Tel: (242) 397-4100

Fax: (242) 356-7530

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E-mail: info@scb.gov.bs



SECURITIES COMMISSION OF THE BAHAMAS

Poinciana House, North Building 2nd Floor 31A East Bay Street P.O. Box N-8347 Nassau, Bahamas

Website: www.scb.gov.bs

Personal Questionnaire for

PROVIDERS ACT, 2020

Applicants to conduct On-Site Examination of FCSP pursuant to Part V 31 (2)

General Instructions:

Please complete all relevant sections. Where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced in the form and the reference index attached.

Completed applications should be submitted to:

Securities Commission of The Bahamas Poinciana House North Building, 2nd Floor 31A East Bay Street P.O. Box N-8347 Nassau, Bahamas

WARNING Intentional misstatement or failure to disclose information may constitute an offence.

Section A - Personal Details

1. Name of Person/Firm

2. REGISTERED OFFICE/BUSINESS ADDRESS

Street Address 1:
Street Address 2:
P. O. Box Number:
State:
Country:



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Contact Information:							
Dates at this Address:							
3. Date and Place of Bi	irth/Incorp	oration/Partnersh	ip Agreement				
Date:(DD/MM/YYYY)							
Place:							
4. BICA Licence #							
Section B - Discipline	History						
disciplined by any	fficer or si stock excl en denied a	gnificant security nange, securities admission, registr	ou were associated as a holder in any jurisdict regulatory body or pro- ation or renewal or had	ion ever been fessional			
Yes □	No						
Details:							
6. Have you/your firm or any person with which you were associated as a director, security holder, manager officer or significant security holder, in any jurisdiction ever been declared bankrupt, been convicted of a crime, or sued under any commercial law, securities law, companies law concerning fraud? (If yes provide full details)							
Yes	No						
Details:							
7. Have you/your firm at any time been involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn? (If yes, provide full details)							
Yes □	No						



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	tails:				
8 1	Have you/	our firm	in any i	urisdiction b	een dismissed from any office or employment
0					or occupation? (If yes, provide full details)
	Vac		Na	П	
	Yes		No		
De	tails:				
9.1	Has any ne	erson wif	h which	vou/vour firm	were associated as a director, manager,
J	officer or	security	holder in	n any jurisdic	tion, been compulsorily wound up or made any
					d trading in circumstances where its creditors
					full settlement of their claims, either while you ar after ceased to be associated with it? (If yes,
	provide f				a. a
	Yes		No	П	
	res		INO		
De	tails:				
De	tails:				
De	tails:				
De	tails:				
	. In carryin		ur duties	will you/you	r firm be acting on the directions or instructions
	. In carryin		ur duties		
	. In carryin		ur duties	will you/you	
	In carryin of any oth	ner perso	ur duties on? (If ye	will you/you	
10.	In carryin of any oth	ner perso	ur duties on? (If ye	will you/you	
10.	In carryin of any oth	ner perso	ur duties on? (If ye	will you/you	



FINANCIAL AND CORPORATE SERVICES PROVIDERS ACT. 2020

ATTESTATION

- I. "I/We, the undersigned, hereby affirm that to the best of my information, knowledge and belief, the contents of this form and any attachments provided with this form are true, correct and not misleading and that I/we am in compliance with all the applicable provisions of the Act. I/we undertake that, as long as I/we continue to be a director, security holder, manager, officer, or security holder of the registered person names in item 1, I/we will:
 - . Continue to comply with all the applicable provisions of the Act, and
 - Notify the Securities Commission of the Bahamas immediately of any material changes affecting the completeness of the answers to any of the questions above.
- II. "I/We hereby authorize the Securities Commission of the Bahamas to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. We understand that the results of these checks may be disclosed to the person who submitted this application."
- III. I/We hereby affirm that there is no conflict of interest, which I/we are aware of, and, should a conflict of interest become known to me/us, same will be brought to the attention of the Securities Commission of the Bahamas immediately.

Date:	Signature:
Witnessed by:	