



INSURANCE REGULATORY AUTHORITY OF UGANDA

Personal Questionnaire

Name of Individual completing the Questionnaire (“the Applicant”):	
Organization	

*Once filled,
Please return this form to:*
**The Chief Executive Officer
Insurance Regulatory Authority
Plot 5 Kyadondo Road
Legacy Towers Block B, 2nd Floor
P.O. Box 22855
KAMPALA**

MARCH 2013

PERSONAL QUESTIONNAIRE

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INTRODUCTION

1. This Personal Questionnaire (PQ) on the criteria of fitness and properness of Directors, significant Shareholders (10% and above), Principal Officers, Senior Managers and Heads of Departments is made by the Authority in line with Regulation 11 of the Insurance Regulations 2002.
2. This P.Q applies to any person who is:
 - (i) A significant shareholder, Director, Principal Officer, Senior manager or head of department who is desirous to act in the said position in a company licensed or due for licensing to carry on business of insurance, insurance brokerage or Loss Assessing/Adjusting
 - (ii) A (significant) Shareholder of an organisation desirous of applying to carry on or carries on the business of insurance, insurance brokerage or Loss Assessing/Adjusting
3. The purpose of this P.Q is to determine the “fit and proper” tests to be applied by the Authority when it is considering granting companies licences to carry on business of Insurance, insurance, insurance brokerage or Loss Assessing/Adjusting
4. Fit and proper tests are a means of raising public confidence in the integrity of the insurance industry and a key element of an effective insurance supervisory system.
5. Generally the fit and proper test includes considering the following: integrity, competence, experience, qualifications, the requirement to be financially sound, a good record of business, requisite knowledge for the position the person holds or proposes, and a person’s reputation and character.
6. The Authority shall not grant a licence to an insurance player to carry on business of insurance, insurance brokerage or Loss Assessor/Adjuster, if the criteria of fitness and properness are not met by a person concerned as detailed in the personal questionnaire.
7. Testing for fitness shall be carried out by an individual’s response to a range of requirements set out in the P.Q attached hereto.

Instructions for Completing the Personal Questionnaire Form

- This form should be completed by all individuals required to be found ‘fit and proper’ by the Authority in accordance with the provisions of the Law.
- This form is to be completed in English. Any documents required are to have a certified English translation appended.
- Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write “**Not Applicable**” or “**N/A**”.
- If there is insufficient space to answer a question, additional information may be provided on an attachment page and identify the continuation of an answer by stating the question number.
- All dates should be completed in the form: Day / Month / Year
- Please ensure that all answers and information are true and correct. Failure to do so constitutes an offence and can lead the Authority to reject an application or revoke a license that has been granted on the basis of untrue or incorrect information.
- The following documents must be attached with the Personal Questionnaire Form
 - (i). Certified true copy of passport/ Driving Permit / Birth Certificate
 - (ii) Certified proof of residential address
 - (iii) An Original bank Reference
 - (iv) An up-to-date Curriculum Vitae
 - (v) Detailed Job description
- List of Acceptable Certifiers:
 - (i). Judge
 - (ii). Notary public
 - (iii). Commissioner of Oaths
 - (iv). Advocate of the High Court
- The application signature on this Personal Questionnaire Form should be witnessed by one of the above-mentioned Acceptable Certifiers.
- Organization means a company or entity which has applied for a licence or is licensed.
- An applicant cannot assume the proposed post with the organization in question unless approved by the Authority.

NOTE: Failure to disclose and submit all the necessary and accurate information may lead to the Authority rejecting the application.

SECTION 1: INFORMATION regarding the ORGANISATION WHICH HAS APPLIED FOR A LICENCE

1. Name of Organization in connection with which this questionnaire is being completed.

2. Position to be occupied by Applicant with the Organization which has applied to become a Licence Holder in connection with which this questionnaire is being completed.
2.1 Please specify any duties to be carried out, as applicable :

3. Intended Effective Date of Position:

4. Contact point within the Organization(s) in connection with which this questionnaire is being completed, to whom IRA may address any queries in connection with this application.	
4.1 Name:	
4.2 Fax:	
4.3 Location:	
4.4 E-mail:	

5. Are you involved in any way with any other insurance player other than the above Organization in connection with which this P.Q. is being submitted?
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please indicate the name of the other insurance player and the position held:

SECTION 2: PERSONAL INFORMATION REGARDING THE APPLICANT

6. Personal information	
6.1	Surname
6.2	Forename(s)
6.3	Any previous name(s) by which you have been known

7. Current private address and Current Contact Details. (Please include the date when you took up residence at this address).	
7.1	Address:
7.2	Date:
7.3	Telephone Number:
7.4	Fax Number:
7.5	Mobile Number:
7.6	E-mail address:

8. Date and place of birth (including town or city).	
8.1	Date:
8.2	Place:

9. Nationality and how it was acquired (birth, naturalisation, marriage). <i>(If your nationality has changed, please advise when it was changed and what it was previously).</i>	
9.1	Nationality:
9.2	How Acquired:

10.	Please attach a certified copy of your passport/Driving Permit/Birth Certificate	Attached
		Yes <input type="checkbox"/>
		No. <input type="checkbox"/>

11.	Beginning with your current address, list below all the private addresses during the last 5 years with relevant dates.	
	Date	Address

SECTION 3: QUALIFICATIONS / MEMBERSHIPS

12. Details of any higher academic qualifications and the year in which they were obtained. (E.g. BA, LLB, MBA, etc....). Please provide certified true copies of certificates in relation to the qualifications obtained.

Qualification	Educational Establishment/Awarding Body	Year obtained	Address of institution/Phone /Email

13. Details of any professional qualifications and the year in which they were obtained (E.g. ACA, ACCA, ACIB, CII, ANZIIF etc...). Please provide certified true copies of certificates in relation to the qualifications obtained.

Membership No.	Professional Qualification	Year Obtained	Address of institution/Phone /Email

14. Details of current membership of any relevant professional bodies, their contact details and year of admission (e.g. Institute of Directors, Institute of Management, etc...).			
Membership No.	Professional Body's Name and Contact Details(phone /email	Associate (A) Fellow (F) Member (M)	Year Admitted

15. Please list any other qualifications that you have attained together with the respective dates and the name of the Educational Institute or Training Centre. Please also supply contact name, address, certificate number etc.			
	<i>Date</i>	<i>Qualification</i>	<i>Educational Institute / Training Body</i>
15.1			
15.2			
15.3			

16. Please list any other skills or specific training you have had (<i>not already mentioned elsewhere</i>) that is relevant to the business of the organization named in section 1 above.			
	<i>Date</i>	<i>Training</i>	<i>Provided by ...</i>
16.1			
16.2			
16.3			
16.4			
16.5			
16.6			

SECTION 4: EMPLOYMENT HISTORY

Note: A full employment history is required. All periods of unemployment should be indicated. Any gaps in employment should be explained. Details regarding any periods of self-employment should also be provided. The reason for leaving each employment should be given. Reasons for termination, dismissal or other issues that arose on leaving the employment which may be relevant for the fit and proper test should be fully explained in a continuation sheet attached at the back of the P.Q.

<p>17. Current occupation or employment and occupations or employment during the last ten years (starting from the most recent), including the name of the employer, the nature of the business, the position held and a brief explanation of duties and relevant dates. Please also include details of any previous employment in the financial services industry.</p> <p><i>Present occupation or employment and occupations during the last ten years.</i></p>						
17.1	<p><i>Name of Employer and Nature of Business</i></p> <p><i>(e.g. Financial Services; Banking; Insurance; Business Consultancy; Accountancy; Legal Services etc..)</i></p>					
	<p><i>Dates of employment</i></p>					
	<p><i>Title of Position Held and Brief Explanation of Duties</i></p>					
	<p><i>Regulatory Status and if applicable, name of regulatory Body</i></p> <p>Regulated: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES – Name of Regulatory Body</p>					
	<table border="1"> <tr> <td rowspan="2"><i>Full Address</i></td> <td><i>Phone</i></td> </tr> <tr> <td><i>Email</i></td> </tr> </table>	<i>Full Address</i>	<i>Phone</i>	<i>Email</i>		
	<i>Full Address</i>		<i>Phone</i>			
		<i>Email</i>				
<p><i>Reasons for Leaving Employment</i></p> <table> <tr> <td>Resignation <input type="checkbox"/></td> <td>Dismissal <input type="checkbox"/></td> </tr> <tr> <td>Redundancy <input type="checkbox"/></td> <td>End of Contract <input type="checkbox"/></td> </tr> <tr> <td>Retirement <input type="checkbox"/></td> <td>Termination <input type="checkbox"/></td> </tr> </table> <p>Other (please specify)</p>	Resignation <input type="checkbox"/>	Dismissal <input type="checkbox"/>	Redundancy <input type="checkbox"/>	End of Contract <input type="checkbox"/>	Retirement <input type="checkbox"/>	Termination <input type="checkbox"/>
Resignation <input type="checkbox"/>	Dismissal <input type="checkbox"/>					
Redundancy <input type="checkbox"/>	End of Contract <input type="checkbox"/>					
Retirement <input type="checkbox"/>	Termination <input type="checkbox"/>					

17.2

Name of Employer and Nature of Business <i>(e.g. Financial Services; Banking; Insurance; Business Consultancy; Accountancy; Legal Services etc..)</i>													
<i>Dates of employment</i>													
Title of Position Held and Brief Explanation of Duties													
<i>Regulatory Status and if applicable, name of regulatory Body</i>	Regulated: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES – Name of Regulatory Body												
<i>Full Address</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="padding: 5px;"><i>Phone</i></td> </tr> <tr> <td></td> <td style="padding: 5px;"><i>Email</i></td> </tr> </table>		<i>Phone</i>		<i>Email</i>								
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Resignation	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>										
Redundancy	<input type="checkbox"/>	End of Contract	<input type="checkbox"/>										
Retirement	<input type="checkbox"/>	Termination	<input type="checkbox"/>										

17.3

Name of Employer and Nature of Business <i>(e.g. Financial Services; Banking; Insurance; Business Consultancy; Accountancy; Legal Services etc..)</i>													
<i>Dates of employment</i>													
Title of Position Held and Brief Explanation of Duties													
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Resignation	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>										
Redundancy	<input type="checkbox"/>	End of Contract	<input type="checkbox"/>										
Retirement	<input type="checkbox"/>	Termination	<input type="checkbox"/>										

17.4

Name of Employer and Nature of Business <i>(e.g. Financial Services; Banking; Insurance; Business Consultancy; Accountancy; Legal Services etc..)</i>	
<i>Dates of employment</i>	
<i>Title of Position Held and Brief Explanation of Duties</i>	
<i>Regulatory Status and if applicable, name of regulatory Body</i>	Regulated: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES – Name of Regulatory Body
<i>Full Address</i>	<i>Phone</i>
	<i>Email</i>
<i>Reasons for Leaving Employment</i>	Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Redundancy <input type="checkbox"/> End of Contract <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Other please specify

17.5

Name of Employer and Nature of Business <i>(e.g. Financial Services; Banking; Insurance; Business Consultancy; Accountancy; Legal Services etc..)</i>	
<i>Dates of employment</i>	
<i>Title of Position Held and Brief Explanation of Duties</i>	
<i>Regulatory Status and if applicable, name of regulatory Body</i>	Regulated: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES – Name of Regulatory Body
<i>Full Address</i>	<i>Phone</i>
	<i>Email</i>
<i>Reasons for Leaving Employment</i>	Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Redundancy <input type="checkbox"/> End of Contract <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Other please specify

SECTION 5: DIRECTORSHIP

NOTE: In this Section, the Applicant is required to indicate only those positions in relation to which she / he has been a Director or Company Secretary.

18. Name all organisations and the countries in which they are registered:-

(a) of which you are currently a director or company secretary; and

(b) of which you have been or were previously a director or company secretary at any time during the last ten years.

	<i>Name of organisation</i>	<i>Post</i>	<i>Current (C) Previous (P)</i>	<i>Country of Incorporation and Address</i>
18.1				
18.2				
18.3				
18.4				
18.5				
18.6				
18.7				
18.8				
18.9				
18.10				

19. With reference to Question 17, have you been dismissed from any of the positions described or asked to resign or agreed to resign instead of being dismissed, or have you resigned whilst under investigation or have you ever been censured, disciplined or publicly criticised by any employer or Regulatory Authority, whether current or previous?

19.1 YES
NO

If YES, please provide details of the circumstances:

SECTION 6: BANK REFERENCES & OTHER REGULATORY AUTHORISATIONS

20. Please provide the following details regarding your current main bank and any former bank(s) which you have utilised as your main banks (if applicable) during the past 10 years.	
20.1	Current Main Bank:
	Name / Address / Contact Person / Email:
	Duration of Relationship:
	Account Number:
	Account Title:
20.2	Current Other Bank:
	Name / Address / Contact Person / Email:
	Duration of Relationship:
	Account Number:
	Account Title:
20.3	Current Other Bank:
	Name / Address / Contact Person / Email:
	Duration of Relationship:
	Account Number:
	Account Title:
20.4	Main former Bank(s) in the previous 10 years:
	Name / Address / Contact Person / Email:
	Duration of Relationship:
	Account Number:
	Account Title:
20.5	Other former Bank(s) in the previous 10 years:
	Name / Address / Contact Person / Email:
	Duration of Relationship:
	Account Number:

	Account Title:	
20.6	Other former Bank(s) in the previous 10 years:	
	Name / Address / Contact Person / Email:	
	Duration of Relationship:	
	Account Number:	
	Account Title:	

21. If you, as an individual have been supervised or regulated (during the last ten years) in respect of any financial services or corporate activity, please supply each Regulator's full name, address and any relevant reference and contact.

	<i>Dates From To</i>	<i>Regulator</i>	<i>Address</i>		<i>Relevant Reference/Contact</i>
			<i>Phone</i>	<i>Email</i>	
21.1					

Please also provide details of the Regulators (if any) of the Companies listed in response to Q.17

	<i>Dates From To</i>	<i>Regulator</i>	<i>Address</i>		<i>Relevant Reference/Contact</i>
			<i>Phone</i>	<i>Email</i>	
21.2					

SECTION 7: ASSETS AND LIABILITIES

Please provide the details of your assets and liabilities as herebelow:

22.	Assets	Amount	Details such as location, title, registration number of vehicles
22.1	Cash in bank Ugx		
	USD		
	Other specify		
	Treasury Bills		
	Investments in Securities		
	Amount of money owed to you by debtors		
	Undeveloped/Vacant land		
	Developed land (Buildings)		
	Vehicles		
	Any other assets (Please specify)		

PRESENT LIABILITIES (INDEBTEDNESS)

22.2	Creditor	Type of Liability (Mortgage, overdraft, loans, etc.)	Amount due and date
	Any other liability (Please specify):		

SECTION 8: GENERAL INFORMATION

23. In carrying out your duties will you be acting on the directions or instructions of any other person? (The object of the question is to discover who - if anyone - controls what you do - e.g. a chief executive officer reports to the Board).	
23.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

24. Do you in your private capacity or any corporate body of which you are a director, secretary, controller, manager or shareholder or any related party, undertake business with the Organization in connection with which the application is being made?	
24.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full details:

25. Are any shares in the organization in connection with which the application is being made, registered in your name or in the name of a related party?		
25.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES: please specify the number of shares held	
	please give the name(s) in which the shares are held	
	please specify the class of shares	

26. Do you hold any shares in the organisation in connection with which the application is being made, as trustee or nominee?	
26.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

27. Are any of the shares mentioned in the answer to Questions 24 and 25, pledged to any party?	
27.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

28.	What proportion of the voting power at any general meeting of the Organization in connection with which the application is being made (or of another body corporate of which it is a subsidiary) are you or any related party entitled to exercise or control the exercise of?

29.	Are you aware of any business interests, employment obligations or other situations which may give rise to conflicts of interests in the performance of the activities associated with your proposed post with the Organization(s) in connection with which this P.Q. is being submitted?
29.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

30.	Is there any further information of direct relevance for the IRA to carry out its fit and proper test effectively?
30.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide details:

SECTION 9: CONFIRMATIONS

31. Are there any contractual impediments or restrictions through any previous occupation or employment, which preclude you in any way from taking up the position in Q.2 for which this P.Q. is being completed?	
31.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

32. Have you at any time been found in breach of regulations or convicted of any offence, criminal or otherwise, by any Tribunal or court? If so, give full particulars of the forum which determined the breach, offence or conviction and/or full particulars of its decision, the offence and the penalty imposed and the date of conviction/decision.	
32.1	YES <input type="checkbox"/> NO <input type="checkbox"/>
32.2	Court:
32.3	Offence:
32.4	Penalty:
32.5	Date:

33. Are you a subject of any current criminal investigations and / or proceedings?	
33.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please give details:

34. Have you been a subject of any civil proceedings or litigation? Are you presently, or do you expect to be engaged in litigation?	
34.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

35. Have you or any body corporate, partnership or unincorporated entity with which you are, or have been, associated as director, controller or manager:	
35.1	ever been censured, disciplined or publicly criticised by any Court of Law, regulatory authority, officially appointed enquiry or by any professional body or trade association? YES <input type="checkbox"/> NO <input type="checkbox"/>
35.2.	ever been the subject of a regulatory disciplinary measure or been refused or had revoked or restricted or suspended a licence or authorisation to carry on a business activity for which a specific licence or authorisation or other permission is required? YES <input type="checkbox"/> NO <input type="checkbox"/>
35.3	ever been found guilty of conducting or been investigated for possible conduct of any licensable activities without the necessary licence, authorisation or permits? YES <input type="checkbox"/> NO <input type="checkbox"/>
35.4	ever been the subject of an investigation (whether current or previous) by a governmental, professional or other regulatory body or have you resigned whilst under investigation? YES <input type="checkbox"/> NO <input type="checkbox"/>
35.5	If any of the above questions (Q. 34.1 – 34.4) has been answered YES, please provide full details:

36. Have you, or any body corporate, partnership or unincorporated entity with which you are, or have been associated as a Director, Chief Executive Officer or Manager withdrawn an application that had been submitted to a regulatory or licensing authority?	
36.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

37. Have you been dismissed from any office or employment or barred from entry to any profession or occupation?	
37.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

38. Have you been adjudicated bankrupt by a Court or Tribunal?	
38.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

39. Have you failed to satisfy any debt adjudged due and payable by you as a judgement debtor under an order of a Court or Tribunal?	
39.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

40. Have you, in connection with the formation or management of any body corporate, partnership or unincorporated entity been adjudged by a court liable for any fraud, forgery or other misconduct by you towards such a body or company or towards any members thereof?	
40.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars:

41. Has any body corporate, partnership or unincorporated entity with which you were associated as a director, controller or manager been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading?	
41.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give full particulars: If YES, please also confirm whether any of the above mentioned proceedings occurred in circumstances where creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within five years after you ceased to be associated with it:

42. Have you (in your individual capacity) or any body corporate, partnership or unincorporated entity with which you were associated ever been asked to close a bank account or had a bank account closed by the bank?	
42.1	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide details:

SECTION 10: REFERENCES
To be completed by the applicant

10.1 Please provide two referees who are familiar with your financial service activities, one of whom must be your most recent previous employer

Referee 1 (most recent previous employer)

Name	
Position	
Address	
Email Address	

Referee 2

Name	
Position	
Address	
Email Address	

10.2 Have both these referees given their permission? Yes No

If NO, please give reasons below:

10.4 Please note that the Authority may carry out a Regulator check if the individual has previously been employed by a regulated entity in another jurisdiction.

SECTION 11: DECLARATION

DECLARATION

I, (name of individual)

Declare:

- a) that I have truthfully and fully answered the relevant questions in this Questionnaire and disclosed any information which might reasonably be considered relevant;
- b) that I will promptly notify the Authority of any changes in the information I have provided and supply any other information that may arise: and
- c) that I fully understand and acknowledge that a failure on my part to comply with the declaration will render the application liable to be refused and, if such failure is discovered after the application has been accepted, will render the application liable to be suspended or revoked.

I hereby understand and consent that the Authority 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 bankers named in this Questionnaire, together with any other person, body or institution (including the Police) which the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment.

Name of Applicant (in block capitals)

Passport Number/ Driving Permit or alternatively I. D. Number *:		Place and date of Issue of Passport/driving permit or ID:	
---	--	--	--

Date: _____

Signed: _____

SECTION 12: DECLARATION BY THE ORGANISATION

I confirm, on behalf of the organization that I have read and understood the Important Information on pages i-iii. I also certify that the above information is complete and correct to the best of our knowledge and belief. After verifying to the extent possible, the information included in this P.Q., and following our own due diligence enquiries, the organisation believes that the Applicant is fit and proper to take up the position as proposed in section 1 of this P.Q..

Name of Organisation (in block letters): _____

Name of person signing on behalf of the Organisation		Position / Title	
--	--	------------------	--

Date: _____

Signed: _____

N.B: This Declaration should be signed on behalf of the organisation, by an individual who has been authorised to sign on behalf of the organization. The individual should be of sufficient standing within the organization in question. The organization should keep adequate record of the delegated authority evidencing that the individual in question has been authorised to sign on its behalf.

Please ensure that the following documentation is attached to this Personal Questionnaire Form:

- a. An authenticated copy of an identification document (I.D. card or passport)
- b. A recent conduct certificate (which should not be more than 3 months old) from the police authorities or an equivalent certification from the country of residence of the individual completing the PQ;

N.B. Please note that the submission of a detailed Curriculum Vitae is required.

Signature of Applicant: **Date:**.....

Name of Witness

Signature: **Date:**

Address:

Occupation: Judge / Notary Public / Commissioner of Oaths / Advocates of the High Court
.....

FOR OFFICIAL USE

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