

FOURTH SCHEDULE
Fit and Proper Questionnaire
(CBS/LCR/ REG/03 Article 5)

Note: This document is intended to be filled in electronically, then printed out, signed and sent with attachments. In the event that the space provided on this form is insufficient for the information to be submitted, enter such information in separate sheet(s), and submit together with this duly completed form.

1. For which Applicant does this questionnaire apply?

Contact Information

2. Name of natural person/your name:

3. Country of residence:

4. Residential address (physical address):

5. Telephone: Personal: Home:

6. Personal Cellphone

7. Telephone Business

8. E-mail address

Relation to Applicant

9. Indicate all your capacity and/or relationships with the license applicant. A person can hold multiple capacities and/or stand in multiple relationships with the license applicant:

<i>Ownership Relation</i>		<i>Executive Relation</i>		<i>Employment Relation</i>	
Owner	Yes: <input type="checkbox"/>	Board Chairman	Yes: <input type="checkbox"/>	Chief Compliance Officer	Yes: <input type="checkbox"/>
Partner	Yes: <input type="checkbox"/>	Director	Yes: <input type="checkbox"/>	Compliance Officer	Yes: <input type="checkbox"/>
Shareholder	Yes: <input type="checkbox"/>	Chief Executive Officer	Yes: <input type="checkbox"/>	Officer	Yes: <input type="checkbox"/>
		Executive Officer	Yes: <input type="checkbox"/>	External Auditor	Yes: <input type="checkbox"/>



In case of ownership relation, please enter

- extent of ownership (percent): _____

In case of an executive or employment relation, please enter;

- your position/title: _____
- and duration of employment/engagement: _____

General information

10. Date of birth:

11. Place of birth (Town/city and country):

12. Country of citizenship:

13. Previous/Other country of citizenship:

14. Other names by which you in the past were known or currently are known

15. Gender: Female: Male:

16. Identification Documentation (ID):

a. Type of National ID: _____

b. ID number: _____

Academic and professional background

17. Academic qualifications

<i>Highest qualifications</i>	<i>Specialization</i>	<i>Issuing academic institution</i>	<i>Year</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Professional qualifications

<i>Professional body</i>	<i>Membership no.</i>	<i>Professional qualification</i>	<i>Year</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Occupations and employment during the last 10 years (From current to earliest)

<i>Employer: Name address and tel. no.</i>	<i>Nature of business</i>	<i>Position held and descriptions of duties</i>	<i>Dates of employment (start date and end date)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. In which other businesses are you involved, and in what capacity?

<i>Name of business/ company name</i>	<i>Type of business</i>	<i>Contact details</i>	<i>Your capacity in the business / company</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Provide details on the following matters involving yourself and authorities. If yes, please provide additional details in attachment.

<i>Description</i>	<i>Response Y/N</i>
Have you ever been subject to any enforcement action or sanction of any authority?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been convicted of any crime or offence by any country, including civil or military?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you currently being prosecuted for any alleged crime?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been subject to disciplinary enquiry?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Have you ever been censured, disciplined or criticized by any professional body to which you belong or have belonged?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been suspended from any office or occupation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been dismissed from any office or employment or barred from entry of any profession or occupation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been disqualified from acting as a director in the management or conduct of the affairs of any entity?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been adjudicated bankrupt by a court in any jurisdiction?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever had any money judgments made against you which have not been satisfied in full?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been convicted of a crime?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever been involved in any entity in relation to which you were found guilty of having been involved in fraud, misfeasance or recklessness?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has any entity in which you were associated in a key role been compulsorily wound up or made a compromise or arrangement or ceased trading in circumstances where its creditors did not receive settlement in full of their claims?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are your tax affairs in order and up to date?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

22. Names and contact details of two persons who can provide character reference on yourself

	Character referee #1	Character referee #2
Names of character referees	_____	_____
Contact details	_____	_____
<ul style="list-style-type: none"> - Telephone Home - Telephone Business - Cellphone - Address - E-mail: 		

23. Attach a certified copy of
 (a) your national identification document, passport or other form of government issued identification, and

(b) a recent photograph (not older than 6 months).

a. A suitable certifier should certify the identification by stating that it is a true copy of the original document and affixing his/her signature, full name/s in

capital letters, contact details, profession, name and address of business or official stamp and date on which the document is being certified.

24. Sign and date declaration

I certify that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be involved in the license applicant, I will notify the Central Bank of any material changes affecting the completeness of this questionnaire within a reasonable period of time.

I fully understand that false or fraudulent statement, other material irregularities or failure to disclose accurate information may render the application liable to be refused. If such irregularities are discovered subsequent to the issuance of the license, the Central Bank may revoke or vary the terms and conditions of the license.

I understand and accept that the Central Bank may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorize the Central Bank to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this questionnaire, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

I further authorize my bankers and any other person, body or institution (including the police) which the central bank may approach, to provide such information as the central bank believes may be relevant to its assessment.

I understand that the result of these checks may be disclosed to the license applicant

Date: _____

Place: _____

Name: _____

Signature: _____