



REF:-1892/T.P.N/25

Date:-15/10/2025

From: **HODAN GLOBAL MONEY TRANSFER**
Full name: **HODAN GLOBAL MONEY TRANSFER**
Address: **BANADIR, MOGADISHU, BAKAARO 21 OCTOBER STREET**

Date: 15/10/2025

To: **CENTRAL BANK OF SOMALIA**
Director – Licensing and Supervision Department
Central Bank of Somalia
Mogadishu, Somalia

MONEY TRANSFER BUSINESS LICENSE APPLICATION

We, the undersigned, do hereby apply for a license for the following applicant to engage in money transfer business:

Name of Applicant business/partnership/entity: **HODAN GLOBAL MONEY TRANSFER**

We take this oath and declare that to the best of our knowledge and belief, the:

- Facts stated in this license application package are complete and correct;
- The checklist has been initialed to indicate inclusion of information and documents with this application;
- The Applicant is under investigation by any law enforcement agency
Yes: No:
- Applicant has a compliance regime in place to make sure that the money transfer business meets all of licensing, regulatory reporting, record keeping, customer identification, and risk management obligations and that operational manuals are documented, written down, monitored and kept up to date; and
- Applicant understands, measures, monitors and controls the risks assumed from its money transfer business; and has adopted effective risk management practices whose sophistication are commensurate to the risks being monitored and controlled; and maintain capital commensurate with the risks exposures assumed.



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We fully understand that false or fraudulent statements, other material irregularities or failure to disclose accurate information may render the application liable to be denied. We also understand that if such irregularities are discovered subsequent to the issuance of the license, the Central Bank of Somalia may revoke or vary the terms and conditions of the license. We understand and accept that the Central Bank of Somaliamay wish to investigate the application – both now and on a continuing basis – to satisfy itself of the initial and continuing financial condition and responsibility, financial and business experience, character, and general fitness and propriety of the applicant. Accordingly, we authorize the Central Bank of Somaliato make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this application or in other documents submitted as part of this application, for the purpose of performing its due diligence and background checks.

To be valid, this application must be authorized by the Applicant’s supreme management body or its board of directors, or equivalent (Lic.III.10.vi).

Person 1
Signature:..........

Person 2
Signature:..........

Full name: ABDULLAHI MOHAMED DAHIR Full name: SAID ABDI NUR

Position: C.E.O

Position: Chief Financial Director

Date: 15/10/2025

Date: 15/10/2025

Sworn to and signed before the notary public on this (day) 15 of (month), Oct (year) 2025

The signatories produced the following identification (and type of identification):

Person 1, ID type: SOMALI PASSPORT

Person 1, ID number: P01486607

Person 2, ID type: SOMALI PASSPORT

Person 2, ID number: P01301505



Notary Public Signature below

Dr. Mohamed Abdullahi Mohamed “Mohamed Notary”





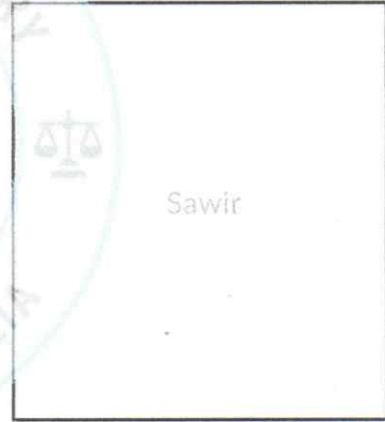
FOOMKA BIXINTA DUKUMINTIGA

Tr. 16/10/2025

Aniga oo ah **Maxamed Cabdi Cali** waxaan halkaan ka cadeynayaa in aan ku wareejiyay **Saciid Cabdi Nuur** oo ka Wakiil ah Loo Caddeeye **To: CENTRAL BANK OF SOMALIA** Dukumiintiga **Original** Caddeynta **Rep No. 1892/T.P.N/25, Tr. 15/10/2025**, faah faahintiisuna tahay sidan soo socota:

Magaca Loo Caddeeyaha	To: CENTRAL BANK OF SOMALIA
Taariikhda Caddeynta	15/10/2025

Wakiilka Loo Caddeeye: Aniga oo ah **Saciid Cabdi Nuur** Waxaan Halkaan ka Cadeynayaa in aan ka Qaday Xafiiska **Nootaayaha Tayo** Dukumiintiga Caddeynta faah faahinteedu Sare ku cadahay uuna leeyahay **To: CENTRAL BANK OF SOMALIA .**



SAXIIXA DUKUMINTI BIXIYAHA

Maxamed Cabdi Cali

SAXIIXA DUKUMINTI QAADAHA

Saciid Cabdi Nuur