

# Personal Questionnaire Form



## **FINANCIAL SERVICES AUTHORITY**

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# Personal Questionnaire Form

## 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 a relevant Act.
- 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
- All amounts are to be recorded in United States Dollars (US\$). Conversion from foreign currency should be made using the current exchange rate.
- Please ensure that all answers and information are true and correct. Failure to do so constitutes a criminal 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
  - 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
- The application signature on this Personal Questionnaire Form should be witnessed by one of the above-mentioned Acceptable Certifiers.

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

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1. Name of the Company in connection with the application			
2. Surname			
3. Forename(s)			
4. Maiden name (if applicable)			
5. Have you been known by any previous name(s)?			
6. Are there any names by which you are also known as?			
7. Date of Birth			
8. Place of Birth			
9. Are you completing this questionnaire as a director / manager / officer / etc?			
10. For Chairman and Non-Executive Directors only: (a) How much time do you give, or (if a new appointment) do you anticipate giving, to the work of the license holder?			
(b) What particular contribution do you consider that you bring, or (if new appointment) you will bring, to the work of the license holder?			
11. National Identity Number and/or National Insurance number and/or Social Security number. Please tick and provide identification number below.	National Identity Number <input type="checkbox"/>	National Insurance Number <input type="checkbox"/>	Social Security Number <input type="checkbox"/>
12. Nationality(ies): Please state how nationality(ies) was acquired, e.g. by birth, naturalization or marriage. If acquired by naturalization or marriage, indicate previous nationality.			
13. Please attach a certified copy of your passport(s).  <i>(N.B. The identification should contain a photograph which must be certified by a suitable certifier, who has known the incumbent for at least two years. Certifiers should state on the identification document that it is a true copy of the original document, and sign at the back of two passport photos certifying that it is a true likeness of the individual. The certifier should sign under seal, state his/her name in block capitals, telephone number, profession, name and address of business or official stamp, and date on which the document is being certified.)</i>	Attached?  Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

Dates	Address

15. 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

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

Membership No.	Professional Qualification	Year Obtained

17. 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	Associate (A) Fellow (F) Member (M)	Year Admitted

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18. Beginning with your present occupation or employment, please list all occupations and employment during the last 10 years including the full name and addresses of the employers, the nature of the businesses, the positions held and the relevant dates. (NB: The Authority may seek references from previous employers.)

Name / Address of employer	Nature of Business	Position Held	Relevant Dates

19. Details of any bodies corporate of which you are a director, managerial staff or officer

Company Name	Company Number	Country of Registration

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20. Details of any litigation in which you are now involved.

21. Details of any judgment against you.

***If any of the answers to questions 22 to 33 are "Yes", please give full particulars on a separate sheet of paper clearly stating the number of the question to which the details relate. Please note that no time restrictions apply to the matters you are asked to disclose. Any convictions and other facts must be stated.***

22. Have you or any other body corporate, partnership or unincorporated institution to which you are, or have been associated with as a director, managerial staff, officer ever applied to any regulatory authority in any jurisdiction for a license or other authority to carry on this type of business or other similar activity, regardless of whether the application was successful.	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Have you or at any time been convicted of any criminal offence? If so, give full details of court by which you were convicted, the offence and the penalty imposed and the date of conviction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Have you or any body corporate, partnership or unincorporated Institution to which you are, or have been associated with as a director, managerial staff, or officer been subject of an investigation by a government, professional or other regulatory body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Have you ever been subject of a disciplinary enquiry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Have you ever been suspended from any office or asked to resign?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Have you been dismissed from any office of employment or barred from entry to any profession or occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Have you ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of the company, partnership or unincorporated company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Have you ever been adjudged bankrupt by a court or your estate sequestrated, or entered into any compromise with creditors, or are you currently the subject of bankruptcy proceedings or proceedings for the sequestration of your estate? Are you aware of any such proceedings pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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30. Have you failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. Have you in connection with the formation or management of 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 members thereof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Has any body corporate, partnership or unincorporated Institution with which you were associated as a director, managerial staff or officer been compulsory wound up or made any compromise or arrangement with 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 year after you ceased to be associated with it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. In carrying out your duties, will you be acting on the directions or instruction of any other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
34. Provide the name, address and contact person of two banks (including your principal bank) whom you hereby authorize the Financial Services Authority to contact with a view to seeking information about how satisfactorily you have conducted your financial affairs over the previous five years.	

## 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 Financial Services Authority of any
- c) changes in the information I have provided and supply and any other information that may arise: and
- d) 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 Financial Services Authority (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.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_



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## Checklist

Below is a checklist that has been designed to assist applicants to ensure that all of the information required by FSA for individuals who are required to be found 'fit and proper' by the Authority in accordance with a relevant Act.

Has the Personal Questionnaire form been filled out in full?	<input type="checkbox"/>
Comprehensive and Up-to-date Curriculum Vitae	<input type="checkbox"/>
Certified true copy of passport	<input type="checkbox"/>
1 passport size photograph	<input type="checkbox"/>
Certified proof of residential address	<input type="checkbox"/>
One original bank reference	<input type="checkbox"/>
Certified copies of stated higher academic qualifications	<input type="checkbox"/>
Certified copies of stated professional qualifications	<input type="checkbox"/>
Certified copies of stated membership to professional bodies	<input type="checkbox"/>
Past Employment references (if applicable)	<input type="checkbox"/>
List of Directorships (if applicable)	<input type="checkbox"/>
Detailed job description	<input type="checkbox"/>