

APPENDIX IV

PERSONAL QUESTIONNAIRE

**TO BE COMPLETED BY ANY PERSON INTENDING TO BECOME A
CONTROLLER OR OFFICER OF AN ENTITY LICENSED UNDER
THE INVESTMENT FUNDS ACT 2006**

Please return this form to:-

Banking, Trust & Investment Department
The Bermuda Monetary Authority
43 Victoria Street
Hamilton HM12
Bermuda

Personal Questionnaire

Please read the questions carefully. If more space is needed the answers should be written in the space provided at the back of this questionnaire headed “Additional Information.” Clearly state to which question the details relate. Answers should be written in ink in BLOCK CAPITALS or typed. When you return this form please ensure you enclose a full CV.

The areas covered in this questionnaire are not exhaustive of the matters that the Authority will consider in assessing whether a person is “Fit and Proper”.

A.

Name of entity in connection with which this questionnaire is being completed	Position with entity
Surname	Forename(s)
Maiden Name (if applicable)	Any previous name(s)
Date of birth	Place of birth
Country of citizenship	Residential address
Nationality*	Previous nationality*

B. (1) Specific responsibilities of the post (if any). If this questionnaire is being completed by a non-executive director, stating NED is sufficient.

* Nationality: Please include how Nationality was acquired, e.g. by birth, naturalisation or marriage. If acquired by naturalisation or marriage, indicate previous nationality.

(2) If you are completing this form as a current or prospective shareholder controller [within the meaning of section 2(A) of the Investment Funds Amendment Act 2010] indicate the category of controller involved (for example, a majority shareholder controller by virtue of control of 50 percent or more of the shares or voting power of the entity)

(3) Do you, in your private capacity undertake business with the institution? If so, give full particulars:

C. Details of any educational and professional qualifications and the year in which they were obtained:

Professional Qualification

Year Obtained

D. Details of current membership of any relevant professional bodies, their address(es) and the year of admission.

Professional Body

Address

**Year of
Admission**

- E.** Present occupation or employment and occupations and employment during the last 5 years (**a full CV should be attached**).

Name/Address Employer Nature of Business Position Held Relevant Dates

- F.** Name any companies or businesses of which you are (or have been in the last 10 years) a director, controller (10% ownership or above), manager or officer and the countries in which they are registered. If your relationship with the company has ceased, please give the date on which it terminated.

Name of Company Registration Number Country of Registration Capacity or Nature of Relationship

- G.** Please answer Yes or No to the following questions. If any of the answers to the questions below are yes, please give full particulars in the space provided at the back of this questionnaire clearly stating to which question the details relate.

	Yes/No
a. Have you at any time been a director, controller or senior executive of any institution whose licence to conduct fund administration, banking, insurance, investment, money services or other financial services business has during the period of your involvement or within 12 months thereafter, been revoked, cancelled, restricted, suspended, surrendered or withdrawn under any law?	
b. Have you at any time been convicted of any offence by any court, in Bermuda or elsewhere? If so, when giving particulars detail the court by which you were convicted, the offence, the penalty imposed and the date of conviction. (With reference to a Bermuda court, exclude 1. Any offence committed when you were under 18 years unless it was committed within the last 10 years; 2. Any road traffic offence; 3 Any offence that, for the purpose of the Rehabilitation of Offenders Act 1977 should be treated as spent).	
c. Have you incurred a judgement debt under an order of a court in Bermuda or elsewhere or made any compromise arrangement with your creditors within the last 10 years?	
d. Have you, in connection with the formation or management of any body corporate or unincorporated institution, been adjudged by a court in Bermuda or elsewhere to have civil liability for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?	
e. Are you presently or do you expect to be engaged in any litigation in Bermuda or elsewhere, other than in a professional capacity?	

CERTIFICATION

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

Name _____ **Position held** _____

Signature _____ **Date** _____

Additional Information

(Please state clearly to which questions the details relate)