



TURKS & CAICOS ISLANDS
FINANCIAL SERVICES COMMISSION
PERSONAL DECLARATION QUESTIONNAIRE

To be completed by Shareholders¹, Directors and Senior Management in connection with a licence holder/licence applicant under the following Ordinances (as amended from time to time):

- Banking Ordinance (2014 Revision)*
- Trust Companies (Licensing and Supervision) Ordinance (2016)*
- Insurance Ordinance (2014 Revision)*
- Company Management Licensing Ordinance (2014 Revision)*
- Mutual Funds Ordinance (2014 Revision)*
- Investment Dealers Licensing Ordinance (2014 Revision)*
- Money Transmitters Ordinance (2014 Revision)*

1. Name of the Institution:
.....

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

Where the applicant believes that a question does not apply, the Applicant should write "Not Applicable", or "N/A".

2. Surname:
Forename(s)

3. Previous name(s) by which you have been known (if any)
.....

4. Gender:
Male Female

5. Passport particulars (attach copy of passport biographical page)
Issuing Territory:
Number:
Date of Issue (DD/MM/YYYY).....
Expiration Date (DD/MM/YYYY).....

6. Date of birth (DD/MM/YYYY)
.....

7. Place of birth
Town
State/Province
Country

8. Nationality:
.....

¹ APPLICABLE TO ALL SHAREHOLDERS OWNING 10% OR MORE OF THE OUTSTANDING SHARES (IN VOTING POWER).

9. Business address	Street:	
	City:	
	State/Province:	
	Country:	
	Business telephone No.	Email:

10. Principal Residential address	Street:	
	City:	
	State/Province:	
	Country:	
	Telephone No:	Email:

11. State relationship with institution in #1.

12. List your residential/private addresses for the last (5) years (where different from that given above)

Date (DD/MM/YYYY)	Address	Country

13. Education:

Date (DD/MM/YYYY)	Location	Degrees / Graduate Studies / Other	Institution

14. List memberships in professional societies and associations.

15. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past ten (10) years.

Title	Employer and Address

15.1. Present employer may be contacted.
 Yes No

15.2. Former employers may be contacted.
 Yes No

16. List the following information of three (3) independent references.

Name	Address	Telephone/ Fax Nos.	Email

17. Have you ever been denied or had cancelled or revoked, a fidelity bond/professional indemnity insurance?

Yes No

If yes, give details

.....

18. List any professional and/or occupational licence issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (State date licence issued, issuer of licence, date terminated, reasons for termination)

.....

19. During the last ten (10) years, have you ever been refused a financial services licence or had an interest in a group which was refused a licence, had a licence suspended or revoked?

Yes No

If yes, give details.

.....

20. List any financial services businesses, which you control directly or indirectly, or in which you own legally or beneficially 10% or more of the outstanding shares (in voting power).

.....

21. Have you at any time failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a Court in the Turks and Caicos Islands or elsewhere.

Yes No

If yes, give particulars.

.....

22. Have you in connection with the formation or management of any body corporate, partnership or incorporated institution, been adjudged by a court in the Turks and Caicos Islands or elsewhere civilly liable for any fraud or other misconduct by you towards such a body or company or towards any members thereof?

Yes No

If yes, give particulars.

.....

23. Has anybody corporate, partnership or incorporated institution with which you were associated as a director or officer in the last 10 years, in the Turks and Caicos Islands or elsewhere, been compulsorily wound up or made any compromise or arrangement with its creditors, or ceased trading in circumstances where its creditors did not receive or have yet to receive full settlement of their claims, either where you were associated with it or within one year after you ceased to be associated with it?

Yes No

If yes, give full particulars.

.....
.....
.....

24. Will you or members of your immediate family subscribe to or own, beneficially shares in the company in #1?

Yes No

If yes, give details.

.....
.....

25. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence or pardoned for conviction or pleaded guilty or nolo contendere to any offence, with the exception of a minor traffic offence, or have been the subject of any disciplinary proceedings of any federal or state regulatory agency?

Yes No

If yes, give details.

.....
.....

26. Has any company been so charged as a result of any action or conduct on your part?

Yes No

If yes, give details.

.....
.....

27. Have you or any member of your immediate family ever been adjudged as bankrupt?

Yes No

If yes, give details

.....
.....

28. Have you ever been an officer, director trustee, investment committee member, key employee, or controlling shareholder of any financial services business, which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

Yes No

If yes, give details including names and dates.

.....
.....

29. Has the certificate of authority or license to do business of any financial services business of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?

Yes No

If yes, give details

.....
.....
.....

DECLARATION OF SOLVENCY

I,, hereby declare that to the best of my knowledge that the statements below are true:

1. My assets are greater than my liabilities. Yes No

If no, provide details _____

2. I do not have any payments due and outstanding in excess of ninety (90) days, to any financial institution, utility company, retailer/wholesaler or to any person, company or organisation. Yes No

If no, provide details _____

3. I do not have any pending or ongoing litigation in any court of law that may result in a financial loss. Yes No

If no, provide details _____

4. To the best of my knowledge, I am not aware of any thing or situation, in addition to the above, that could negatively change my financial status in the foreseeable future and therefore I hereby declare that I am solvent.

I hereby certify under penalty that I am acting on my behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated and signed this _____ day of _____ 2016 at _____

(SIGNATURE OF AFFIANT)

State of

Country of

The above named personally appeared before me and is personally known to me, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn before me this _____ day of _____ 2016

(Seal)

(Notary Public)

My Commission Expires:

GENERAL ADVISORY:

1. If it comes to the Commission's attention that any information in this Declaration was in anyway untrue or misleading at the date of submission, action may be taken in accordance with section 56 and 57 of the Financial Services Commissions Ordinance chapter 16.01.
2. Within 30 days of discovering, any change in circumstances, which will make the Declaration false and/or misleading, the licensee and/or individual to which it represents, shall inform the Commission of the change.
3. On the third anniversary of the last declaration, a new declaration, duly notarised, shall be submitted to the Commission.