

Personal Questionnaire Form



FINANCIAL SERVICES AUTHORITY

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Personal Questionnaire Form

Notes

- This form should be completed by all individuals who are required to be vetted in connection with an authorized entity, licensee or licence applicant.
- Pursuant to Section 27(1)(x) of the Financial Services Authority Act, 2013, the Authority may take enforcement action against a licensee if the licensee has provided the Authority with false, inaccurate or misleading information, whether on making an application for a licence or subsequent to the issue of the licence. In line with Section 43(1) a person commits an offence if the person makes any representation or submits an information which he knows to be false or does not believe to be true.
- It should not be assumed that information is known to the Authority because it is in the public domain or because it has previously been disclosed to the Authority or other regulatory body. If you are uncertain that the information is relevant, you are strongly recommended to include it.
- The information requested in this form are not exhaustive of the matters that the Authority may need to consider. The Authority reserves the right to seek references from any organisations and individuals named in the responses. It is important therefore to ensure that full names and addresses are provided.
- The Authority requires that forms are completed in its entirety. The Authority shall return forms that are incomplete or that does not disclose full information and as such, this may result in delays.
- The Authority will use the personal information provided to discharge its statutory functions. The Authority may share the information with other bodies, including regulatory bodies in line with its statutory powers.
- All Directors and managerial staff of a licensee shall be and remain fit and proper. The requirement to be “Fit and Proper” is an ongoing requirement. You are therefore required to notify the Authority of any material changes to your circumstances in a timely manner.
- An applicant should not occupy the proposed position or perform any related function until such time that the Authority has granted its approval.
- Completed forms and accompanying application documents should be submitted to:

The Chief Executive Officer
Financial Services Authority
Bois de Rose Avenue
P.O. Box 991
Victoria
Mahé
Seychelles

Personal Questionnaire Form

Instructions for completing the Personal Questionnaire Form

- This form is to be completed in either English or French.
- 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 for your answer(s), a separate page may be used, clearly identifying the continuation of your answer by stating the number of the question.
- 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 a criminal offence and can lead the Authority to reject an application or revoke a licence that has been granted on the basis of untrue or incorrect information.
- Please ensure that all documents as per the checklist are provided.
- All documents required to be attached with this Questionnaire must be current and dated no more than 3 months from the date of submission.
- Certifiers are required to 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. The certifier should not be closely related to the person whose identity is being certified (e.g. immediate family member, spouse, etc.)
- The following categories of Certifiers are considered acceptable by the Authority:
 - (i) a Judge
 - (ii) a Notary public
 - (iii) a Magistrate
 - (iv) a Barrister-at-Law
 - (v) a Solicitor
 - (vi) an Attorney-at-Law
 - (vii) a Commissioner of Oaths

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

FOR OFFICIAL USE ONLY	
Date PQ Received	
Application Number	
Assigned Officer	

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Section 1: General Information	
1. Name of the Authorized Entity / Licensee / Licence Applicant	
2. Licence(s) under which the application is being lodged ¹	
3. Proposed Role within the Licensee / Licence Applicant	
4. For the role of Compliance Officer, please specify under which Act the application is being lodged	<input type="checkbox"/> Financial Services Authority Act <input type="checkbox"/> Anti-Money Laundering and Countering the Financing of Terrorism Act
Section 2: Personal Details	
5. Surname	
6. First name(s)	
7. Title (Mr, Mrs, Ms and etc.)	
8. a) Other names that you are/ have been known by <i>(including name at birth, previous married names, aliases).</i> b) Indicate reason for change of name i.e. Marriage, divorce, adoption by common usage etc. (please provide proof of same)	
9. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
10. Date of Birth	
11. Place of Birth	
12. Country of permanent residence	
13. Email Address(es) for serving of correspondences	
14. Postal address(es) for serving of correspondences	
15. Preferred telephone number(s) <i>(please include the country code if an international number)</i>	

¹ This refers to the licence(s) under which the application is being lodged; whereby the individual would be assessed in relation to the licence(s) specified only.

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16. Other telephone number(s) <i>(please include the country code if an international number)</i>			
17. Fax Number(s) <i>(please include the country code if an international number)</i>			
18. 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"/>
19. Passport Number(s)			
20. Nationality (ies)			
21. Beginning with your current residential address, list below all addresses during the last 5 years with relevant dates.			
Dates		Address	
Section 3: The Proposed Role			
22. Is your role with the licensee or licence applicant full time or part-time?	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
23. For applicant working on a part-time basis only			

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How much time do you give, or (if a new appointment) do you anticipate giving, to the work of the licence holder?			
24. For entities licenced under the International Corporate Service Providers Act, 2003 only: Will you be fulfilling the dual control requirement as specified under paragraph 4 of the Code of Licencees of the ICSP Act?			
25. a) Will you be based in Seychelles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) If no, indicate the length of time to be spent in the Seychelles per year.	None <input type="checkbox"/>	< 1 Month <input type="checkbox"/>	< 6 Months <input type="checkbox"/>
c) If no, indicate the Country and business address where you will be based.			
Section 4: Academic Qualifications, Professional Qualifications and Memberships			
26. Details of any higher academic qualifications and the year in which they were obtained. (E.g. BA, LLB, MBA , LLM etc.). Please provide certified true copies of certificates in relation to the qualifications obtained. In the event that the applicant is unable to provide proof of a stated qualification, the Authority shall not consider the stated qualification in its assessment.			
Qualification	Institution / Awarding Body	Year Obtained	

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27. Details of any professional qualifications and the year in which they were obtained (E.g. ICA, ICSA, STEP, CISI, ACCA, ACIB etc.). Please provide certified true copies of certificates in relation to the qualifications obtained. Part Qualifications may also be included provided that they are indicated accordingly. In the event that the applicant is unable to provide proof of a stated qualification, the Authority shall not consider the stated qualification in its assessment.

Professional Qualification	Year Obtained

28. Details of any current memberships of relevant professional bodies, their contact details and year of admission (e.g. Institute of Directors, Institute of Management, etc.).

Membership No	Name of Institution and Contact Details	Associate (A) Fellow (F) Member (M)	Year Admitted

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29. Details of any relevant training undertaken (e.g. AML/ CFT Training, Compliance Training, etc.)

Year	Training	Training provider	Duration

Section 5: Career History

30. 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 employment dates for each position. Kindly provide the latest employment reference from the list below (NB: The Authority may seek references from previous employers.)

Name, address and contact details of employer	Nature of Business	Position(s) Held	Dates of employment

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31. Details of any body corporate or authorized entities of which you are a Director or Secretary.

Company Name	Company Number	Country of Registration	Nature of Business	Position Held

32. Details of any trust on which you are the trustee, enforcer or protector in a personal capacity.

Name of Trust	Registration Number	Country of Registration	Position Held

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33. Details of any body corporate or authorized entities of which you are in partnership, have other business interests or affiliations.

Company Name	Company Number	Country of Registration	Nature of Interest/ Affiliations	Nature of Business

34. Details of any previous approvals as a key person by a relevant financial services regulatory authority (or equivalent) in any jurisdiction (if applicable), including Seychelles.

Position	Jurisdiction	Year approval obtained	Nature of Business	Regulatory Authority

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35. Details of any previous and ongoing applications made by you, or any body corporate, authorized entities, partnership or unincorporated institution with which you are, or have been associated as a director, controller, key person or company secretary, to carry on any financial services activity whether successful or not.

Position	Name of jurisdiction and Regulatory Authority	Year	Nature of Business	Outcome

Section 6: Civil and Disciplinary Proceedings and Offences and Criminal Matters

If any of the answers to questions 35 to 52 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. The questions refer to all jurisdictions and countries, and your answers should not be restricted to any one jurisdiction in isolation. Declaring a conviction etc. should not be seen as an automatic bar to licensing, as all matters are judged individually on their merits.

36. Is there any outstanding or upcoming civil or criminal litigation against you (including in your capacity as trustee of a trust) or any company of which you are an officer; or are there any current proceedings issued by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. Have any civil or criminal judgments ever been issued against you (including in your capacity as a trustee or a trust)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
38. Have you, in any capacity, ever had a formal warning or been censured, disciplined or publicly criticized by any Court of Law or by any officially appointed enquiry, whether in the Seychelles or	Yes <input type="checkbox"/> No <input type="checkbox"/>

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elsewhere or by any professional or regulatory body or any trade association to which you have belonged or do belong, or been the subject of a regulatory order or direction?	
39. Have you at any time been convicted of any criminal offence? If so, give full details of the 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"/>
40. Have you or any body corporate, authorized entities, 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"/>
41. Have you ever been subject of a disciplinary enquiry or internal investigation in connection to a post or office held?	Yes <input type="checkbox"/> No <input type="checkbox"/>
42. Have you ever been suspended from any office or asked to resign, had your contract terminated, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
43. 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"/>
44. Have you ever been disqualified by a Court or other authority 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"/>
45. Have you in connection with the formation or management of any body corporate, authorized entity, 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"/>
46. Has any body corporate, authorized entity, 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"/>
47. For Directors Only: 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"/>
48. Have you ever been deported from any country, or have you ever had a visa denied or revoked to any country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
49. Have you ever been subject to any penalty or enforcement action by any other government agency (e.g. Tax Authority, Financial Intelligence Unit, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
50. Have you ever held a Directorship or other senior appointment with any company, partnership or business entity which has been placed into liquidation, receivership, insolvency or any kind of regulatory administration or monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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51. 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"/>		
52. 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"/>		
53. Are you in default of payment of any mortgage facility, loan agreement, credit cards, bank overdraft facility, penalty or enforcement action by any other government agency or any other type of financial liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
54. Provide details of all banks (or other financial institutions ²) which you have conducted your financial affairs over the previous five years.			
	Bank 1	Bank 2	Bank 3
Name of Bank			
Address			
Contact Number			
Section 8: Disclosure of Conflict of Interest			
<i>Please be advised that the information provided below will not affect your application. It is requested so that the Authority can identify and manage potential conflicts of interest, both in the handling of this application and in any future dealings with your organization.</i>			
Do you have any close connection with a member or employee of the Authority (for example, friends, close business relationship or immediate family (which includes spouse, partner, children and their spouses or partners, parents or siblings)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, please disclose the name(s) of the individual(s) in the space provided and the nature of the connection or relationship.</i>			

²For the purpose of this question, the definition for Financial Institution comprises of Depository and Investment Institutions.

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Please disclose any other facts that you believe are material to the Authority in considering your application.

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DECLARATION

I, (state full name):

Declare:

- a) that I have, to the best of my knowledge, 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 changes in the information I have provided and will 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 to be subject to refusal and, if such failure is discovered after the application has been accepted, will annul any authorisation provided.

I hereby understand and consent that the Financial Services Authority may wish to make enquiries, both now and on a continuing basis, to satisfy itself as to my initial and continuing fitness and propriety. 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 of my initial and continuing fitness and propriety.

I consent to the Financial Services Authority accessing and using information on my credit history from credit information sources in the Seychelles or elsewhere for its determination.

Applicant

Signature:

Date:

DECLARATION BY LICENCE HOLDER³

This declaration should be signed by one (1) director of the licence holder.

I, as the director of (insert name of licence holder) hereby confirm that I have read and understood the instructions provided in this form. I certify that the information provided herein is complete and correct to the best of my knowledge and belief. After verifying to the extent possible the information included in this form, and following due diligence measures undertaken, I believe that the applicant satisfies the requirements to be deemed fit and proper to take up the proposed position stated in Question 3 of this Form.

Name of Director:

Signature:

Date:

³ In the case of a licence applicant, this declaration should be signed by one of the proposed director of the applicant.

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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 the Financial Services Authority has been submitted in order for the Authority to determine if the applicants are fit and proper.

Personal Questionnaire completed in full	<input type="checkbox"/>
Certified true copy of passport(s)	<input type="checkbox"/>
1 recent passport sized photograph signed at the back by certifier ⁴	<input type="checkbox"/>
Certified proof of residential address not older than three months e.g. utility bill (water &/or electricity) and / or bank statement/ and/ or tenancy agreement	<input type="checkbox"/>
1 Original or Certified bank reference from each bank with which you are affiliated and a Report from Credit Rating Agency from Country of Residence (if available)	<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"/>
Certified copies of stated trainings	<input type="checkbox"/>
Latest employment reference (if applicable)	<input type="checkbox"/>
List of directorships, partnerships, other business interests or affiliations (if applicable)	<input type="checkbox"/>
Detailed job description of your proposed role or position	<input type="checkbox"/>
Detailed resumé	<input type="checkbox"/>
Original or Certified Police Character Reference/certificate not older than three (3) months from the Country in which the applicant resides or its equivalent	<input type="checkbox"/>
Tax Clearance Certificate from the Country in which the applicant resides or its equivalent	<input type="checkbox"/>
Politically Exposed Person Self-Declaration Form	<input type="checkbox"/>

⁴ The passport copy must be certified by an acceptable certifier, who has known the incumbent. Certifiers should state on the identification document that it is a true copy of the original document, and sign at the back of a recent passport photo 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.