FORM 13

SECURITIES MARKETS ORDER, 2013
NOTICE NO. CMA/N-1/2020/15

NOTIFICATION FOR OUTSOURCING OF IMPORTANT OPERATIONAL FUNCTIONS
OF A HOLDER OF A CAPITAL MARKETS SERVICES LICENCE (CMSL)

This form should be completed after ensuring that the criteria listed in the Securities Markets Order (SMO), 2013 and relevant Regulations, as well as relevant Notices and Guidelines, have been satisfied.

<u>Note</u>:   This notification should be read together with the Notice on Outsourcing for Capital Markets Services Licence Holders (No. CMA/N-1/2020/15) and the Guideline on Outsourcing for Capital Markets Services Licence Holders (No. CMU/G-1/2020/8); and to be submitted to the Authority <u>**30 days**</u> prior to the outsourcing of such important operational function.

SECTION I : HOLDER OF CAPITAL MARKETS SERVICES LICENCE (CMSL) PARTICULARS	
Name of Holder of CMSL:	
CMSL No.:	
Please tick (✔) the regulated activity(s) the holder of CMSL is carrying out:	

☐	Dealing and arranging deals in investments as principal or agent	☐	Giving or offering investment advice in his capacity as a financial planner
☐	Managing investments including CIS management and establishment, operating or winding up a CIS	☐	Using computer-based systems for giving investment instructions
☐	Giving or offering investment advice in his capacity as an investment adviser	☐	Safekeeping and administration of assets including custodial services

Contact person:		
E-mail of contact person:		
Telephone no. of contact person:	Office:	Mobile:

SECTION II : NOTIFICATION DETAILS Please complete where applicable

(a) Important Operational Function to be Outsourced

Please tick (✓) and complete where applicable:

☐	(a) Back office function to a service provider	Please specify the back office function: _____
☐	(b) Internal audit function to its group or an external auditor	
☐	(c) Risk management function to its group	
☐	(d) Compliance function to its group	
☐	(e) Function involving material outsourcing arrangements	Please specify the function: _____

(b) Details of Service Provider / Group / External Auditor

Name of service provider / group / external auditor:			
Place of incorporation:		Date of incorporation (dd/mm/yy):	
Registered address:			
E-mail:			
Website:			
Contact no.:	Office:	Fax:	
Date of appointment to provide outsourcing arrangement (dd/mm/yy):	Start date:	End date:	

(c) Details of Sub-Contracted Service Provider

Will the back office function be sub-contracted?	☐ Yes	☐ No	
Has this arrangement obtained prior approval from the CMSL holder?	☐ Yes	☐ No	
Name of sub-contracted service provider:			
Place of incorporation:		Date of incorporation (dd/mm/yy):	

Registered address:	
Email:	

Contact no.:	Office:	Fax:

Date of appointment to provide outsourcing arrangement (dd/mm/yy):	Start date:	End date:

SECTION III : SUPPORTING DOCUMENTS

	[*] are mandatory documents and must be submitted together with this form.	Appendix
☐	*[Draft] Outsourcing Agreement / Letter of undertaking The Outsourcing Agreement should include information specified in para 3.2.2(f) and (g) of the Guideline. Where there is no outsourcing agreement, a letter of undertaking will be required	
☐	*Certified true copy of the service provider's / group's / sub-contractor's licence	

SECTION IV : TRUE AND CORRECT INFORMATION

I understand that I may be held liable for the acts and omissions of **the service provider / the group / external auditor / sub-contracted service provider relating to the important operational functions being outsourced as if they were my acts or omissions.

I certify that the information given in this form is complete and accurate to the best of my knowledge, information and belief and that there are no other facts relevant to this form of which the Authority should be aware.

I further undertake to submit to the Authority the outsourcing register no later than three (3) months after the end of every financial year.

**Please delete where not applicable.*

Signature	
Name *(Director / Authorised Signatory)*:	
Date (dd/mm/yyyy):	