FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

# FORM 3

(Regulation 4)

## PERSONAL QUESTIONNAIRE

**NOTES ON COMPLETION**

In completing this questionnaire, some of the questions may be inapplicable. In such a case N/A may be stated in the appropriate place. If insufficient space has been provided for a reply at any point, please provide the information on a SEPARATE SHEET, and refer to it in the space provided for your response.

This form must be submitted in typed in BLOCK CAPITALS. Please ensure that any sheets are clearly marked with the name of your organisation and referenced to the question. If any further information or clarification is required, it will be requested during the processing of the application. Where documents to be submitted are in languages other than English, a certified English translation must be appended.

The information provided will be used to assess your fitness and propriety. However, the areas covered in this questionnaire are not exhaustive of the matters that the Licensing Committee and Regulator may consider in the evaluation process. The Licensing Committee and Regulator reserves the right to seek references from organisations and individuals named in this questionnaire.

An incomplete questionnaire will affect the Licensing Committee's or Regulator's assessment and may result in delays or rejection of the application for a Trust/Corporate Service Providers Licence or fitness and probity assessment.

The completed form and supporting documents must be submitted to the Regulator, Financial Services (Regulation and Supervision) Department, Ministry of Finance, Nevis Island Administration, P.O. Box 689, Main Street, Charlestown, Nevis.

| | | |
|---|---|---|
| 1. First Name: | | |
| Last Name: | | |
| Other Names that you have been known *(including name at birth, previous married names, aliases)* | | |
| 2. Gender | Male: ☐ | Female: ☐ |
| 3. Name of Applicant Trust / Corporate Service Provider: | | |
| 4. Identification Number (*current Passport/National ID)* | | |
| 5. Date of Birth | | |
| 6. Place of Birth (*Town/City/Country)* | | |
| 7. Country of Permanent Residence | | |
| 8. Address for correspondence | | |
| 9. Contact Numbers | Office: | Home: |

| | | |
|---|---|---|
| | Fax: | Mobile: |
| 10. Email Address: | | |
| 11. Nationality: | | |
| 12. (i) How was your nationality acquired | Birth ☐<br>Naturalisation ☐ | Marriage ☐<br>Other (please specify) |
| (ii) State previous nationalities | | |
| 13. Positions to be held within the Applicant | Director ☐ Chief Executive Officer ☐<br>Beneficial Owner ☐ Senior Management Staff ☐<br>Other…….. | |
| 14. Authorised position(s) to be held in corporations that would be incorporated by the Applicant | Director ☐ Shareholder ☐<br>Officer ☐ Secretary ☐ | |
| 15 Authorised position(s) to be held in companies that would be formed by the Applicant | Manager ☐ Member ☐<br>Officer ☐ Secretary ☐ | |
| 16. Authorised position(s) to be held in foundations that would be established by the Applicant | Member of the Management Board ☐ Officer ☐<br>Member of the Supervisory Board ☐ Secretary ☐ | |
| 17. Authorised position(s) to be held in trusts that would be registered by the Applicant | Trustee ☐ Manager ☐<br>Protector ☐ Administrator ☐<br>Other fiduciary capacity …… | |

18. Beginning with your current address, list below all previous private addresses during the last ten (10) years with relevant dates

| Date | Address |
|---|---|
| | |
| | |
| | |

19. Academic Background: Provide details of any higher academic qualification and the year and place in which they were obtained (e.g. BA; LL.B; MBA; MA; MSc).

| Type of Degree | Subject | Name & Address of Institution | Year Obtained |
|---|---|---|---|
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20. List all professional qualifications and the year in which they were obtained (e.g. ACA; ACCA; ACIB; ACIS).

| Membership No. | Professional Qualification | Year Obtained |
|---|---|---|
| | | |
| | | |
| | | |

21. Provide details of all (current and non-current) membership of any professional bodies, their address(es) and the year of admission (e.g. ACAMS; STEP; ICA; BAR ASSOCIATION; etc.).

| Membership No. | Professional Body's Name and Address | Associate (A); Fellow (F); Member (M) | Year Admitted |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

22. Beginning with your present occupation or employment, list all occupations and employment during the last ten (10) years.

| Name, Address, Phone & Fax of Employer | Nature of Business | Position and Description of Duties | Date of Employment |
|---|---|---|---|
| | | | |
| | | | |

23. Details of any corporation of which you are a beneficial owner, director, manager, or company secretary and the countries in which they are registered.

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24. Details of any outstanding litigation against you, and details of any current proceedings issued by you.

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25. Details of any judgments against you.

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| | Yes | No |
|---|---|---|
| 26. Have you, or any person (natural or legal), partnership or unincorporated institution to which you are, or have been associated with as a director, manager or company secretary ever:<br>(a) applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on financial services activity? *(if yes list all applications showing whether they have been successful or not)*<br>(b) been the subject of an investigation by a governmental, professional or other regulatory body? | ☐<br><br>☐ | ☐<br><br>☐ |
| (c) had its licence revoked? | ☐ | ☐ |
| 27. Have you ever:<br>(a) at any time been convicted of any crime or offence by any court in any country, including civil or military? | ☐ | ☐ |
| (b) been charged with any offence that is currently awaiting legal action? | ☐ | ☐ |
| (c) been subject to disciplinary enquiry? | ☐ | ☐ |
| (d) been censured, disciplined or criticized by any professional body to which you belong or have belonged? | ☐ | ☐ |
| (e) been suspended from any office or asked to resign? | ☐ | ☐ |
| (f) been dismissed from any office or employment or barred from entry to any profession or occupation? | ☐ | ☐ |
| (g) been disqualified from acting as a director of a company; or from acting in the management or conducting the affairs of company, partnership or unincorporated association? | ☐ | ☐ |
| (h) been adjudicated bankrupt by a court in any jurisdiction? | ☐ | ☐ |
| (i) at any time been declared bankrupt and/or have any money judgments been made against you which have not been satisfied in full? | ☐ | ☐ |
| (j) in connection with the formation, management or ownership of a substantial interest in any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any member thereof? | ☐ | ☐ |
| 28. Has anybody corporate, partnership or unincorporated institution with which you were associated as a director/manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one (1) year after you ceased to be associated with it? | ☐ | ☐ |
| 29. With regard to any previous experience at an organisation, have you ever:<br>(a) been responsible in whole or in part for the organisation experiencing loss? | ☐ | ☐ |
| (b) refused to make available for examination, books accounts, or records, or wilfully furnished false information? | ☐ | ☐ |
| (c) obstructed or endeavoured to obstruct the proper performance by an auditor or an inspection by the supervisory authority? | ☐ | ☐ |
| (d) with intent to deceive, made false or misleading statements or entries, omitted statements or entries that should have been made, or altered, concealed, or destroyed any statements or entries in any book, record, account, document, report, or statement of the organisation? | ☐ | ☐ |

**IF YOU ANSWERED "YES" TO QUESTIONS 22 TO 25, PLEASE STATE ALL THE RELEVANT DETAILS FOR EACH OF THE QUESTIONS ON A SEPARATE SHEET OF PAPER.**

30. Identify all persons (natural or legal) who will be "connected persons" of the Applicant, if licensed, as a result of your position with the Applicant.

31. In carrying out your duties will you be acting on the directions or instructions of any other person(s)? *If so, give full particulars.*

32. Provide at least two character references.

33 Provide an affidavit duly signed by the individual stating convictions for crimes, past or present involvement in a managerial function in a body corporate or other undertaking subject to insolvency proceedings or personal bankruptcy filings, if any.

34. Attach a certified copy of your passport and driver's licence. A suitable certifier must certify the identification by stating that it is a true copy of the original document. The certifier must include his/her signature, name in block letters, contact details, profession, name and address of business or official stamp, and date on which the document is being certified. Categories of acceptable certifiers: a Notary Public, an Attorney-at-Law, a Magistrate or Judge.

## 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 a beneficial owner/shareholder/director/senior manager of the Applicant, I will notify the Nevis Financial Services (Regulation and Supervision) Department of any material changes affecting the completeness of this questionnaire within five (5) working days.

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 licence, the Nevis Financial Services (Regulation and Supervision) Department may revoke or vary the terms and conditions of the licence.

I understand and accept that the Nevis Financial Services (Regulation and Supervision) Department may wish to make enquiries - both now and on a continuing basis - to satisfy itself as to my initial and continuing fitness and probity. Accordingly, I authorise the Nevis Financial Services (Regulation and Supervision) Department to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal Questionnaire, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

I further authorise any other person, body or institution (including the Police) which the Regulator may approach, to provide such information as the Regulator believes may be relevant to the assessment.

I understand that the results of these checks may be disclosed to the institution/person that is the subject of the application.


**Signature**

***Name:***

***Date:***

***"*** *Please be advised, that in accordance with Section 8 of the Perjury Act, it is an offence punishable by a maximum fine of thirty thousand dollars or at least five (5) years imprisonment for a person to knowingly make either*

*(a) a false voluntary declaration; or*

*(b) a false statement when any act requires information to be provided."*

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