



SECURITIES COMMISSION OF THE BAHAMAS

3rd Floor, Charlotte House
Shirley & Charlotte Streets
P.O. Box N-8347
Nassau, Bahamas

Tel: (242) 397-4100
Fax: (242) 356-7530
E-mail: info@scb.gov.bs
Website: www.scb.gov.bs

SECURITIES INDUSTRY REGULATIONS 2012 SCHEDULE 2 (Regulation 37)

FORM 8

Application for Registration as a Registered Firm

General Instructions: Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and the referenced in the form and the reference index attached. See detailed list of required attachments on page 6. This form should be certified by the Chief Executive Officer and Treasurer (see the Attestation on page 5.)

Completed applications should be submitted to:

The Authorizations Department
Securities Commission of The Bahamas
3rd Floor, Charlotte House
Shirley & Charlotte Streets
P.O. Box N-8347
Nassau, Bahamas

WARNING *Intentional misstatement or failure to disclose information may constitute an offence.*

| | | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Name of Applicant | <i>State full legal name of the firm.</i> | |
| 2. Type of Registration Application | <i>State the securities business(es) for which registration is sought.</i> | |
| | Dealing as agent only, including underwriting | <input type="checkbox"/> |
| | Dealing as agent or principal, including underwriting | <input type="checkbox"/> |
| | Arranging deals in securities | <input type="checkbox"/> |
| | Managing securities on a discretionary basis | <input type="checkbox"/> |
| | Advising on securities | <input type="checkbox"/> |
| 3. Full Business Contact Details of Applicant | <i>State the Applicant's principal business address and provide email address(es), telephone and fax numbers. If the Applicant operates at more than one address in The Bahamas, provide details for each office.</i> | |
| | Primary Business Address | Secondary Business Address |
| | <i>Address 1:</i> | <i>Address 1:</i> |
| | <i>Address 2:</i> | <i>Address 2:</i> |
| | <i>P.O. Box Number:</i> | <i>P.O. Box Number:</i> |
| | <i>State:</i> | <i>State:</i> |
| <i>Country:</i> | <i>Country:</i> | |



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| | Telephone: () | Telephone: () | | | |
| | Fax: () | Fax: () | | | |
| | Email Address: | Email Address: | | | |
| | Registered Office (If different from Business Address) | | | | |
| | Address 1: | Country: | | | |
| | Street: | Telephone: () | | | |
| | P.O. Box Number: | Fax: () | | | |
| | State: | Email Address: | | | |
| 4. Full Details on Security Holders, Directors, and Officers | (a) Provide a completed Form 4 for each security holder, director and officer of the Applicant. Note that where the Applicant is a publicly traded entity in The Bahamas or elsewhere, the Form 4 is only required to be provided for significant security holders of the Applicant. | | | | |
| | (b) If the securities of the Applicant are traded on a securities exchange in any jurisdiction, provide full details of listing. | | | | |
| | Name of Exchange | Jurisdiction | Type of Securities | Number of Securities | Any Other Information |
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| | (c) (Provide a list of Affiliates of the Applicant and indicate nature of relationship, business the affiliate is in, where incorporated etc.) | | | | |
| | Affiliate Name (Full legal name) | Nature of Relationship | Business of Affiliate | Country and Date of Incorporation | |
| | | | | Country: | Date: (DD/MM/YY) |
| | | | Country: | Date: (DD/MM/YY) | |
| | | | Country: | Date: (DD/MM/YY) | |
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| | | | Country: | Date: (DD/MM/YY) | |
| 5. Full Details on Persons to be Carrying on Securities Business on Behalf of Applicant | Provide a completed Form 9 for each person who is to carry on securities business on behalf of the Applicant, including Chief Executive Officer, the Compliance Officer and any representative to be registered. | | | | |
| 6. Discipline History | State whether the Applicant or any director, officer or significant security holder of the Applicant has ever been disciplined as below. If so please provide full details: | | | | |
| | a. Disciplined by any stock exchange, regulatory authority or professional association in any jurisdiction or been denied admission, registration or renewal or had its membership or registration revoked; | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| | b. Declared bankrupt, been convicted of a crime or been sued under any commercial law, securities law, companies law or law concerning fraud; | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| | c. Involved with application for regulatory approval in any jurisdiction where that application has been refused or withdrawn; | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |



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| | <p>d. Dismissed from any office or employment or barred from entry to any profession or occupation; and</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>e. Compulsorily wound up or made any arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>Details: (If necessary you may continue on a separate page and attach to completed form.)</p> | |
| 7. Operational Capabilities | <p><i>Provide a detailed description of the Applicant's operational capabilities, including the physical premises, risk management systems, banking, clearing and custody arrangements, inclusive of communication capabilities, as applicable. Provide names and addresses of principal bankers, custodians and other service providers. (If necessary you may continue on a separate page and attach to completed form.)</i></p> | |
| | Principal Banker | Custodian |
| | Name: | Name: |
| | Address 1: | Address 1: |
| | P.O. Box Number: | P.O. Box Number: |
| | State: | State: |
| | Country: | Country: |
| | Telephone: () | Telephone: () |
| | Service Provider | Service Provider |
| | Name: | Name: |
| | Address 1: | Address 1: |
| | P.O. Box Number: | P.O. Box Number: |
| | State: | State: |
| | Country: | Country: |
| | Telephone: () | Telephone: () |
| | <p>Other Operational Details (Including the physical premises, risk management systems, banking, clearing and custody arrangement and communication capabilities, as applicable. Detailed information on each of the identified areas should be provided on a separate sheet and attached to the completed form.)</p> | |
| 8. Policies and Procedures | <p><i>Provide a summary of the Applicant's written supervisory, internal controls and risk management policies and procedures, including portfolio management, front and back office operations, operational controls, reporting policies, code of conduct, etc. as applicable. Attach a complete copy of these policies and procedures.</i></p> | |



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| 9. Financial Statements | <p><i>The following must be submitted with the completed application)</i></p> <ol style="list-style-type: none"> 1. <i>Where the Applicant has been established within six months of the date of the application and the Applicant has not commenced operations –</i> <ol style="list-style-type: none"> (a) <i>a statement from a senior officer of the Applicant confirming that the Applicant has not commenced trading since the date of the establishment and that no financial statements have been produced or dividends declared; and</i> (b) <i>an audited statement of financial position showing the minimum financial resources required as at a date not more than 21 days before the date of the application</i> 2. <i>For all other Applicants –</i> <ol style="list-style-type: none"> (a) <i>audited financial statements for the two financial years immediately prior to the date of the application or, if shorter, since the date of the establishment;</i> (b) <i>the auditor's report accompanying the financial statements; and</i> (c) <i>the most recent interim financial statements certified by the Chief Executive Officer and the Treasurer to be true and complete.</i> 3. <i>If the Applicant has any significant security holders that are companies, the Applicant must also submit for each such security holder –</i> <ol style="list-style-type: none"> (a) <i>audited financial statements for the two financial years immediately prior to the date of the application or, if shorter, since the date of the establishment;</i> (b) <i>the auditor's report accompanying the financial statements; and</i> (c) <i>the most recent interim financial statements certified by the Chief Executive Officer and the Treasurer to be true and complete.</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Other Regulatory Approvals | <p><i>If the Applicant is registered, licensed or authorized by any other regulatory authority in The Bahamas or Elsewhere, provide details of that status below.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Regulatory Approval</td> <td style="width: 50%;">Regulatory Approval</td> </tr> <tr> <td><i>Name of Authority:</i></td> <td><i>Name of Authority:</i></td> </tr> <tr> <td><i>Type of Registration/License/Authorization:</i></td> <td><i>Type of Registration/License/Authorization:</i></td> </tr> <tr> <td><i>Date of Approval:</i></td> <td><i>Date of Approval:</i></td> </tr> <tr> <td><i>Registration Number:</i></td> <td><i>Registration Number:</i></td> </tr> <tr> <td><i>Status of Registration:</i></td> <td><i>Status of Registration:</i></td> </tr> <tr> <td>Regulatory Approval</td> <td>Regulatory Approval</td> </tr> <tr> <td><i>Name of Authority:</i></td> <td><i>Name of Authority:</i></td> </tr> <tr> <td><i>Type of Registration/License/Authorization:</i></td> <td><i>Type of Registration/License/Authorization:</i></td> </tr> <tr> <td><i>Date of Approval:</i></td> <td><i>Date of Approval:</i></td> </tr> <tr> <td><i>Registration Number:</i></td> <td><i>Registration Number:</i></td> </tr> <tr> <td><i>Status of Registration:</i></td> <td><i>Status of Registration:</i></td> </tr> </table> | Regulatory Approval | Regulatory Approval | <i>Name of Authority:</i> | <i>Name of Authority:</i> | <i>Type of Registration/License/Authorization:</i> | <i>Type of Registration/License/Authorization:</i> | <i>Date of Approval:</i> | <i>Date of Approval:</i> | <i>Registration Number:</i> | <i>Registration Number:</i> | <i>Status of Registration:</i> | <i>Status of Registration:</i> | Regulatory Approval | Regulatory Approval | <i>Name of Authority:</i> | <i>Name of Authority:</i> | <i>Type of Registration/License/Authorization:</i> | <i>Type of Registration/License/Authorization:</i> | <i>Date of Approval:</i> | <i>Date of Approval:</i> | <i>Registration Number:</i> | <i>Registration Number:</i> | <i>Status of Registration:</i> | <i>Status of Registration:</i> |
| Regulatory Approval | Regulatory Approval | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Name of Authority:</i> | <i>Name of Authority:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>Date of Approval:</i> | <i>Date of Approval:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>Status of Registration:</i> | <i>Status of Registration:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>Type of Registration/License/Authorization:</i> | <i>Type of Registration/License/Authorization:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Date of Approval:</i> | <i>Date of Approval:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Registration Number:</i> | <i>Registration Number:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Status of Registration:</i> | <i>Status of Registration:</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Business Plans | <p><i>Provide summary of the Applicant's business plan for the next three years, which shall include financial and operational projections and staffing requirements, a description of the products and services offered and the method by which they are to be offered, and the nature of the clientele of the firm. Attach a complete copy of the detailed plan.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | |



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| 12. Contact Person at Applicant | <i>Give the name, business telephone number and email address of a senior official of the Applicant who is knowledgeable about the application and who may be contacted to discuss it.</i> |
| | <i>Surname, First, Middle</i> |
| | <i>Business Telephone: ()</i> |
| | <i>Email Address:</i> |

ATTESTATION:

We, the undersigned, hereby affirm that to the best of our information, knowledge and belief that:

- a. The Applicant is currently in compliance with all the applicable provisions of the Act and these Regulations; and
- b. The contents of this form and any attachments provided with this form are true, correct and not misleading

Chief Executive Officer

Treasurer

PRINT NAME (*Surname, First, Middle*)

PRINT NAME (*Surname, First, Middle*)

SIGNATURE

SIGNATURE

DATE

DATE



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Required Attachments:

1. Copy of the Applicant's written supervisory, internal controls and risk management policies and procedures.
2. The arrangements made for execution and settlement of securities transactions on behalf of customers
3. An organizational chart for the firm together with job descriptions for each position. (Include total number of employees in the company).
4. Evidence of the Applicant's good standing with the Registrar of Companies.
5. Certified copy of the Applicant's Memorandum and Articles of Association or equivalent incorporation documents.
6. Copies of required financial statements.
7. Evidence that the company has adequate indemnity insurance on behalf of its directors, officers and employees.
8. Evidence of the Applicant's registration with any other regulatory authority, if applicable.
9. Copy of the Applicant's detailed business plan for the next three years, which shall include financial and operational projections, staffing requirements, a description of the products and services offered and the method by which they are to be offered, and the nature of the clientele of the firm.
10. Completed Form 4 for each security holder, director and officer.
11. Completed Form 9 for the Chief Executive Officer, Compliance Officer and each representative to be registered to act for the firm.
12. An application fee must be submitted with this application. The appropriate fee can be found in the Fee Rule.