



FINANCIAL SUPERVISION COMMISSION

PERSONAL QUESTIONNAIRE

***FOR ALL INDIVIDUALS WHO ARE REQUIRED TO BE VETTED IN CONNECTION
WITH A LICENCEHOLDER/LICENCE APPLICANT***

Please note, submission of incomplete questionnaires and failure to disclose full information may result in significant delays. Incorrect or incomplete questionnaires may be returned. The Commission does not accept responsibility for any loss incurred in these circumstances.

The provision of inaccurate or incorrect information can be taken into account when considering whether or not a person is 'Fit and Proper' for the proposed role. It is a criminal offence to knowingly or recklessly give any information which is false. (Under section 40 of the Financial Services Act 2008)

Please return this form, directly or via your employer, to:-

*Financial Supervision Commission
P O Box 58
Finch Hill House
Bucks Road
Douglas
Isle of Man
IM99 1DT*

VERSION: July 2008

PERSONAL QUESTIONNAIRE

*The form can be downloaded from our website in Microsoft Word format, with boxes that will expand to fit the text. You must not alter or delete any questions (the questions are read-only to protect against accidental alteration). You must not re-type or reformat the form. Alternatively, you can print the form and complete it using **BLOCK CAPITALS AND BLACK INK**. You may provide information on additional sheets, if necessary, signed and dated.*

Do not assume that information is known to the Commission merely because it is in the public domain or has been previously disclosed to the Commission or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If you have any doubt about the relevance of information, it should be included.

Key individuals in a regulated business are required to demonstrate that they are "Fit and Proper" to undertake their role. The requirement to be "Fit and Proper" is an ongoing requirement and individuals must therefore demonstrate that they are "Fit and Proper" on an ongoing basis. A summary of the "Fit and Proper" criteria can be obtained from the Commission's website www.fsc.gov.im under Authorisations and full details are found in the Commission's licensing policy for the relevant type of licence (copies of which can be found in the appropriate handbook on the Commission's website www.fsc.gov.im)

*The areas covered on this declaration are not exhaustive of the matters that the Commission may need to consider when assessing whether a person is "Fit and Proper". The Commission may, therefore, request further information in relation to your application. The Commission reserves the right to seek references from any organisations and individuals named in your answers. It is important, therefore, that you ensure that **full names and addresses** are provided wherever relevant.*

The Commission will use the personal information provided by you to discharge its statutory functions. In undertaking these functions the Commission may share the information with other bodies including regulatory authorities under its statutory powers to do so but it will not disclose it for any other purpose without your permission.

Section A: DETAILS OF THE LICENCEHOLDER/LICENCE APPLICANT
I. Name of licenceholder / licence applicant in connection with which this questionnaire is being completed:

Personal Questionnaire

Section B: PERSONAL DETAILS OF APPOINTEE

3. PERSONAL DETAILS

Title e.g. Mr/Mrs/Miss/Other:		
Forename(s):		
Surname		
Previous name(s):		
Reason/means by which the name was changed (e.g. deed poll, marriage) (including the date of the change)		
Date of brth:		
Town of birth:		
Country of birth:		
National Insurance/ Social Security No.:		
Nationality:		
Has your nationality changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was previous nationality and date of change?		

4. CONTACT DETAILS

Current Residential Address:	Contact Numbers (including Codes)	
	Home Telephone Number:	
	Daytime Contact Number:	
	Preferred Contact Number:	

5. IDENTIFICATION DOCUMENTATION

Please attach a certified copy of your passport or driving licence.

NB The identification document should contain a photograph and be certified by one of the current 'Isle of Man Resident Officer' of the licenceholder or a suitable certifier as defined in the 'Anti Money Laundering and Countering the Financing of Terrorism Hand Book' ("the hand book").

On the copy of the document being certified, the certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Certifiers should state that it is a true copy of the original document

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Section C: YOUR PROPOSED ROLE

6. In what capacity are you completing this questionnaire?

7. What is the official job title?

8. Please give details of the specific responsibilities of the post (*please attach a signed and dated job specification/description if available.*):

9. If your role/post is within a corporate service provider, will you be acting as a director or company secretary of client companies?

Yes

No

10. If your role/post is within a trustee service provider, will you be acting as a trustee, protector or enforcer?

Yes

No

11. How much time do you give, or (if a new appointment) do you anticipate giving, to the role?

12. (*To be completed by Chairmen and Non-Executive Directors only.*) What particular contribution do you consider that you make, or (if a new appointment) you will make, to the work of the licenceholder?

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Section E: CAREER HISTORY

15. Beginning with your present occupation or employment, please list all occupations and employment during the last ten years including the **full name and address of the employer**, the nature of the business, the position held and the relevant dates (to the nearest month).

*NB The Commission will seek references from all employers. Please therefore give **complete** details using a separate signed and dated sheet if necessary. Please also note that if your **current** employer is **not** the licence applicant or licence holder detailed in **Section A**, we will need to contact them to request a reference. Please notify us if you have any concerns about the timing of this request. See below**

<i>Name and Address of Employer</i>		<i>Nature of Business</i>	<i>Position Held</i>	<i>Relevant Dates</i>	
				<i>From MM/YY</i>	<i>To MM/YY</i>
Name					
Address					
*Can we contact this employer immediately?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					

Any periods of self-employment should be accompanied by the names and addresses of two professional persons (lawyers, accountants etc.) who knew the applicant at that time. If there are any gaps in the employment history, please provide an explanation.

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16a) Are you a director, controller, key person, or company secretary of any body corporate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please provide total number of appointments (including as alternate director and assistant secretary).		
16.b) Are you a trustee, enforcer or protector of any trust in a personal capacity other than in the course of your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please provide total number of appointments.		

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Section F: CIVIL AND DISCIPLINARY PROCEEDINGS		
	YES	NO
17. Has a court or other authority ever disqualified you from acting as a director of a company, or from acting in the management or conduct of affairs of any company, partnership or unincorporated association or has a court ever removed you as a trustee? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there any outstanding civil 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? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any civil judgements ever been issued against you (including in your capacity as trustee of a trust)? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you, in any capacity, ever been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry whether in the Isle of Man or 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 /direction? If so, please explain the circumstances thereof.	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, key person or company secretary been the subject of an investigation by a governmental, professional or other regulatory body or have you ever been questioned, or given evidence, in connection with such an investigation? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been the subject of a disciplinary enquiry or internal investigation carried out by or on behalf of an employer or in connection with a post or office held? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been suspended from any office, asked to resign, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been dismissed from any office or employment? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever been barred from entry to any profession or occupation or been the holder of a practising certificate and have surrendered it, had it revoked, withdrawn or qualified (e.g. where conditions had to be added)? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been declared or has a court ever adjudged you bankrupt or have any money judgements been made against you, which have not been satisfied in full? If so, please give full particulars including your address at the time.	<input type="checkbox"/>	<input type="checkbox"/>

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27. Have you, in connection with the formation or management of any body corporate, partnership or unincorporated body ever been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or toward any members thereof? If so, please give full particulars including your address at the time.	<input type="checkbox"/>	<input type="checkbox"/>
28. Has any body corporate, partnership or unincorporated institution with which you were associated as a director, controller, 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 year after you ceased to be associated with it? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>

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Section G – OFFENCES AND CRIMINAL MATTERS, INCLUDING SPENT CONVICTIONS

By virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 (as amended), spent convictions must be disclosed to the Commission.

	YES	NO
29. Have you ever been convicted of any offence, by any court, including a civil or military court? If so, please give full particulars of the court by which you were convicted, the offence, the penalty imposed and the date of conviction. (Please note this includes juvenile convictions). <i>Only parking or speeding offences need not be disclosed.</i>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are you the subject of any current criminal proceedings or investigations (to the best of your knowledge and belief)? If so, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to the questions in sections F and G are "yes", please give full particulars (on a separate signed and dated sheet, if necessary) clearly stating the number of the question to which the details relate.

If you are in any doubt as to how to answer these questions please contact us

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Section H – GENERAL		
	YES	NO
31. Are you being proposed to take on an 'Isle of Man Resident Officer' role, as laid out at section 8.21 of the Rule Book?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have any close connection with a member of the Commission or any employee of the Commission e.g. family, friends, close business relationship, common business interests etc? If so, please provide details below. [<i>Please note: This information will not affect your application. It is requested so that the Commission can identify and manage potential conflicts of interest, both in the handling of this application and in any future dealings with your organisation, should you be approved</i>]	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, key person or company secretary, ever applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on banking or investment business, to provide corporate or trust services or to carry on any other financial services activity? If so, please list all applications showing whether they have been successful or unsuccessful.	<input type="checkbox"/>	<input type="checkbox"/>
34. Please disclose any other facts that you believe are material to the Commission in considering your application.		

**Section I – DECLARATION
(TO BE COMPLETED BY ALL APPOINTEES)**

I certify that the information provided is complete and correct to the best of my knowledge and belief.

I understand the responsibilities and the legislation / regulations which relate to the proposed role.

I understand and accept that the Financial Supervision Commission ("the Commission") 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 authorise any persons, institutions or bodies named in this Questionnaire, together with any other person, body or institution that the Commission may approach, to provide such information, as the Commission believes may be relevant to its assessment of my initial and continuing fitness and propriety.

I also authorise the Commission to disclose to any licence applicant or licensed business in connection with which I may be assessed, information which the Commission believes may be relevant to its assessment of my initial and continuing fitness and propriety.

Signed _____ Date _____

COMPLETION CHECKLIST

Have you completed all questions relevant to your appointment?

Have you enclosed suitably certified identification?

If you answered 'yes' to any questions in sections F and G, have you attached all details?

Have you attached all of the information you wish to supplement this form (e.g. CV)?

Have you completed the Banker's Questionnaire to accompany this form?

Have you signed and dated all attachments?