



SECURITIES COMMISSION OF THE BAHAMAS

3rd Floor, Charlotte House
Shirley & Charlotte Streets
P.O. Box N-8347
Nassau, Bahamas

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FINANCIAL AND CORPORATE SERVICES PROVIDERS ACT, 2000

Personal Questionnaire for

Applicants to conduct On-Site Examination of FCSP pursuant to Part IV 11 (3) (b)

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:

The Inspector
Securities Commission of The Bahamas
3rd Floor, Charlotte House
Shirley & Charlotte Streets
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:	
Contact Information:	



**FINANCIAL AND CORPORATE SERVICES
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Dates at this Address:	
3. Date and Place of Birth/Incorporation/Partnership Agreement	
Date:(DD/MM/YYYY)	
Place:	
4. BICA Licence #	
Section B – Discipline History	
<p>5. 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 disciplined by any stock exchange, securities regulatory body or professional association, or been denied admission, registration or renewal or had a membership or registration? (If yes, provide full details)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Details:	
<p>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)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Details:	
<p>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involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn?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)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	



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Details:

8. Have you/your firm, in any jurisdiction, been dismissed from any office or employment or barred from entry to any profession or occupation? (If yes, provide full details)

Yes No

Details:

9. Has any person with which you/your firm were associated as a director, manager, officer or security holder in any jurisdiction, been compulsorily wound up or made any 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 ceased to be associated with it? (If yes, provide full details)

Yes No

Details:

10. In carrying out your duties will you/your firm be acting on the directions or instructions of any other person? (If yes, provide full details)

Yes No

Details:



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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 Inspector immediately of any material changes affecting the completeness of the answers to any of the questions above.

- II. “I/We hereby authorize the Inspector 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 Inspector immediately.

Date:	Signature:
Witnessed by:	