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**LIST OF PERSONS HOLDING A MANAGEMENT POSITION AT A CASP**

**Name of applicant: «…..……………………………..»**

**Purpose of this form**

This form should be completed in order to notify the Cyprus Securities and Exchange Commission of all persons holding a management position, within the meaning of the Prevention and Suppression of Money Laundering and Terrorist Financing law (the “AML/CFT Law”) . This form accompanies the application for CASP registration (Form 188-01) and contains information with respect to all persons listed in Annex D thereof.

**General instructions:**

1. The Form must be completed in electronic form.
2. The questions should remain unaltered and the answers must be provided below each question.
3. All applicable questions should be duly completed, or, if they are not applicable state “N/A”.
4. If insufficient space has been provided for all persons holding a management position, please add additional pages or provide that information on a separate sheet/document. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant entity and reference the appropriate question.
5. When completing the form, information which is publicly available or have previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
6. This Form does not substitute the personal questionnaires that need to be submitted by each person holding a management position as part of a complete application. The applicant may cross reference information that needs to be submitted in this Form to the appropriate section of the relevant personal questionnaire.
7. Terms not otherwise defined shall have the meaning ascribed to them in the AML/CFT Law and/or in the CySEC Directive For the Prevention and Suppression of Money Laundering Activities Law (Register of Crypto Asset Service Providers) of 2021 (the “CASP Registration Directive” or the “Directive”) and/or in Policy Statement on the Registration and Operations of Crypto Asset Services Provider (“PS-01-2021”).

**LIST OF PERSONS HOLDING A MANAGEMENT POSITION**

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| **FROM:** | | | | | | | | | | | | | | | | | | |
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| Name of the applicant: | | | | | |  | | | | | | | | | | | | |
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| Address: | | | | | |  | | | | | | | | | | | | |
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| **Contact details of the designated contact person** | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | |  | | | | | | | | | | | | |
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| Telephone: | | | | | |  | | | | | | | | | | | | |
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| Email: | | | | | |  | | | | | | | | | | | | |
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| **TO:** | | | | | | | | | | | | | | | | | | |
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| Member State: | | | | | | CYPRUS | | | | | | | | | | | | |
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| Competent Authority: | | | | | | CYPRUS SECURITIES AND EXCHANGE COMMISSION (CySEC) | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
| Address: | | | | | | AIAS BUILDING,  19 DIAGOROU STREET,  NICOSIA, 1097  CYPRUS | | | | | | | | | | | | |
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| Dear [insert appropriate name]  In accordance with the instruction of form 188-01 kindly find attached the requested notification. | | | | | | | | | | | | | | | | | | |

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| **Person in charge of preparing the application:** | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | |  | | | | | | | | | | | | |
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| Status/Position: | | | | | |  | | | | | | | | | | | | |
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| Telephone: | | | | | |  | | | | | | | | | | | | |
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| Fax (if available): | | | | | |  | | | | | | | | | | | | |
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| Email: | | | | | |  | | | | | | | | | | | | |
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**Date:**

**Signature:**

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| **List of persons holding a management position** | | | | | | |
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| **Person 1** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
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|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
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|  |  |  |  |  |  |
| Position | | | | | | |
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|  |  |  |  |  |  |
| Professional experience and other relevant experience | | | | | | |
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|  |  |  |  |  |  |
| Educational qualification and relevant training | | | | | | |
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| List of executive and non-executive directorships in other entities | | | | | | |
|  | | | | | | |
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| Effective date | | | | | | |
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| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | |

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| **Person 2** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
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|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
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| Position | | | | | | |
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|  |  |  |  |  |  |
| Professional experience and other relevant experience | | | | | | |
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|  |  |  |  |  |  |
| Educational qualification and relevant training | | | | | | |
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| List of executive and non-executive directorships in other entities | | | | | | |
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| Effective date | | | | | | |
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| **Person 3** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
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| Contact details (Telephone, email, address) | | | | | | |
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| Position | | | | | | |
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| Professional experience and other relevant experience | | | | | | |
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| Educational qualification and relevant training | | | | | | |
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| List of executive and non-executive directorships in other entities | | | | | | |
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| Effective date | | | | | | |
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| **Person 4** | | | | | | |
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| Name | | | | | | |
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| Contact details (Telephone, email, address) | | | | | | |
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| Position | | | | | | |
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| Professional experience and other relevant experience | | | | | | |
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| Educational qualification and relevant training | | | | | | |
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| List of executive and non-executive directorships in other entities | | | | | | |
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| Effective date | | | | | | |
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| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | |

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| Please provide:   * Minutes of the general meeting confirming the nomination of the person holding a management position * Minutes of the general meeting of the Board confirming the nomination of the new persons holding a management position | | | | | | |

**Ι responsibly declare, having full knowledge of the consequences of the Cyprus Securities and Exchange Commission Law (the “CySEC Law”), that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this application, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **I am authorised to sign on behalf of the applicant.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the CySEC Law.**

**In accordance with section 41 of the CySEC Law , I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence.**

Full name: …………………...…………….............................................................................

Position held in the applicant: …………..…………………………………………………….

Signature: ……………………………………..………………………………………………………………….

Date: ……………………………………….……………………………………………………………………….