

Form AA114: Sponsor Application Form – Appendix 2.1

High Level Guidelines

1. General

This form, **Form AA114 Sponsor Application Form** (the 'Application'), shall be duly filled in by the persons wishing to obtain registration in terms of Article [-] of the Financial Markets Act (Cap. 345 of the laws of Malta, the 'FMA') and in line with Regulation [-] of the Financial Markets Act (Sponsors) Regulations (S.L. 345.[-], the 'Regulations').

In this respect, the person wishing to obtain the aforementioned registration (the 'Applicant') shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any respect either prior to or subsequent to registration.

The Applicant shall note that penalties may be imposed, under Article 40 of the FMA, should it knowingly or recklessly furnish the MFSA with information which is false or misleading.

The Applicant is required to make reference, and where applicable comply with the FMA, the Regulations, or any Capital Markets Rules issued thereunder during the completion of the Application.

The Applicant shall not tamper with, or modify in any manner, this Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application to be invalid. Any potential improvements should be communicated to the MFSA for consideration.

2. Instructions

The Applicant is required to complete all the respective sections under both parts of the Application.

Following submission of the Application via the LH Portal, the Declaration Form should be printed and sent, originally signed, to the Authority. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority. Further instructions can be found in the Declaration Form itself.

In order for the Application to be considered complete, the Applicant is required to have submitted, along with a duly filled Application, all the required documentation as identified within this Application, as well as any applicable authorisation fees as set out in the Financial Markets (Fees) Regulations (S.L.345.28).

3. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.

4. Disclaimer

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It is noted that the submission of this Application and/or its determination of 'completeness' shall not be construed as a granting of registration by the MFSA.

Section 1 - Applicant Details

1.1	Applicant Person Type				
1.1.1	Person Type	Select item	If 'Other Legal Form': Specify Form	Enter text	
1.2	General and Identification Details				
1.2.1	Identification				
1.2.1.1	Registered Name	Enter text			
1.2.1.2	Registered Number	Enter text	1.2.1.3	Date of Registration	Enter date
1.2.1.4	Name of Registry (if applicable)	Enter text	1.2.1.5	Country of Registration	Select country
1.2.1.6	LEI Code (if applicable)	Enter text			
1.2.1.7	LH Code (if applicable)	Enter text			
1.3	Addresses				
1.3.1	Registered Address				
1.3.1.1	Number/ Name	Enter text	1.3.1.2	Street/Road	Enter text
1.3.1.3	City/Town/ Village	Enter text	1.3.1.4	Region/State (if applicable)	Enter text
1.3.1.5	Post Code	Enter text	1.3.1.6	Country	Select country
1.4	Representative <i>Indicate the details of the individual acting as an internal representative of the Applicant and their contact details, as applicable.</i>				
1.4.1	Position	Enter text			
1.4.2	Title	Select item			
1.4.3	Name	Enter text	1.4.4	Surname	Enter text
1.4.5	Representative's Business Email Address	Enter text			

1.4.6	Representative's Business Direct Number	Enter text
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Section 2 - Applicant Structure and Regulatory History

2.1	Group Structure			
2.1.1	Confirmation			
2.1.1.1	Is the Applicant part of a group structure?		Select item	
2.1.2	Group Structure <i>This sub-section is only applicable if the Applicant selects 'Yes' to Question 2.1.1.1.</i>			
2.1.2.1	Attachment Group Structure Diagram Provide a diagram illustrating: <ul style="list-style-type: none"> i) The shareholding structure of the Applicant showing all tiers up to the Ultimate Beneficial Owners with full names of all entities, their jurisdiction and respective percentage holdings of capital or voting rights. Regulated entities should be identified together with their respective regulator. ii) The direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest held by the Applicant in other Legal Persons. 			
2.2	Shareholding Structure			
2.2.1	Publicly Traded and Listed Share Holding <i>This sub-section is only applicable where the Applicant has any of its Shareholding publicly listed and traded on a trading venue locally and/or abroad.</i>			
2.2.1.1	Is any of the Applicant's Shareholding publicly listed and traded on one or more trading venues?		Select item	
2.2.1.2	If 'Yes': Indicate the Trading Venue/s where the Applicants Shareholding is publicly listed and traded.	Name of Trading Venue	Country of Trading Venue	LEI Code (if Applicable)
		Enter text	Select country	Enter text
	(Add multiple as applicable)			
2.2.1.3	If 'No': Does the Applicant intend to publicly offer and/or list and trade its Shareholding in the future?		Select item	
2.2.2	Qualifying Shareholders Identification <i>Provide details on the Applicant's Qualifying Shareholders, within the respective section applicable to either Natural Persons or Legal Persons. For the purposes of this section, Qualifying Shareholders shall mean: "any direct or indirect holding which represents at least 10% of the capital or voting rights of the Applicant".</i>			
2.2.2.1	Qualifying Shareholders - Natural Persons			
	1. Qualifying Shareholder – Natural Person			
	Title	Select item		
	Name	Enter text	Surname	Enter text
	Identification Document ('ID') Type	Select item	ID Number	Enter text
	MFSA PQ Code	Enter text	Type of Holding	Select item
	Aggregate Percentage Holding	Enter text	Aggregate Percentage Control	Enter text
	Will the person be involved in the day-to-day running of the Applicant (or Group, if applicable)?			Select item

Section 2 - Applicant Structure and Regulatory History

	If yes, explain the nature of the involvement <input type="text"/> Enter text <div style="text-align: right;">(Add multiple as applicable)</div>																										
2.2.2.2	Qualifying Shareholders – Legal Persons 2. Qualifying Shareholder – Legal Person <table border="1"> <tr> <td>Legal Person Form</td><td>Select item</td><td>If 'Other': Type of Form</td><td>Enter text</td></tr> <tr> <td>Registered Name</td><td>Enter text</td><td>Registered Number</td><td>Enter text</td></tr> <tr> <td>Type of Holding</td><td>Select item</td><td></td><td></td></tr> <tr> <td>Aggregate Percentage Holding</td><td>Enter text</td><td>Aggregate Percentage Control</td><td>Enter text</td></tr> </table> <div style="text-align: right;">(Ad multiple as applicable)</div>	Legal Person Form	Select item	If 'Other': Type of Form	Enter text	Registered Name	Enter text	Registered Number	Enter text	Type of Holding	Select item			Aggregate Percentage Holding	Enter text	Aggregate Percentage Control	Enter text										
Legal Person Form	Select item	If 'Other': Type of Form	Enter text																								
Registered Name	Enter text	Registered Number	Enter text																								
Type of Holding	Select item																										
Aggregate Percentage Holding	Enter text	Aggregate Percentage Control	Enter text																								
2.3	Regulatory History <i>Note – For the purposes of this section, Authorisation as Type of Regulatory History shall mean: “any type of official recognition (such as Licensing, Registration, Recognition, etc) by a Regulatory Body”. (An indicative list of regulating bodies is provided).</i>																										
2.3.1	Applicant Regulatory History This sub-section relates to Applications submitted to, and/or Authorisations held with, the MFSA and/or any other Regulatory Authority by the Applicant.																										
2.3.1.1	Does the Applicant hold an authorisation or did the Applicant ever apply to be authorised by the MFSA or any other Regulatory Authority for any activity? <input type="text"/>																										
2.3.1.2	1. Applicant – Regulatory History <table border="1"> <tr> <td>Type of Regulatory History</td><td>Select item</td><td></td><td></td></tr> <tr> <td>Type of Activity</td><td>Select item</td><td>If 'Other': Type of Activity</td><td>Enter text</td></tr> <tr> <td>Name of Regulatory Body</td><td>Select item</td><td></td><td></td></tr> <tr> <td>If 'Other': Name of Regulatory Body</td><td>Enter text</td><td></td><td></td></tr> </table> <p><i>If 'Application', provide respective details:</i></p> <table border="1"> <tr> <td>Status of Application</td><td>Select item</td></tr> <tr> <td>Application Submission Date</td><td>Enter date</td></tr> <tr> <td>Application Withdrawal / Refusal Date</td><td>Enter date</td></tr> <tr> <td>Reason for Withdrawal / Refusal</td><td>Enter text</td></tr> </table> <p><i>If 'Authorisation', provide respective details:</i></p> <table border="1"> <tr> <td>Status of Authorisation</td><td>Select item</td></tr> </table>	Type of Regulatory History	Select item			Type of Activity	Select item	If 'Other': Type of Activity	Enter text	Name of Regulatory Body	Select item			If 'Other': Name of Regulatory Body	Enter text			Status of Application	Select item	Application Submission Date	Enter date	Application Withdrawal / Refusal Date	Enter date	Reason for Withdrawal / Refusal	Enter text	Status of Authorisation	Select item
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Section 2 - Applicant Structure and Regulatory History

Authorisation Date	Enter date
Authorisation Suspension / Surrender / Revocation Date	Enter date
Reason for Suspension / Surrender / Revocation	Enter text

(Add multiple as applicable)

Section 3 - Business Model, Strategy and Activity

3.1.	Rationale
3.1.1	<p>Explain the Applicant's rationale for this application and the rationale for applying for registration in Malta.</p> <p>Enter text</p>
3.2.	Business Model
3.2.1	<p>Provide a description of the Applicant's proposed business model and a description of how the scope of this Application aligns with the proposed activities.</p> <p>Enter text</p>
3.3.	Business Strategy
3.3.1	Organisational Structure
3.3.1.1	<p>Attachment Organigram</p> <p>Provide an organigram of the Applicant's operations where relevant encompassing the group, including the indication of the distribution of the tasks and powers and the relevant reporting lines.</p>
3.3.1.2	<p>What are the staffing intentions and operational set up of the Applicant, including the number of personnel who will be engaged in the provision of sponsor services?</p> <p>Enter text</p>

Section 4 - Governance

4.1.	Management Body																																							
4.1.1	Members of the Management Body <i>This section shall be repeated and completed for each of the individuals forming part of the management body of the Applicant. For the purposes of this Section, 'management body' shall mean the governing body of the Applicant, which is empowered to set the strategy, objectives and overall direction of the Applicant, and which oversees and monitors the decision-making and includes the persons who effectively direct the business of the Applicant, including the board of directors.</i>																																							
	<div>1. Member of the Management Body</div> <div>Role within Management Body</div> <table border="1"> <tr> <td>Type</td> <td colspan="3">Select item</td> </tr> <tr> <td colspan="4">Identification</td> </tr> <tr> <td>Title</td> <td colspan="3">Select item</td> </tr> <tr> <td>Name</td> <td>Enter text</td> <td>Surname</td> <td>Enter text</td> </tr> <tr> <td>ID Type</td> <td>Select item</td> <td>ID Number</td> <td>Enter text</td> </tr> <tr> <td>Other involvement/s within the Applicant</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Will the person be directly involved in the provision of sponsor services?</td> </tr> <tr> <td colspan="3">Specify the role of the person in the provision of these services</td> <td>Enter text</td> </tr> <tr> <td colspan="4"></td> </tr> </table> <div>(Add multiple as applicable)</div>				Type	Select item			Identification				Title	Select item			Name	Enter text	Surname	Enter text	ID Type	Select item	ID Number	Enter text	Other involvement/s within the Applicant				Will the person be directly involved in the provision of sponsor services?				Specify the role of the person in the provision of these services			Enter text				
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Specify the role of the person in the provision of these services			Enter text																																					
4.2	Sponsor Services																																							
4.2.1	Identify the individuals forming part of the sponsor service offering.																																							
	<div>1. Proposed Individual</div> <div>Identification</div> <table border="1"> <tr> <td>Title</td> <td colspan="3">Select item</td> </tr> <tr> <td>Name</td> <td>Enter text</td> <td>Surname</td> <td>Enter text</td> </tr> <tr> <td>Date of Birth</td> <td colspan="3">Enter date</td> </tr> <tr> <td>ID Type</td> <td>Select item</td> <td>ID Number</td> <td>Enter text</td> </tr> <tr> <td>ID Expiry Date</td> <td>Enter date</td> <td>Country of Issuance</td> <td>Select country</td> </tr> <tr> <td>MFSA PQ Code (if applicable)</td> <td colspan="3">Enter text</td> </tr> </table> <div>Educational background</div>				Title	Select item			Name	Enter text	Surname	Enter text	Date of Birth	Enter date			ID Type	Select item	ID Number	Enter text	ID Expiry Date	Enter date	Country of Issuance	Select country	MFSA PQ Code (if applicable)	Enter text														
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MFSA PQ Code (if applicable)	Enter text																																							

Section 4 - Governance

	Description of the educational background of the proposed individual	Enter text
	<i>Professional experience</i>	
	Description of the professional experience of the proposed individual	Enter text
<hr/> <div style="text-align: right;"><i>(Add multiple as applicable)</i></div>		
4.3.	Internal Control Framework	
4.3.1	Conflicts of interest	
	Details of the policies, procedures and controls vis-à-vis the identification, management and mitigation of conflicts of interest	Enter text
4.3.2	Staffing arrangements	
	Details of the policies, procedures and controls vis-à-vis the maintenance of adequate staffing arrangements	Enter text
4.3.3	Compliance	

Details of the policies, procedures
and controls vis-à-vis compliance
with the requirements of Chapter
2 of the Capital Markets Rules

Enter text

Declaration

*Following submission of the Application, this Declaration Form should be printed and sent, originally signed, to the attention of **Head, Capital Markets Supervision Function, MFSA** or upload the application on the LH portal as PDF electronically signed **with a qualified signature**. If the Application will be signed using wet signature, only the Declaration form should be sent physically to the Authority.*

This Declaration Form should be signed by the two signatories vested with legal representation of the Applicant.

The undersigned, on behalf of Applicant, declare that:

1. Application Submission and Authorisation Requirements

- a) the Applicant has resolved to apply for authorisation with the MFSA for the activities provided for within this Application;
- b) the Applicant has duly authorised the undersigned to complete and submit this Application to the MFSA;
- c) the Applicant is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable; and
- d) the Applicant shall at time of authorisation, should this be granted, be in adherence with the obligations stipulated under point 1 (c) above.

2. Information Provided to the Authority

- a) the information given in answer to the questions within the Application is complete and accurate to the best of our knowledge, information and belief, and that there are no other facts relevant to this Application of which the Authority should be aware;
- b) the Applicant has not tampered with, or modified in any manner, this Application and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this Application;
- c) there are no inconsistencies between the documents submitted with this Application and the information given in answer to the questions within the Application;
- d) the MFSA will be notified immediately if the information given in answer to the questions within the Application changes and/or affects the completeness or accuracy of the Application either prior to or subsequent to registration should this be granted;
- e) this Declaration Form corresponds to the Application submitted to the Authority via the LH Portal bearing the following ID:

Application ID	
<p><i>This ID is provided automatically by the MFSA through the LH Portal and is not required for the on-line submission of the Application. In this respect, following submission of this Application via the LH Portal the Application ID will be available on the submission page and also within the acknowledgement email.</i></p>	<p>Enter text</p>

- f) the following documentation as indicated in the below have been submitted together with this Application:

Declaration

Checklist of Documentation to be Submitted with the Application

i.	Group structure diagram (if applicable)	Select item
ii.	Organigram	Select item
iii.	Curriculum Vitae of Proposed Individuals (<i>supplementing Section 4.2</i>)	Select item

3. Representatives and Disclosure

- a) the MFSA is hereby being authorised to contact the representatives provided by the Applicant under Section 1.3 of Part 1 of this Application;
- b) the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; and
- c) the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing.

4. Privacy Notice

I/we have read and understood the [MFSA Privacy Notice](#)¹ and the terms and conditions included therein.

Signature 1			
Name	Enter text	Surname	Enter text
Position	Enter text		
Date	Enter date		

Signature 2			
Name	Enter text	Surname	Enter text
Position	Enter text		
Date	Enter date		

¹ For further information visit: <https://www.mfsa.mt/privacy-notice/>