and financial information) should it be deemed necessary to adequately assess this application. I consent to the *QFC Authority/CRO* contacting any professional or other organisations, to verify any information contained in this form.

**1.4** For the purposes of the Data Protection Regulations 2005, the personal data provided in this form will be processed by the *QFC Authority*, the *CRO* or the *QFC Regulatory Authority* in accordance with Article 8 of the Data Protection Regulations 2005.

Print name of authorised signatory:

Position:

Signature:

Date:

ACTIVITIES FOR WHICH  
REGISTRATION IS SOUGHT

2.1 Please tick one or more of the boxes below. *Applicants* are reminded that if they are applying for a *Licence* and registration, a separate application for registration is not required, and that they should only complete Form Q01.

*Approved Auditor*

*Insolvency Practitioner*

*Support Services Provider*

Note: *Support Services Providers* must be corporate structures (i.e. individuals cannot register as an SSP).

2.2 Is this application being made by a firm or an individual?

Firm

Individual

APPLICANT'S CONTACT DETAILS

Details of main contact for this application (this is the *Person* the *QFC Authority* will contact regarding the application):

3.1 Name of *Applicant*:

3.2 Job title:

3.3 Surname:

3.4 Forename:

3.5 Phone number:

3.6 Email:

3.7 Office address:

PROFESSIONAL MEMBERSHIPS  
AND COMPETENCE

Note: This section only applies to firms. If you are applying as an individual, please proceed to Part 1, Section 6.

4.1 Please provide details of the professional bodies that the *Applicant* is associated with and/or regulated by:

4.2 Please provide details of any codes of practice or rules that the *Applicant* complies with:



OWNERSHIP

Note: This section only applies to firms. If you are applying as an individual, please proceed to Section 6.

5.1 In what jurisdiction is the Head Office/Ultimate Parent of the *Applicant* located?

5.2 Please detail all *Controllers* and directors of the *Applicant*, including name, percentage holding and principal activities, if applicable:

Corporate *Controller's* name(s):                      % holding:                      Principal activities:

Individual *Controller's* name(s):                      % holding:                      Executive/non-  
executive/independent                      Other Directorships  
held (please detail):

Note: *Control* has the meaning set out in QFCA Rule 8.2.1.

Typically, individual *Controllers* that are not directors will only need to fill their names and (if relevant) percentage holding. *LLPs* should list partners that it deems are in a position to influence decision making. Typically members of the board would be considered to be *Controllers*.

HISTORY OF APPLICANT

6.1 Please provide details about the core activities that the *Applicant* carries out:

6.2 Please provide information on the experience, history and background of the *Applicant*:

6.3 Please provide details of the most recent assignments carried out by the *Applicant*:

6.4 Is the *Applicant* or any of its officers, or any related entity or any of its officers, currently or ever been the subject of any government, regulatory, civil or criminal investigation, or been the subject of disciplinary proceedings?

YES  
NO

6.5 Is the *Applicant* or any of its officers, or any related entity or any of its officers, currently or ever been the subject of any penalty, sanction, regulatory fine or disciplinary order by any government department or agency?

YES  
NO

6.6 Has the *Applicant* or any related entity in any country or jurisdiction, ever been wound up, put into liquidation, ceased trading, placed in receivership or administration or entered into a rescheduling of its debts with its creditors?

YES  
NO

HISTORY OF APPLICANT (cont)

6.7 Does the *Applicant* or any related entity, have material outstanding debts (i.e. due but unpaid), awards or judgments against it? YES

NO

6.8 Has the *Applicant*, or any related entity, ever had a licence revoked, or been refused a licence by an *Overseas Licensing Authority/Body*, or voluntarily withdrawn an application to an *Overseas Licensing Authority/Body* for such a licence? YES

NO

6.9 Is the *Applicant* currently or has it recently been involved in material litigation or Alternative Dispute Resolution (ADR), or is it aware of any circumstances that may give rise to such litigation in the future? YES

NO

6.10 Are there any other matters that the *QFC Authority* might reasonably expect to be made aware of by the *Applicant* in its consideration of this application? YES

NO

Note: If the answer to any question above is 'yes', please attach an explanation and any supporting documentation along with this application.

PROFESSIONAL INDEMNITY INSURANCE (PII)

7.1 Please describe or attach details of any PII cover held by the *Applicant* including start/expiry dates:

7.2 Please describe or attach details of insured *Persons* and entities, sums insured and specific events or activities covered, and illustrate why the sums insured are suitable to the nature and complexity of activities that you wish to undertake:

7.3 Does the insurance cover all activities proposed or applied to be carried out in or from the *QFC*?

YES NO

7.4 Are there any specific exclusions under the terms of the insurance?

YES NO

If yes please provide details:

7.5 Please describe or attach documentary evidence of the amount of any excess and the maximum claim payable:

7.6 Please describe or attach details of the past claims history, if applicable:

**QUALIFICATIONS AND COMPETENCE**

Note: This section only applies to individuals. If you are applying as a firm, please proceed to the next applicable Part.

**8.1** Please provide details of any professional qualifications that the individual holds:

**8.2** Date of registration (if applicable):

**8.3** Please detail the current licence held by the *Applicant*, the jurisdiction it was awarded in and the date it was awarded:

**8.4** Number of continuous years' experience:

## PART 2: STAFFING

### SECTION 1

#### STAFFING

Note: This Part only applies to firms. If you are applying as an individual, please proceed to the next applicable Part.

1.1 Please detail the number of partners, professional staff, administrative staff and total staff:

PARTNERS/ PRINCIPALS/ EXECUTIVES	PROFESSIONALS	ADMINISTRATIVE	TOTAL

1.2 List the names of Partners/Executives of the *Applicant*:

NAME	QUALIFICATIONS/ COMPETENCIES	COUNTRY OF REGISTRATION (if applicable)	DATE OF REGISTRATION (if applicable)

#### SECURITY BOND

Note: This Part is applicable only to *Insolvency Practitioners*.

Note: Before registration, the *Insolvency Practitioner* will need to provide an adequate Security Bond demonstrating the performance of their functions (by way of a General Bond each year and a Specific Bond in relation to each company in respect of which he/she is instructed) in respect of work to be undertaken in the *QFC*.

1.1 Please describe or attach details of any security held, including start/expiry dates:

1.2 Please describe or attach details of assured *Persons* and entities, sums assured and specific events or activities:

1.3 Please describe or attach details of the liability covered under this bond:

1.4 Are there any specific exclusions/deductions?

YES                      NO

If yes, please provide details.

#### HOME JURISDICTION

Note: This section is applicable only to SSPs.

1.1 Which jurisdictions are you licensed to operate in?

1.2 Which body granted you your licence?

1.3 Which body is responsible for monitoring your activities?

1.4 What aspects of your operations are monitored?

1.5 What disciplinary actions can be taken by the bodies that granted your licence and are responsible for monitoring your activities?

1.6 Did you notify your licensing and monitoring body of your intent to register in the QFC?

YES

NO

If No, please confirm when the notification will occur:

Note: If you are not licensed and subject to on-going monitoring in another jurisdiction, you are not eligible for registration as an SSP in the QFC. However, you may still apply for a *Licence* from the QFC Authority and register to become a *Support Services Provider* at the same time.



## PART 5: ATTACHMENT CHECKLIST

DOCUMENT:	INCLUDED:	NO. OF DOCUMENTS:
1. Board minutes or similar evidence of authority to register an entity in the <i>QFC</i> (refer to Part 1 Section 2)		
2. Evidence of professional membership (refer to Part 1 Section 4)		
3. Additional information attached where <i>Applicant</i> has answered 'yes' to any of the questions in Part 1 Section 6		
4. Professional Indemnity Insurance certificate/cover note (if <i>Applicant</i> has completed Part 1 Section 7)		
5. Certificate of registration (if <i>Applicant</i> has completed Part 1 Section 8)		
6. Internal organisation and reporting lines structure chart (if <i>Applicant</i> has completed Part 2 Section 1)		
7. Copy of the General Bond and a Specific Bond (if <i>Applicant</i> has completed Part 3)		
8. Copy of <i>Insolvency Practitioner</i> certificate (if <i>Applicant</i> has completed Part 3)		
9. Copy of the licence in home jurisdiction (if <i>Applicant</i> has completed Part 4)		
10. Copy of the notification to the licensing and monitoring body and response, if provided (if <i>Applicant</i> has completed Part 4)		
11. Other documents		

## PART 6: GLOSSARY

<b>APPLICANT:</b>	The firm or individual making the application to be registered as an <i>Approved Auditor, Insolvency Practitioner or Support Services Provider</i> in the <i>QFC</i> .
<b>APPROVED AUDITOR:</b>	An auditor that satisfies the requirements as set out in Section 4 of the <i>QFC Companies Rules</i> and appears on the approved register of auditors for the <i>QFC</i> .
<b>CONTROLLER:</b>	Means anyone who acquires or exercises Control over a Licensed Firm.
<b>CRO:</b>	The Companies Registration Office.
<b>INSOLVENCY PRACTITIONER:</b>	An individual who meets the requirements as set out in Part 10 of the <i>Insolvency Regulations 2005</i> .
<b>LICENCE:</b>	A <i>Licence</i> to carry on Permitted Activities in or from the <i>QFC</i> granted in accordance with Article 11 of the <i>QFC Law</i> .
<b>LLP:</b>	Limited Liability Partnership.
<b>NON-REGULATED ACTIVITIES:</b>	Schedule 3, Part 2 of <i>QFC Law No. (7) of 2005</i> prescribes a range of <i>Non-Regulated Activities</i> that may be carried on in or from the <i>QFC</i> .
<b>OVERSEAS LICENSING AUTHORITY/BODY:</b>	A regulatory or governmental authority, body or agency in a jurisdiction outside the <i>QFC</i> (whether in the State of Qatar or otherwise).
<b>PERSON:</b>	Any <i>person</i> and includes a natural or legal <i>person</i> , body corporate, or body unincorporated, including a branch, company, partnership, unincorporated association or other undertaking, government or state.
<b>QFC:</b>	The Qatar Financial Centre.
<b>QFC AUTHORITY:</b>	The Qatar Financial Centre Authority.
<b>QFC REGULATORY AUTHORITY:</b>	The Qatar Financial Centre Regulatory Authority.
<b>SUPPORT SERVICES PROVIDER (SSP):</b>	<p>A body corporate, partnership or limited liability partnership approved by the <i>QFC Authority</i> to act as an SSP. Such an SSP is appointed and retained by a Special Purpose Company to provide the following services:</p> <ul style="list-style-type: none"><li>• management and administrative services;</li><li>• services as a registered agent, director or similar officer;</li><li>• provision of a registered office, place of business or address; and</li><li>• such other services as may be prescribed from time to time by the <i>QFC Authority</i>.</li></ul>

QATAR FINANCIAL CENTRE (QFC)

P0 Box 23245, Doha, Qatar • T: +974 4496 7777 • F: +974 4496 7676 • info@qfc.qa • www.qfc.qa

---

