

PERSONAL DECLARATION FORM FOR DIRECTORS/OFFICERS

A separate declaration must be completed and signed by each individual proposing to be a Director or an Officer of a Bermuda Company and/or Bermuda Group.

Name of Entity in connection with which this declaration is being completed:			
Surname:			
Complete forename(s):			
Known by other name(s):			
Any previous name(s):			
Name of Spouse:			
Residential Address: (P.O. Box <u>not</u> acceptable)			
Country of Citizenship (If more than one citizenship is held please attach additional details)			
Passport Details:	Passport No:		
	Place of issue:		
	Date of issue: (dd/mm/yyyy)		
	Date of Expiry: (dd/mm/yyyy)		
Valid Driver's Licence No.			
Date of Birth:	Day:	Month:	Year:
			Gender:
Place of Birth:	City:	Country:	
Present Employer:			

Occupation (if retired details of last occupation):	
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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES PLEASE PROVIDE DETAILS IN WRITING IN RESPECT OF THAT ANSWER.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have any interest in any company or partnership registered or formed in Bermuda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been refused consent to register a company or form a partnership in Bermuda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you or have you ever been an undischarged bankrupt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a criminal offence involving fraud, dishonesty, or any other criminal offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has fraud or dishonesty been proven against you in any civil proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of a <u>judicial</u> or <u>any other official enquiry/investigation</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a member in good standing of a self regulatory organisation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7a. If yes, name the organisation(s) _____ | | |
| 8. Have you ever been the subject of investigation, proceeding or other enquiry by a self regulatory organisation of which you are or were a member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you or any entity that you have been associated with, ever been refused or had a licence, permit or other authorisation revoked in any jurisdiction | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you or any person that you have been associated with, ever been a Politically Exposed Person (“PEP”)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10a. If yes please provide details | | |

I hereby certify that the information in this Declaration is true to the best of my information, knowledge and belief.

Signed: _____

Dated: _____