



# SECURITIES COMMISSION OF THE BAHAMAS

3rd Floor, Charlotte House  
Shirley & Charlotte Streets  
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Nassau, Bahamas

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## SECURITIES INDUSTRY REGULATIONS 2012 SCHEDULE 2 (Regulation 57 and Form 8)

### FORM 9

### Application for Recognition as CEO, Compliance Officer or Registered Representative of Registered Firm

**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 with the reference index also attached.

Completed applications should be submitted to:

The Authorizations Department  
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 Registered Firm          | <i>Full legal name of firm</i>  |
| 2. Name of Applicant                | <i>Full legal name of Applicant - (Surname, First, Middle)</i>  |
| 3. Previous Names                   | <i>List any previous names of the Applicant – (Surname, First, Middle)</i>                            |
| 4. Job Title                        | <i>A clear and specific written designation or title of the post to which the application relates</i> |
| 5. Type of Registration Application | <i>(Indicate role(s) for which approval is sought):</i>   |
|                                     | Chief Executive Officer : <input type="checkbox"/>  |
|                                     | Compliance Officer: <input type="checkbox"/>  |



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|                                 |  |  |
|---------------------------------|--|--|
|                                 | Representative – Trading: <span style="float: right;"><input type="checkbox"/></span>                                    |  |
|                                 | Representative – Discretionary Management: <span style="float: right;"><input type="checkbox"/></span>                   |  |
|                                 | Representative – Advising Only: <span style="float: right;"><input type="checkbox"/></span>                              |  |
| <b>6. Previous Registration</b> | <i>(Indicate if this is an application for reinstatement of a previous registration – If yes, provide full details )</i> |  |
|                                 | <b>Yes:</b> <span style="float: right;"><input type="checkbox"/></span>  | <b>No:</b> <span style="float: right;"><input type="checkbox"/></span> |
|                                 | <b>Details:</b>  |  |
| <b>7. Home Address</b>          | <i>Provide current home address:</i>   |  |
|                                 | Street Address 1:  | Country:   |
|                                 | Street Address 2:  | Telephone: ( )   |
|                                 | P.O. Box Number:   | Fax:   |
|                                 | State:   | Email Address:   |
| <b>8. Previous Home Address</b> | <i>Provide all previous home addresses during the last ten years – with relevant dates</i>                               |  |
|                                 | <b>Previous Address 1</b>  | <b>Previous Address 2</b>  |
|                                 | Street Address 1:  | Street Address 1:  |
|                                 | Street Address 2:  | Street Address 2:  |
|                                 | P.O. Box Number:   | P.O. Box Number:   |
|                                 | State:   | State:   |
|                                 | Country:   | Country:   |
|                                 | Dates at this Address:   | Dates at this Address:   |
|                                 | <b>Previous Address 3</b>  | <b>Previous Address 4</b>  |
|                                 | Street Address 1:  | Street Address 1:  |
| Street Address 2:               | Street Address 2:  |  |



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|   |   |                                       |
|---|---|---------------------------------------|
|   | P.O. Box Number:  | P.O. Box Number:                      |
|   | State:  | State:                                |
|   | Country:  | Country:                              |
|   | Dates at this Address:  | Dates at this Address:                |
| <b>9. Date and Place of Birth:</b>                          | Date:(DD/MM/YYYY)   |                                       |
|   | Place of Birth:(Including town, state and country)  |                                       |
| <b>10. Citizenship:</b>                                     | Bahamas: <input type="checkbox"/>   | Other: <input type="checkbox"/> _____ |
|   |   |                                       |
| <b>11. Identification:</b>                                  | <i>Please provide identification information ( Passport, Voters Registration, National Identification, Social Security, Tax Identification or Other and number)</i> |                                       |
|   | Type:   | Number:                               |
| <b>Section B - Employment and Education</b>                 |   |                                       |
| <b>12. Present Occupation or Employment &amp; Reference</b> | <b>Employer</b> <i>(Indicate name and address of present employer, nature of business, title of position and relevant date)</i>                                     |                                       |
|   | Name of Employer:   |                                       |
|   | Address of Employer:  |                                       |
|   | Street Address 2:   |                                       |
|   | P.O. Box Number:  |                                       |
|   | State:  |                                       |
|   | Country:  |                                       |
|   | Nature of Business:   |                                       |
|   | Title of Position Held:   |                                       |
|   | Relevant Start Date:  |                                       |
|   | <b>Reference</b> <i>(Provide the name, position, telephone number of a reference)</i>   |                                       |
|   | Name:   |                                       |
|   | Position:   |                                       |
|   | Telephone: ( )  |                                       |



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|   |   |  |
|---|---|--|
| <b>13. Prior Occupation or Employment &amp; Reference</b> | <i>(Indicate names and addresses of prior employer/s, nature of business, title of position and relevant date within the last ten years)</i>  |  |
|   | Name of Previous Employer:  | Name of Previous Employer:                           |
|   | Address of Previous Employer:   | Address of Previous Employer:                        |
|   | Street Address 2:   | Street Address 2:                                    |
|   | P.O. Box Number:  | P.O. Box Number:                                     |
|   | State:  | State:   |
|   | Country:  | Country:   |
|   | Telephone:  | Telephone:   |
|   | Fax:  | Fax:   |
|   | Title of Position Held:   | Title of Position Held:                              |
|   | Relevant Dates:   | Relevant Dates:                                      |
|   | <i>(Provide the name, position, telephone number of a reference)</i>  |  |
|   | Name :  |  |
|   | Position:   |  |
| Telephone: ( )  |   |  |
| <b>14. Current Associations</b>                           | <i>List Companies that Applicant is (a) presently the Director/Significant Security Holder or (b) previously been the Director/Significant Security Holder: (Specify the name, the country of occupation and nature of business in each case)</i> |  |
|   | <b>Current Director/Significant Security Holder</b>   | <b>Current Director/Significant Security Holder</b>  |
|   | Name of Company:  | Name of Company                                      |
|   | Country of Incorporation:   | Country of Incorporation:                            |
|   | Nature of Business:   | Nature of Business:                                  |
|   | <b>Previous Director/Significant Security Holder</b>  | <b>Previous Director/Significant Security Holder</b> |
|   | Name of Company:  | Name of Company:                                     |
|   | Country of Incorporation:   | Country of Incorporation:                            |



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|   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
|   | Nature of Business:   | Nature of Business:          |                             |
| <b>15. Education</b>                        | Describe the Formal Education or Training the Applicant has Securities Related Activities <i>(Including qualifications and year in which they were obtained)</i>                  |                              |                             |
|   | <b>Qualification</b>  | <b>Year</b>                  | <b>Other Details</b>        |
|   |   |                              |                             |
|   |   |                              |                             |
|   |   |                              |                             |
|   |   |                              |                             |
|   |   |                              |                             |
| <b>16. Other Professional Qualification</b> | Do you have any other professional qualifications? - e.g. lawyer, account, etc. <i>(If yes, provide full details)</i>   |                              |                             |
|   | Lawyer:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Accountant:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Other:<br>_____   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | <b>Details:</b>   |                              |                             |
| <b>17. Previous Positions</b>               | Are you or have you ever been a director, officer, security holder, or employee of any other entity registered with the Commission? <i>(If yes, please provide full details.)</i> |                              |                             |
|   | Director:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Officer:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Security Holder:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   | Employee:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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|  |  |
|--|--|
|  | <p><b>Details:</b></p><br><br><br><br><br><br><br><br><br><br>   |
| <p><b>18. Previous Registration</b></p>      | <p>Have you ever been licensed as a registered representative or similar capacity in any other jurisdiction? <i>(If yes, please provide full details including copy of evidence of such registration)</i></p> <p>Yes     <input type="checkbox"/>            No     <input type="checkbox"/></p>   |
|  | <p><b>Details:</b></p><br><br><br><br><br><br><br><br><br><br>   |
| <p><b>Section C – Discipline History</b></p> |  |
|  | <p><b>19. Have you 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? <i>(If yes, provide full details)</i></b></p> <p>Yes     <input type="checkbox"/>            No     <input type="checkbox"/></p> |
|  | <p><b>Details:</b></p><br><br><br><br><br><br><br><br><br><br>   |



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**20. Have you 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:**

**21. Have you 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     

**Details:**

**22. Have you, 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:**



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**23. Has any person with which you 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:**

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

Yes  No

**Details:**

**ATTESTATION**

**“I, 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 am in compliance with all the applicable provisions of the Act. I undertake that, as long as I continue to be the Chief Executive Officer, Compliance Officer or registered representative of the registered firm, I will**

- **continue to comply with all the applicable provisions of the Act’, and**
- **notify the Commission immediately of any material changes affecting the accuracy or completeness of the answers to any of the questions above.**

**“I also hereby authorize the Commission to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Application, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. I understand that the results of these checks may be disclosed to the person who submitted this application.”**

**Date:**

**Signature:**





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|   |              |
|---|--------------|
| <b>Sponsoring Registered Firm</b>   |              |
| Provide intended date of employment of this Applicant: (DD/MM/YY)   |              |
| <b>Notice:</b> The Registered Firm is required to give immediate notice to the Commission if the Applicant does not commence employment with the Registered Firm on the date noted above. |              |
|   |              |
| <b>Authorization from Senior Officer or Director of Registered Firm</b>   |              |
| _____   | _____        |
| <b>PRINT NAME</b>   | <b>TITLE</b> |
| _____   | _____        |
| <b>SIGNATURE</b>  | <b>DATE</b>  |

**DECLARATION**

I, ....., hereby declare the following:

I am aware that should I knowingly or intentionally supply false or misleading information herein, I may be liable to prosecution.

.....  
SIGNATURE

.....  
DATE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the content of this statement. This statement was signed in my presence at:

.....

on this ..... day of ..... (mm/yy)

.....  
Justice of the Peace/Notary Public



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### **Other documents to be attached to the Application:**

1. A copy of Work Permit or Permanent Residence Permit – with the right to work (for non-Bahamian citizens);
2. A copy of the relevant pages of the applicant's passport (to include name, date of birth, nationality, signature, expiration date and photograph);
3. Applicant's current Police Certificate (not more than three months old) or an affidavit in the acceptable form, if the Police Certificate is not available;
4. Three recent photographs of the Applicant, individually signed on the back by the Applicant;
5. Copy of any relevant degree, educational or professional course(s) passed;
6. Original financial reference letter (dated within three months of receipt of the application);
7. Two original character reference letters (dated within three months of receipt of the application);
8. Copy of Curriculum Vitae;
9. A current job description duly signed and dated by the applicant and other authorized personnel, detailing the duties and responsibilities attached to the position to which the applicant is to be appointed. Evidence of Board approval of the appointment which may include Board minute/resolution or secretary's certificate is also to be provided;
10. An application fee must be submitted with this application. The appropriate fee can be found in the Securities Industry (Fee) Rule, 2012