

# MFSA

MALTA FINANCIAL SERVICES AUTHORITY

## Personal Questionnaire

[Effective date 1st December 2015](#)

Name of Individual completing the Personal Questionnaire (“the Applicant”):	
Licence Holder or Entity (incorporated or still in formation) which has applied for an MFSA authorisation <del>or</del> <u>licence</u> , <u>or registration</u> in connection with which <u>the</u> application is being made:	

*Please return this form to:*

**The Director ~~General~~**

**Authorisation Unit**

**Malta Financial Services Authority**

**Notabile Road**

**Attard BKR 3000, Malta.**

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## PERSONAL QUESTIONNAIRE

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### **IMPORTANT INFORMATION**

The Personal Questionnaire (“P.Q.”) should be completed by individuals proposed as qualifying shareholders, controllers or proposed/nominated to ~~occupy~~ certain positions of trust or to carry out certain activities with a Licence Holder or an Entity which has applied to be authorised, registered or licensed by the MFSA. These individuals have to satisfy the “fit and proper” test (as defined in the Glossary at the end of this P.Q.) before being granted approval by the MFSA to become qualifying shareholders or to occupy the proposed post or to carry out the proposed activities with the Licence Holder or Entity in question. The P.Q. assists the MFSA in assessing whether a person is fit and proper.

Please refer to the applicable ~~Directives or Investment Services Rules~~ Laws as defined in the Glossary for details regarding the persons who are required to complete a P.Q.

#### **Completion Instructions**

*Please read the questions carefully before completing this form.*

Applicants are ~~encouraged~~ requested to complete the P.Q. ~~on computer.~~ ELECTRONICALLY and submit the original and duly signed version to the MFSA. An electronic version of this P.Q. can be downloaded from MFSA’s web-site [www.mfsa.com.mt](http://www.mfsa.com.mt). ~~If the P.Q. is not completed electronically, answers should be written in ink in~~ **BLOCK CAPITALS**.

*All questions should be answered and any questions which are ‘Not Applicable’ should be clearly indicated as ‘Not Applicable’. If there is insufficient space for a detailed answer, please securely attach continuation sheets at the back of this document- whilst clearly highlighting in the response to the respective question that continuation sheets are being attached. Please label continuation sheets, clearly indicating to which question in the P.Q. the additional information refers.*

*Applicants ~~are expected to~~ should be open and provide clear and detailed information to enable the MFSA to carry out the applicable fit and proper test. It should not be assumed that information in the public domain, or which has been previously disclosed to the MFSA or to another regulatory body, is known to the MFSA. If in the case of any doubt about the relevance of information, this should be disclosed to the MFSA.*

*Please ensure that the names and addresses, contact persons, and where possible ~~fax~~ email and telephone numbers, of companies/institutions mentioned in the P.Q. are provided correctly and in full.*

The completed P.Q. including the declaration at the end, should be signed ~~at the appropriate place on the last page by the Applicant and by the Licence Holder~~ and initials inserted on each page.

Entities in formation which are ~~still~~ in the process of applying for ~~an~~ authorisation, registration or Licence from the MFSA and in connection with ~~whom~~ which the P.Q. is being submitted, are not required to counter-sign the P.Q.

The completed P.Q. should be addressed for the attention of the Director ~~General~~  
Authorisation Unit, as shown on the cover sheet.

### **Fitness and Properness**

The fit and proper requirement is an ~~on-going~~ongoing requirement and therefore Applicants are subject to ongoing assessment. The areas covered in this P.Q. may not necessarily be exhaustive of the matters that the MFSA will consider in assessing whether an Applicant is fit and proper, and also for the MFSA to remain satisfied that an Applicant who has been approved continues to satisfy the fit and proper test. Consequently, at any time during the application and thereafter, the MFSA may require the Applicant to provide further information. **Furthermore, the MFSA reserves the right to seek information and references from organisations and individuals named in this P.Q. and elsewhere both at the time of submission of this questionnaire and at any time thereafter. To this effect, the Applicant is required to complete the authorisation letters attached to the P.Q.– the Banker’s Authorisation Letter, the General Authorisation Letter and the Authorisation Letter to the Commission for the Administration of Justice (if applicable).** The Banker’s Authorisation Letter authorises the Bank to provide to the MFSA the information outlined in the respective letter and any information as may be required by the MFSA. The General Authorisation Letter authorises any individual or organisation named in this P.Q. to provide information to the MFSA with regards to the Applicant. Sometimes however, organisations and individuals named in this P.Q. may want an authorisation letter addressed specifically to them before providing any information to the MFSA – in which case Applicants may have to send an authorisation letter specifically addressed to the organisations and individuals in particular. Similarly, the Authorisation Letter to the Commission for the Administration of Justice authorises the Commission to provide information to the MFSA with regards to the Applicant: who holds a warrant of an advocate.

In addition, if at any time after the P.Q. is submitted, there is a ~~material~~ change to the information provided in the P.Q. the Applicant is required to notify the MFSA. This is an ~~on-going~~ongoing obligation which the Applicant undertakes in signing the ‘Declaration’ on page ~~15~~20 of this P.Q.

The P.Q. should be completed by the Applicant personally. The Applicant retains responsibility for the contents thereof. In addition, the Licence Holder (not an Entity or a company in formation which is still in the process of applying for a Licence from the MFSA) in connection with which this P.Q., is being submitted, should ~~verify~~confirm that it has verified to the extent and wherever possible, the information included by the Applicant in the P.Q. by signing the declaration found at the bottom of this P.Q.

An Applicant who furnishes information, or makes a statement which he/she knows to be inaccurate, false or misleading in any material respect, or recklessly furnishes information

or makes a statement which is inaccurate, false or misleading in any material respect, may be guilty of an offence and may severely prejudice her or his ~~or her~~ fit and proper status.

If you are in any doubt about how any of the questions should be answered, please contact the ~~Director of the relevant Regulatory~~ Authorisation Unit at the MFSA ~~on 21441155~~ at [au@mfsa.com.mt](mailto:au@mfsa.com.mt).

An Applicant should not occupy any post or begin performing any function which requires prior approval by the MFSA, until the MFSA has granted its approval.

Correctly completed P.Q.s accompanied by written requests for approval of the Applicant in terms of the applicable Laws, are to be submitted at least ~~twenty one (21) business days~~ month in advance of the date when the Licence Holder or the Entity or the company in formation in question would like the Applicant to take up the post in question or commence the proposed activities.

Please note that if the P.Q. is incomplete or is completed incorrectly, the P.Q. may be returned, with consequent delays in the processing of the requested approval from the MFSA. Moreover, if it comes to light that any material information has not been disclosed, the approval of the appointment in question may be delayed or rejected.

**SECTION 1: INFORMATION regarding the LICENCE HOLDER or ENTITY which has applied to become a LICENCE HOLDER**

Note: If the Applicant is seeking approval to be appointed in connection with more than one Licence Holder or Entity which has applied to become a Licence Holder (e.g. in the case of Group companies), Questions 1 to 4 in this Section should be answered with respect to each Licence Holder or Entity. Continuation Sheets may be attached at the back of this P.Q. if the answer boxes provide insufficient space. The answer box should clearly indicate where continuation sheets are being used.

1. ~~Name(s) of Licence Holder or Entity in connection~~ Are you applying for a position with a new entity which ~~this questionnaire is being completed~~ is currently seeking approval/authorisation from the Malta Financial Services Authority, or with a current licence holder?

2.

New Entity   
Current Licence Holder

If with current licence holder, please include the name and type of licence held

Name of licence holder \_\_\_\_\_  
Type of Licence held \_\_\_\_\_

3. Position to be occupied by Applicant with the Licence Holder or Entity which has applied to become a Licence Holder in connection with which this questionnaire is being completed.

4.

2.1 Position Title. Please mark as appropriate:

Qualifying Shareholder	<input type="checkbox"/>	General Manager	<input type="checkbox"/>
Chairman	<input type="checkbox"/>	Alternate Director	<input type="checkbox"/>
Executive Director	<input type="checkbox"/>	Managing Director	<input type="checkbox"/>
Chief Executive Officer	<input type="checkbox"/>	Company Secretary	<input type="checkbox"/>
Non-Executive Director	<input type="checkbox"/>	Senior Manager	<input type="checkbox"/>
<u>Compliance Officer</u>	<input type="checkbox"/>	<u>Invest. Comm. Member</u>	<input type="checkbox"/>
<u>MLRO</u>	<input type="checkbox"/>	<u>Portfolio Manager</u>	<input type="checkbox"/>

Please specify Title, if not in the above list (e.g. Financial Controller)  
 \_\_\_\_\_

2.2 Please specify any duties ~~to be carried out~~ function to be assigned to the Applicant within the Licence Holder or Entity which has applied to become a Licence Holder, as applicable :  
 \_\_\_\_\_

5. Intended Effective Date of Position:

6.

\_\_\_\_\_

Note: An Applicant cannot assume the proposed post with the Licence Holder or Entity in question unless approved by the MFSA.

7. Contact point within the Licence Holder or Entity in connection with which this questionnaire is being completed, to whom MFSA may address any queries in connection with this application.

8.

4.1 Name: \_\_\_\_\_

4.2 ~~Fax~~ Telephone: \_\_\_\_\_

4.3 Position: \_\_\_\_\_

4.4 E-mail: \_\_\_\_\_



## SECTION 2: Preliminary Questions

9. Are you currently approved by the Malta Financial Services Authority?

YES   
NO

10. If yes, are you seeking approval for a pre-approved position based on a similar role that you currently perform?

YES   
NO

If you answered Yes to this question please choose one of the following options

Same Role/Same Sector   
Same Role/Different Sector

11. Are you currently approved by another Financial Services Regulator?

YES   
NO

12. Do you occupy or have occupied within the last 10 years the position of a Director, Chairperson, Senior Manager and/or served in a Service Provider role in a financial or other organisations, including the non-financial sector, charitable and/or not-for-profit organisations, where the position has not been approved by a Financial Services Regulator or any other Regulatory Organisation?

YES   
NO

13. ~~5. Are you involved in any way with a Licence Holder other than the Licence Holder or Entity in connection with which this P.Q. is being submitted?~~ Do you, or any entity with which you are associated, have any pending application with another regulatory authority?

14.

YES   
NO

(If YES, please ~~indicate the name of the other Licence Holder and the position held~~ provide details of the activities applied for with the other regulatory authority)

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=====

**SECTION 23: PERSONAL INFORMATION REGARDING THE ~~THE~~ regarding the APPLICANT**

**~~6.1~~ 0. Personal information (as indicated on Identity Card/ Passport)**

~~6.1~~ 10.1 Surname \_\_\_\_\_  
~~6.2~~ 10.2 Forename(s) \_\_\_\_\_  
~~6.3~~ 10.3 Any previous name(s) by which you have been known \_\_\_\_\_

**~~7.1~~ 1. Current private address including Post Code - if applicable, and Current Contact Details. (Please include the date when you took up residence at this address. If this is less than six months ago please also provide us with your previous address).**

~~7.1.1~~ 1.1 Address: \_\_\_\_\_  
~~7.2.1~~ 1.2 Date: \_\_\_\_\_  
~~7.3.1~~ 1.3 ~~Telephone Number~~ Post Code: \_\_\_\_\_  
~~7.4.1~~ 1.4 ~~Fax~~ Telephone Number: \_\_\_\_\_  
~~7.5.1~~ 1.5 Mobile Number: \_\_\_\_\_  
~~7.6.1~~ 1.6 E-mail address: \_\_\_\_\_

**~~8.~~ 12 Date and place of birth (including town or city).**

~~8.1.1~~ 2.1 Date: \_\_\_\_\_  
~~8.2.1~~ 2.2 Place: \_\_\_\_\_

**~~13.~~ 2 Nationality and how it was acquired (birth, naturalisation, marriage, etc.).**

~~13.1~~ 2 Nationality: \_\_\_\_\_

~~9.13.1~~ 2 ~~Nationality and how it was acquired (birth, naturalisation, marriage or civil union).~~ (How Acquired: \_\_\_\_\_

If your nationality has changed, please advise when it was changed and what it was previously ~~:-~~

Previous Nationality: \_\_\_\_\_

Date changed: \_\_\_\_\_

~~9.1~~ 2 ~~Nationality:-~~ \_\_\_\_\_

~~9.2~~ 2 ~~How Acquired:-~~ \_\_\_\_\_



**SECTION 34: QUALIFICATIONS / MEMBERSHIPS**

**10.1** Current associateship, membership or fellowship of professional bodies and year of admission.

<b>4.</b>		<u>Fellow (F)?</u> Associate (A), Member (M) or <del>Fellow (F)?</del>	Year of Admission	<u>Fellowship Number</u> Associate-ship/ Member-ship/ <del>Fellowship Number</del>	Professional Body	Full Address of Professional Body
<b>10.1.1</b> <u>4.1</u>	_____	_____	_____	_____	_____	_____
						<del>Phone</del> <u>Email address</u> _____ <del>Fax</del> <u>Contact Person</u> _____
<b>10.2.1</b> <u>4.2</u>	_____	_____	_____	_____	_____	_____
						<del>Phone</del> <u>Email address</u> _____ <del>Fax</del> <u>Contact Person</u> _____
<b>10.3.1</b> <u>4.3</u>	_____	_____	_____	_____	_____	_____
						<del>Phone</del> <u>Email address</u> _____ <del>Fax</del> <u>Contact Person</u> _____

**11.1** Please list academic degrees and diplomas, stating the name and address of the conferring University/Institution and the year of conferment.

<b>5.</b>		<u>Under- or Post- Graduate Qualification (Diploma Degree (DE) or Diploma (DPL), Masters, or Doctorate as applicable)</u>	<del>Designatory Letters</del> <u>Title of Qualification/ Training including area of specialisation</u>	Year Granted	University	Full Address of University/Institution
<b>11.1</b> <u>15.1</u>	_____	_____	_____	_____	_____	_____
						<del>Phone</del> <u>Email address</u> _____ <del>Fax</del> <u>Contact Person</u> _____
<b>11.2</b> <u>15.2</u>	_____	_____	_____	_____	_____	_____
						<del>Phone</del> <u>Email address</u> _____ <del>Fax</del> <u>Contact Person</u> _____

11.3	_____	_____	_____	_____	<u>address</u> _____ _____	<u>Person</u> _____
15.3					<u>Phone</u> <u>Email</u> <u>address</u> _____	<u>Fax</u> _____ <u>Contact</u> <u>Person</u> _____

Applicants who have obtained qualifications from a University / Institution may be required to provide a certified true copy of the diploma or degree awarded ~~should MFSA not be in a position to verify in a timely manner the attainment of the respective qualifications~~ from the indicated University / Institution.

**16.** Please list any other qualifications and/or training that you have attained in the last 5 years, together with the appropriate date and the name of the Educational Institute or Training Centre (e.g. Malta International Training Centre or The Chartered Institute for Securities and Investment or the Institute of Financial Services etc.). Please also supply contact name, address, certificate number etc.

	<u>Year Granted</u>	<u>Title of Qualification/ Training including area of specialisation</u>	<u>Educational Institute / Training Body</u>	<u>Full Address of Educational Institute / Training Body</u>	
16.1	_____	_____	_____	_____	
				<u>Email address</u> _____	<u>Contact Person</u> _____
16.2	_____	_____	_____	_____	
				<u>Email address</u> _____	<u>Contact Person</u> _____
16.3	_____	_____	_____	_____	
				<u>Email address</u> _____	<u>Contact Person</u> _____

~~**12.** Please list any other qualifications that you have attained together with the appropriate date and the name of the Educational Institute or Training Centre (e.g. MITC or Securities Institute or Institute of Financial Services etc.). Please also supply contact name, address, certificate number etc.~~

	<u>Date</u>	<u>Qualification</u>	<u>Educational Institute / Training Body</u>
12.1	_____	_____	_____
12.2	_____	_____	_____
12.3	_____	_____	_____

~~**13.** Please list any other skills or specific training you have had (not already mentioned elsewhere) that is relevant to the business of the licensee holder or entity named in No. 1 above.~~

	<u>Date</u>	<u>Training</u>	<u>Provided by...</u>
--	-------------	-----------------	-----------------------

13.1	=====	=====	=====
13.2	=====	=====	=====
13.3	=====	=====	=====

## SECTION 45: EMPLOYMENT HISTORY

**Note Important:** A full employment history is required. All periods of unemployment should be indicated. Any gaps in employment should be explained. Details regarding any periods of self-employment should also be provided. The reason for leaving each employment should be given. Reasons for termination, dismissal or other issues that arose on leaving the employment which may be relevant for the fit and proper test should be fully explained in a continuation sheet attached ~~at the back of the~~ to this P.Q.

<b>17.</b>	<b><u>Current and previous occupations or employment (starting from the most recent), including the name of the employer, the nature of the business, the position held and a brief explanation of duties and relevant dates.</u></b>																																		
<b>17.1</b>	<table border="1"><tr><td><u>Name of Employer</u></td><td>_____</td></tr><tr><td></td><td><u>Full Address</u> _____</td></tr><tr><td></td><td><u>Email address (Human Resources Unit):</u> _____</td></tr><tr><td></td><td><u>Telephone:</u> _____</td></tr><tr><td><u>Nature of Business</u></td><td>_____</td></tr><tr><td></td><td><u>(e.g. Banking; Insurance; Investment Services; Trust Management; Business Consultancy; Accountancy; Legal Services etc.)</u></td></tr><tr><td><u>Dates of employment</u></td><td>_____ to _____</td></tr><tr><td><u>Title of Position Held</u></td><td>_____</td></tr><tr><td><u>Brief Explanation of Duties</u></td><td>_____</td></tr><tr><td><u>Regulatory Status and if applicable, name of regulatory Body</u></td><td>Regulated: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/> <u>If YES – Name of Regulatory Body</u> _____</td></tr><tr><td><u>Reasons for Leaving Employment</u></td><td><table border="0"><tr><td><u>Resignation</u></td><td><input checked="" type="checkbox"/></td><td><u>Dismissal</u></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>Redundancy</u></td><td><input checked="" type="checkbox"/></td><td><u>End of Contract</u></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>Retirement</u></td><td><input type="checkbox"/></td><td><u>Termination</u></td><td><input checked="" type="checkbox"/></td></tr></table> <u>Other please specify</u> _____</td></tr></table>	<u>Name of Employer</u>	_____		<u>Full Address</u> _____		<u>Email address (Human Resources Unit):</u> _____		<u>Telephone:</u> _____	<u>Nature of Business</u>	_____		<u>(e.g. Banking; Insurance; Investment Services; Trust Management; Business Consultancy; Accountancy; Legal Services etc.)</u>	<u>Dates of employment</u>	_____ to _____	<u>Title of Position Held</u>	_____	<u>Brief Explanation of Duties</u>	_____	<u>Regulatory Status and if applicable, name of regulatory Body</u>	Regulated: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/> <u>If YES – Name of Regulatory Body</u> _____	<u>Reasons for Leaving Employment</u>	<table border="0"><tr><td><u>Resignation</u></td><td><input checked="" type="checkbox"/></td><td><u>Dismissal</u></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>Redundancy</u></td><td><input checked="" type="checkbox"/></td><td><u>End of Contract</u></td><td><input checked="" type="checkbox"/></td></tr><tr><td><u>Retirement</u></td><td><input type="checkbox"/></td><td><u>Termination</u></td><td><input checked="" type="checkbox"/></td></tr></table> <u>Other please specify</u> _____	<u>Resignation</u>	<input checked="" type="checkbox"/>	<u>Dismissal</u>	<input checked="" type="checkbox"/>	<u>Redundancy</u>	<input checked="" type="checkbox"/>	<u>End of Contract</u>	<input checked="" type="checkbox"/>	<u>Retirement</u>	<input type="checkbox"/>	<u>Termination</u>	<input checked="" type="checkbox"/>
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<u>Dates of employment</u>	_____ to _____														

<u>Title of Position Held</u>	_____
<u>Brief Explanation of Duties</u>	_____
<u>Regulatory Status and if applicable, name of regulatory Body</u>	Regulated: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES – Name of Regulatory Body _____
<u>Reasons for Leaving Employment</u>	Resignation <input checked="" type="checkbox"/> Dismissal <input type="checkbox"/> Redundancy <input type="checkbox"/> End of Contract <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Other please specify _____

<p><b>14.1</b> <b>4.1.1</b> <b>7.3</b></p>	<p><del>Current occupation or employment and occupations and employment during the last ten years (starting from the most recent), including the name of the employer, the nature of the business, the position held and a brief explanation of duties and relevant dates. Please also include details of any previous employment in the financial services industry.</del> <u>Name of Employer</u></p> <p><del>Present occupation or employment and occupations during the last ten years.</del></p>
	<p>_____</p> <p><u>Full Address</u> _____</p> <p><u>Email address (Human Resources Unit):</u> _____</p> <p><u>Telephone:</u> _____</p>
	<p><del>Name of Employer and Nature of Business</del></p> <p>_____</p> <p>(e.g. <del>Financial Services</del>; Banking; Insurance; <u>Investment Services</u>; <u>Trust Management</u>; Business Consultancy; Accountancy; Legal Services etc..)</p>
	<p>Dates of employment _____ to _____</p>
	<p><u>Title of Position Held</u></p> <p>_____</p>
	<p><del>Title of Position Held and Brief Explanation of Duties</del></p> <p>_____</p>
	<p><del>Regulatory Status and if applicable, name of regulatory Body</del></p> <p>Regulated:– YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES – Name of Regulatory Body _____</p>



14.2	<del>Full Address</del> _____  <del>Phone</del> _____  <del>Fax</del> _____
	<del>Reasons for Leaving Employment</del> <del>Resignation</del> <input type="checkbox"/> <del>Dismissal</del> <input type="checkbox"/> <del>Redundancy</del> <input type="checkbox"/> <del>End of Contract</del> <input type="checkbox"/> <del>Retirement</del> <input type="checkbox"/> <del>Termination</del> <input type="checkbox"/>  <del>Other please specify</del> _____
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	<del>Dates of employment</del> _____
	<del>Title of Position Held and Brief Explanation of Duties</del> _____

<del>Regulatory Status and if applicable, name of regulatory Body</del>	Regulated:  YES <input type="checkbox"/> NO <input type="checkbox"/>  If YES – Name of Regulatory Body  _____
-------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

14.3	<del>Full Address</del> _____  <del>Phone</del> _____  <del>Fax</del> _____
	<del>Reasons for Leaving Employment</del> <del>Resignation</del> <input type="checkbox"/> <del>Dismissal</del> <input type="checkbox"/> <del>Redundancy</del> <input type="checkbox"/> <del>End of Contract</del> <input type="checkbox"/> <del>Retirement</del> <input type="checkbox"/> <del>Termination</del> <input type="checkbox"/>  <del>Other please specify</del> _____
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<del>Regulatory Status and if applicable, name of regulatory Body</del>	<del>Regulated:-</del>
-------------------------------------------------------------------------	------------------------

	<i>applicable, name of regulatory Body</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
	If YES— Name of Regulatory Body _____ _____		
	<i>Full Address</i>	_____ _____ <i>Phone</i> _____ <i>Fax</i> _____	
	<i>Reasons for Leaving Employment</i>	Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/>  Other please specify _____	Dismissal <input type="checkbox"/> End of Contract <input type="checkbox"/> Termination <input type="checkbox"/>

<u>17.4</u>	<u>Please explain any periods of unemployment exceeding 12 weeks within the last 10 years. Otherwise please mark as N/A.</u>  _____   
-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

Note: If more space is needed the answers should be written on a separate continuation sheet and the answer box should include an appropriate cross-reference to the respective continuation sheet/s.

**Other Relevant Experience**

17.5 Please provide any additional information about your areas of expertise and/or experience that demonstrates your competence to occupy the position or role that you have applied for with the Licence Holder or Entity applying for a Licence.

	_____    
--	-----------------------

**Professional References**

17.6 When an applicant opts to provide additional professional references to the Authority, he needs to provide the Authority with contact details of the referee (including email and postal address, contact number and position held with the respective entity (if the person providing the reference is involved with an entity) and explain the relation held with the applicant.

Otherwise if the applicant is providing professional reference letters, such letters should be provided to the Authority:

- = In original format and on official letterheads or otherwise supported by an official **identification document** and business card;
- = Letters are to be provided in English or if provided in another language, these need to be supported by an official certified translation;
- = Letter should include relation held with the applicant.

If the professional reference letter is being provided as part of the competency assessment:

- = Further to the above, the letter should ideally be issued by persons who themselves are involved in the provision of the proposed activity to be undertaken by the applicant (for example, portfolio management, investment advice or risk management (depending on the proposed activity)) and who are involved with regulated entities;
- = Besides including reference to the relation held with the applicant, the letter should also include the basis on which such a confirmation with regards to the competency confirmation is being provided.

**SECTION 56:**

**DIRECTORSHIPS and Company Secretary Positions**

NOTE: In this Section, the Applicant is required to indicate only those positions in relation to which ~~she~~ he or ~~heshe~~ has been a Director or Company Secretary. If an Applicant's previous job title included the word "Director" but her or his ~~or her~~ duties did not include those associated with the title director as defined in the Glossary, this should be indicated. Continuation Sheets may be attached at the back of this P.O. if the answer boxes provide insufficient space. The answer box should clearly indicate where continuation sheets are being used.

**15.18** Name any bodies corporate and the countries in which they are registered:-

- (a) of which you are currently a director ~~or~~ company secretary and/or main beneficial owner; and
- (b) of which you have been or were previously a director ~~or~~ company secretary and/or main beneficial owner at any time during the last ten years.

	<i>Name of Company</i>	<i>Post</i>	<i>Current (C) Previous (P)</i>	<i>Country of Incorporation and Address Date of appointment</i>	<i>Country of Incorporation and Address</i>	<i>Regulatory Authority if applicable</i>
<b>15.1</b> <b>18.1</b>	_____	_____	_____	_____	_____	_____
<b>15.2</b> <b>18.2</b>	_____	_____	_____	_____	_____	_____
<b>15.3</b> <b>18.3</b>	_____	_____	_____	_____	_____	_____

**16.1** With reference to Questions **14.17** and **15.18**, have you been dismissed from any of the positions described or asked to resign or agreed to resign instead of being dismissed, or have you resigned whilst under investigation or have you ever been censured, disciplined or publicly criticised by any employer or Regulatory Authority, whether current or previous?

- 16.1** YES
- 19.1** NO

If YES, please provide details of the circumstances:

\_\_\_\_\_

Certified true copies of any relevant documentation such as exit letter would be appreciated.

**SECTION 67: BANK REFERENCES & ~~OTHER REGULATORY AUTHORISATIONS~~**

**17.20** Please provide the following details regarding your current main bank and any former bank(s) which you have utilised as your main banks (if applicable) during the past 10 years.

**In this respect, please complete the specimen authorisation letter in Appendix One to this P.Q. FOR EACH BANKER, which authorises the bank(s) to disclose relevant information to the MFSA. Please attach the completed specimen authorisation letter, in original duplicate to this P.Q. Form. The MFSA may then send this authorisation letter to the respective bank(s) should it deem necessary.**

**17.1**  
**20.1** Current Main Bank: \_\_\_\_\_  
~~Name / Address /~~Contact Person- \_\_\_\_\_  
~~/Fax:~~ \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
 Duration of Relationship: \_\_\_\_\_

**17.2**  
**20.2** Main former Bank(s) in the \_\_\_\_\_  
 previous 10 years: \_\_\_\_\_  
~~Name / Address /~~Contact Person- \_\_\_\_\_  
~~/Fax:~~ \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
 Duration of Relationship: \_\_\_\_\_

## SECTION 8: Applicant Current and Previous Financial Services Regulatory Approvals

~~18. If you, as an individual have been supervised or regulated (during the last ten years) in respect of any financial services or corporate activity, please supply each Regulator's full name, address and any relevant reference and contact.~~

### 21.1 Current Financial Services Regulatory Approvals

<u>Are you currently approved by any Financial Services Regulator or Regulatory Organisation?</u>						Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Approved Position</u>	<u>Dates From To</u> <i>From To</i> <u>Name of the Entity</u>	<u>Sector</u>	<u>Name of Regulator (Full Name)</u>	<u>Full Address</u>	<u>Relevant Reference/Contact</u> <u>Date of approval by Financial Services Regulator</u>	<u>Relationship of this Entity (if any) to the Licence Holder or Proposing Entity</u>	
<u>18.1</u>							
				<u>Phone</u> =====	<u>Fax</u> =====		
Please also provide details of the Regulators (if any) of the Companies listed in response to Q.14							
<u>Dates From To</u>	<u>Regulator</u>	<u>Address</u>	<u>Relevant Reference/Contact</u>				
<u>18.2</u>							
				<u>Phone</u> =====	<u>Fax</u> =====		

### 21.2 Previous Financial Services Regulatory Approvals

<u>Have you been previously approved by any Financial Services Regulator or Regulatory Organisation?</u>						Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Approved Position</u>	<u>Name of the Entity</u>	<u>Sector</u>	<u>Name of Regulator (Full Name)</u>	<u>Full Address</u>	<u>Date approval commenced/ceased</u>	<u>Reason(s) why approval ceased</u>	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

### 21.3 Financial Services Regulatory Refusals

<u>Have you ever been refused approval by any Financial Services Regulator or Regulatory Organisation?</u>						Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Position refused</u>	<u>Name of Entity</u>	<u>Sector</u>	<u>Name of Regulator (Full Name)</u>	<u>Full Address</u>	<u>Date of refusal</u>	<u>Reason(s) provided why approval was refused</u>	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

### 21.4 Financial Services Regulatory Withdrawal of Application

<u>Have you ever sought approval by any Financial Services Regulator or Regulatory Organisation and subsequently withdrew your application or not pursued the application for approval?</u>						Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Position applied for</u>	<u>Name of Entity</u>	<u>Sector</u>	<u>Name of Regulator</u>	<u>Full Address</u>	<u>Date of withdrawal of</u>	<u>Reason(s) for withdrawal</u>	
_____	_____	_____	_____	_____	_____	_____	

			<u>(Full Name)</u>		<u>application</u>	
<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>
<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>

**21.5 Financial Services Regulatory Prohibition / Restriction / Suspension**

Has your approval (if any) by any Financial Services Regulator been prohibited/restricted/suspended, even where approval was subsequently restored?						Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
						Not Applicable: <input type="checkbox"/>	
<u>Position prohibited/restricted/suspended</u>	<u>Name of Entity</u>	<u>Sector</u>	<u>Name of Regulator (Full Name)</u>	<u>Full Address</u>	<u>Date</u>	<u>Reason(s)</u>	
<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	
<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>	

## SECTION 79: GENERAL INFORMATION

**22.** A person proposed as qualifying shareholder, controller or nominated to occupy a position of trust with a financial services licence holder is required to be honest, ethical, act with integrity and be financially sound. In this regard, have you any information to disclose regarding a material issue or do you have any concerns about your ability to perform the relevant function within the Licence Holder or Entity which has applied to become a Licence Holder?

22.1 YES   
NO

If YES, please provide details:

\_\_\_\_\_

**23.** Have you ever, in any jurisdiction, been dismissed or asked to resign and did resign from any profession, vocation, office or employment, or from any position of trust or fiduciary appointment, whether or not remunerated?

23.1 YES   
NO

If YES, please provide details:

\_\_\_\_\_

**24.** Have you or any entity with which you are/ were associated ever been (in any jurisdiction), refused registration, authorisation, membership or your approval/ licence been revoked, otherwise than on a voluntary basis?

24.1 YES   
NO

If YES, please provide details:

\_\_\_\_\_

**19.25** In carrying out your duties will you be acting on the directions or instructions of any other person? (The object of the question is to discover who - if anyone - controls what you do - e.g. a director reports to the Board).

~~19.12~~  
5.1 YES   
NO

If YES, give full particulars:

\_\_\_\_\_

**20.26** Do you in your private capacity or any corporate body of which you are a director, secretary, controller, manager or shareholder, or does any related party, undertake business with the Licence Holder or Entity in connection with which the application is being made?

~~20.12~~  
6.1 YES   
NO



If YES, give full particulars:

\_\_\_\_\_

**21.27** Are any shares in the Licence Holder or Entity, in connection with which the application is being made, registered in your name or in the name of a related party as defined in the Glossary?

**21.12** YES   
**7.1** NO

If YES:

- please specify the number of shares held \_\_\_\_\_
- please give the name(s) in which the shares are held \_\_\_\_\_
- please specify the class of shares \_\_\_\_\_

**22.28** Do you hold any shares in the Licence Holder or Entity in connection with which the application is being made, as trustee or nominee?

**22.12** YES   
**8.1** NO

If YES, give full particulars:

\_\_\_\_\_

**29.** Do you currently hold or have previously held any shares in other regulated entities, as trustee or nominee?

**29.1** YES   
NO

If YES, give full particulars:

\_\_\_\_\_

**23.30** Are any of the shares mentioned in the answer to Questions **21.28** and **22.29** pledged to any party?

**23.13** YES   
**0.1** NO

If YES, give full particulars:

\_\_\_\_\_

**24.31** What proportion of the voting power at any general meeting of the Licence Holder or Entity in connection with which the application is being made (or of another body corporate of which it is a subsidiary) are you or any related party entitled to exercise or control the exercise of?

\_\_\_\_\_

25.32 Are you aware of any business interests, employment obligations or other situations which may give rise to conflicts of interests in the performance of the activities associated with your proposed post with the Licence Holder or Entity in connection with which this P.Q. is being submitted?

25.13 YES   
2.1 NO

If YES, give full particulars:

\_\_\_\_\_

26.33 Is there any further information of direct relevance for the MFSA to carry out its fit and proper test effectively?

26.13 YES   
3.1 NO

If YES, ~~please provide details~~ give full particulars:

\_\_\_\_\_

**SECTION 810: DECLARATIONS & CONFIRMATIONS**

**27.34** Are there ~~are any~~ contractual impediments or restrictions through any previous occupation or employment, which preclude you in any way from taking up the position in Q.2 for which this P.Q. is being completed?

**27.13** YES   
**4.1** NO   
 If YES, give full particulars:  
 \_\_\_\_\_

**28.35.** Have you at any time been found in breach of regulations or convicted of any offence, criminal or otherwise, by any Tribunal or court? If so, give full particulars of the forum which determined the breach, offence or conviction and/or full particulars of its decision, the offence and the penalty imposed and the date of conviction/decision. (Breaches of traffic regulations punishable by fines lower than ~~£m 50 (or its equivalent)~~ **€120** need not be reported).

**28.13** YES   
**5.1** NO

**28.23** Court:  
**5.2** \_\_\_\_\_

**28.33** Offence:  
**5.3** \_\_\_\_\_

**28.43** Penalty:  
**5.4** \_\_\_\_\_

**28.53** Date:  
**5.5** \_\_\_\_\_

**29.36** Are you or any entity with which you are associated, the subject of any current criminal investigations and / or proceedings?

**29.13** YES   
**6.1** NO   
 If YES, please give details:  
 \_\_\_\_\_

**30.37** Have you or any entity with which you were associated, been the subject of any civil proceedings or litigation? ~~Are you presently, or do you expect to be engaged in litigation?~~

**30.13** YES   
**7.1** NO   
 If YES, give full particulars:  
 \_\_\_\_\_

**31.38** Have you or any body corporate, partnership or unincorporated entity with which you are, or have been, associated as director, controller ~~or~~ manager or qualifying shareholder:

**31.13**  
**8.1** ever been censured, reprimanded, disciplined or publicly criticised by any Court of Law, regulatory authority, officially appointed enquiry ~~or by any~~, University or other educational institution or professional body or trade association?

YES   
NO

**31.2**  
**38.2** ever been the subject of a regulatory disciplinary measure or been refused or had revoked or restricted or suspended a licence or authorisation to carry on a business activity for which a specific licence or authorisation or other permission is required?

YES   
NO

**31.33**  
**8.3** ever been found guilty of conducting or been investigated for possible conduct of any licensable activities without the necessary licence, authorisation or permits?

YES   
NO

**31.43**  
**8.4** ever been the subject of an investigation (whether current or previous) by a governmental, professional or other regulatory body or have you resigned whilst under investigation?

YES   
NO

**31.53**  
**8.5** If any of the above questions (Q. 31.138.1 – 31.438.4) has been answered YES, please provide full details:

\_\_\_\_\_

**32.39** Have you, or any body corporate, partnership or unincorporated entity with which you are, or have been associated as a director, controller or manager withdrawn an application that had been submitted to a regulatory or licensing authority?

**32.13**  
**9.1** YES   
NO

If YES, give full particulars:

\_\_\_\_\_

**33.40** Have you been dismissed from any office or employment or barred from entry to any profession or occupation?

**33.14**  
**0.1** YES   
NO

If YES, give full particulars:

\_\_\_\_\_

**34.41** Have you been adjudicated bankrupt by a Court or Tribunal?

\*

**34.14** YES   
**1.1** NO

If YES, give full particulars:

\_\_\_\_\_

**35.42** Have you failed to satisfy any debt adjudged due and payable by you as a judgement debtor under an order of a Court or Tribunal?

\*

**35.14** YES   
**2.1** NO

If YES, give full particulars:

\_\_\_\_\_

**36.43** Have you, in connection with the formation or management of any body corporate, partnership or unincorporated entity been adjudged by a court liable for any fraud, forgery or other misconduct by you towards such a body or company or towards any members thereof?

\*

**36.14** YES   
**3.1** NO

If YES, give full particulars:

\_\_\_\_\_

**37.44** Has any body corporate, partnership or unincorporated ~~entity~~ association with which you are or were associated as ~~a director, controller or manager~~ Director, Qualifying Shareholder, Controller, Manager, Company/Partnership secretary or representative, been compulsorily wound up; or had an administrator, receiver or liquidator appointed; or made ~~any~~ compromise or similar 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?

\*

**37.14** YES   
**4.1** NO

If YES, give full particulars:

\_\_\_\_\_

If YES, please also confirm whether any of the above mentioned proceedings occurred in circumstances where creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within five years after you ceased to be associated with it:

\_\_\_\_\_

38.45 Have you (in your individual capacity) or any body corporate, partnership or unincorporated entity with which you were associated ever been asked to close a bank account or had a bank account closed by the bank?

38.14 YES   
5.1 NO

If YES, please provide details:

\_\_\_\_\_

46. Do you confirm your awareness of your responsibilities arising from the legislation, regulations, codes of practice, guidance notes, guidelines and any other rules or directives, which are applicable to your proposed position(s) and confirm your intention to ensure that the licence holder or proposing entity in relation to which you are to perform a pre-approved control function will be operated in compliance with them?

46.1 YES   
NO

## SECTION 911: DECLARATION

### THE APPLICANT

I certify that I have read and understood the Important Information on pages ~~iii-iiiv~~. I also certify that I have provided the MFSA with all the information relevant to my fitness and properness assessment and that the ~~above~~ information provided is complete and correct to the best of my knowledge and belief, and that I have personally re-checked this information. I undertake to promptly advise the Malta Financial Services Authority of any material change to

the contents of this P.Q. By signing the declaration below, I authorise MFSA to contact any or all of the above named or any other person and to make such enquiries and seek further information as considered by the MFSA to be relevant and as it thinks appropriate in the course of verifying the information given in this P.Q. This authorisation is valid at the date of signature and at any time in the future. I also understand that the results of any verification carried out by the MFSA in connection with the applicable fit and proper test may be disclosed to the Licence Holder or the promoters of the Entity, in connection with which this P.Q. is being submitted.

I understand that the personal information provided in this P.Q. will be used by the MFSA to discharge its regulatory and statutory functions under the laws under which it has been appointed Competent Authority and other relevant legislation, and will not be disclosed for any other purpose.

Knowingly or recklessly giving the MFSA information which is false or misleading may be a criminal offence.

Name of Applicant (in block capitals) \_\_\_\_\_

Passport Number \_\_\_\_\_  
or alternatively  
I. D. Number\*:

Place and date of \_\_\_\_\_  
Issue of Passport:

Date of submission: \_\_\_\_\_

Signed:

Please ensure that the following documentation is attached to this Personal Questionnaire Form:

	<u>Enclosed</u> <u>Yes/No</u>
<u>1 An authenticated copy of an identification document (coloured copy of the I.D. card or passport)<sup>1</sup></u>	_____
<u>2 An original version of the Applicant's conduct certificate or an equivalent certification (which should not be more than 3 months old) from the police authorities of the country of residence of the individual completing the PQ</u>	_____
<u>3 A recent copy of a utility bill confirming the residential address</u>	_____
<u>4 The Banker's Authorisation Letter/s (Appendix One)</u>	_____
<u>5 The General Authorisation Letter (Appendix Two)</u>	_____
<u>6 In the case of advocates practising in Malta only, the Authorisation Letter to the Commission for the Administration of Justice (Appendix Three)</u>	_____

### Checklist

Please mark Yes beside each of the items below:

<sup>1</sup> The authentication should be verified by a Notary Public, a Lawyer, Solicitor, or a Commissioner of Oaths, and clearly endorsed with the date, name, position title, and signature of the verifier.



_____	<u>I have checked that all of the questions have been completed correctly.</u>
_____	<u>I have checked that any additional information has been securely attached and properly referenced in respect of any of the answers given.</u>
_____	<u>I have checked that the Declaration and Consent has been signed and dated.</u>
_____	<u>I have ensured that a copy of this Form and its attachments has been retained and that I can access them if so required.</u>

**THE LICENCE HOLDER**

*This Declaration should be signed on behalf of the Licence Holder, by an individual who has been authorised to sign on behalf of the Licence Holder. The individual should be of sufficient standing within the Licence Holder in question. The Licence Holder should keep adequate record of the delegated authority evidencing that the individual in question has been authorised to sign on its behalf.*

Where the Applicant will occupy positions with different Licence Holders (e.g. Group of Companies), this Declaration shall be signed by an official representing each Licence Holder, unless agreed otherwise with the MFSA.

N.B. Entities which are still in the process of applying for a Licence from the MFSA and in connection with which an Applicant submits a P.Q., need not counter-sign this declaration

I confirm, on behalf of the Licence Holder that I have read and understood the Important Information on pages ~~iii-iiii~~iv. I also certify that the above information is complete and correct to the best of our knowledge and belief. After verifying to the extent possible, the information included in this P.Q., and following ~~our~~its own due diligence enquiries, the Licence Holder believes that the Applicant is fit and proper to take up the position as proposed in Q.1 of this P.Q.:-

In the case where the entity is a licensed credit institution, I hereby also attach/confirm to submit within 6 weeks (please delete as applicable) a summary of the credit institution’s suitability assessment results regarding this proposed appointment.

Name of Licence Holder (in block capitals): \_\_\_\_\_

Name of person \_\_\_\_\_ Position Title \_\_\_\_\_  
 signing on behalf of  
 the Licence Holder:

Date of submission: \_\_\_\_\_ Signed ffgf

---

***Signatories on behalf of the Licence Holder in connection with which this P.Q. is being submitted:***

~~*This Declaration should be signed on behalf of the Licence Holder, by an individual who has been authorised to sign on behalf of the Licence Holder. The individual should be of sufficient standing within the Licence Holder in question. The Licence Holder should keep adequate record of the delegated authority evidencing that the individual in question has been authorised to sign on its behalf.*~~

~~Where the Applicant will occupy positions with different Licence Holders (e.g. Group of Companies), this Declaration shall be signed by an official representing each Licence Holder, unless agreed otherwise with the MFSA.~~

~~N.B. Entities which are still in the process of applying for a Licence from the MFSA and in connection with which an Applicant submits a P.Q., need not counter sign the declaration ordinarily signed by existing Licence Holders.~~

~~Please ensure that the following documentation is attached to this Personal Questionnaire Form:-~~

- ~~a. \* An authenticated copy of an identification document (I.D. card or passport)~~
- ~~b. A recent copy of the Applicant's conduct certificate (which should not be more than 3 months old) from the police authorities or an equivalent certification from the country of residence of the individual completing the PQ;~~
- ~~c. The Banker's Authorisation Letter (Appendix One)~~
- ~~d. The General Authorisation Letter (Appendix Two)~~
- ~~e. In the case of advocates only, the Authorisation Letter to Commission for the Administration of Justice (Appendix Three)~~

~~N.B. Please note that the submission of a detailed Curriculum Vita is not required.~~

## GLOSSARY

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Associate – in relation to a person entitled to exercise or control the exercise of voting power in relation to an unincorporated entity such as a partnership, or holding shares in a body corporate, that is neither a subsidiary nor an interest in a joint venture, means –

- (a) the wife, ~~or~~ husband ~~civil partner~~ or son (including step-son) or daughter (including step-daughter) of that person;
- (b) any company of which that person is a director;
- (c) any person who is an employee or partner of that person;
- (d) if that person is a company –
  - (i) any director of that company;
  - (ii) any subsidiary of that company;
  - (iii) any director or employee of any such subsidiary;
- (e) if that person has with any other person an agreement or arrangement with respect to the acquisition, holding or disposing of shares or other interests in that body corporate or under which they undertake to act together in exercising their voting power in relation to it, that other person.

Chief Executive Officer – a person who is employed by the licence holder/entity and who either alone or jointly with others is or will be responsible under the immediate authority of the directors for the conduct of the business of the licence holder/entity.

Controller - in relation to a body corporate, is a person who, alone or together with others, exercises control of the body corporate.

[Qualifying Shareholder – a person who has a Qualifying Shareholding.](#)

[Qualifying Shareholding – means a direct or indirect holding in a company which represents ten per centum or more of the share capital or of the voting rights, or which makes it possible to exercise a significant influence over the management of the company in which that holding subsists.](#)

Director - in relation to a company, is a person occupying the position of a director of the company, by whatever name she or he may be called, empowered to carry out substantially the same functions in relation to the direction of the company as those carried out by a director.

Fit and Proper Test – qualifying shareholders, board members, senior managers and other key functionaries are required to meet the fit and proper test. In general terms, the fit and proper test includes the following criteria: integrity, competence, experience, qualifications and the requirement to be financially sound. All criteria must be met in satisfaction of the fit and proper test.

Laws – in the context of this P.Q., refer to the legislation under which the MFSA issues regulatory Licences or Registrations or Authorisations, and include, the Banking Act (Chapter 371), the Financial Institutions Act (Chapter 376), the Investment Services Act (Chapter 370), the Insurance Business Act (~~chapter~~ [Chapter](#) 403), the Insurance ~~Brokers and Other~~ Intermediaries Act (Chapter ~~404~~[487](#)), the Special Funds (Regulations) Act (Chapter 450), ~~and~~ the Trusts and Trustees Act (Chapter 331), [the Company Service Providers Act \(Chapter 529\) and any legislation substituting or amending the above.](#)

Licence Holder – any individual or entity licensed or authorised and supervised by the MFSA under any one or more of the legislative frameworks indicated under 'Laws'.

Officer – in relation to a company, includes a director, partner, manager or company secretary or any person effectively acting in such capacity whether formally appointed or not.

Related Party or Parties – a party is related to an entity if:

- (a) directly, or indirectly through one or more intermediaries, the party:
  - (i) controls, is controlled by, or is under common control with, the entity (this includes parents, subsidiaries and fellow subsidiaries);
  - (ii) has an interest in the entity that gives it significant influence over the entity; or
  - (iii) has joint control over the entity;

- (b) the party is an associate (as defined) of the entity;
- (c) the party is a joint venture in which the entity ~~is a venturer~~ [has a shareholding interest](#) (i.e. a party to a joint venture and has joint control over that joint venture);
- (d) the party is a member of the key management personnel of the entity or its parent;
- (e) the party is a close member of the family of any individual referred to in (a) or (d);
- (f) the party is an entity that is controlled, jointly controlled or significantly influenced by, or for which significant voting power in such entity resides with, directly or indirectly, any individual referred to in (d) or (e); or
- (g) the party is a post-employment benefit plan for the benefit of employees of the entity, or of any entity that is a related party of the entity.

Senior Manager - a person employed by the licence holder/entity who, under the immediate authority of a director or the Chief Executive Officer of the licence holder/entity, exercises managerial functions or is responsible for maintaining accounts or other records of the licence holder/entity.

Managerial Function/Capacity – An applicant is regarded as having pursued an activity in a managerial capacity where the applicant’s duties in a company carrying on business, have involved the management of persons who effectively carried on the business of the company or the supervision of their work.

Money Laundering Reporting Officer “MLRO” – The Money Laundering Reporting Officer is the person appointed by a Licence Holder in terms of Regulation 10 of the Prevention of Money Laundering and Funding of Terrorism Regulations

Trustee – in relation to property, means the person or persons holding or in whom the property is vested on terms of trust in accordance with the provisions of the Trusts and Trustees Act or is otherwise deemed to be a trustee under the Trusts and Trustees Act.

**APPENDIX ONE  
STANDARD LETTER**

***AUTHORISATION LETTER FOR BANKS TO REPLY  
TO MFSA DUE DILIGENCE ENQUIRIES***

**PLEASE COMPLETE AND SEND IN ORIGINAL DUPLICATE TO THE MFSA  
TOGETHER WITH THIS P.Q. FORM. THE MFSA MAY THEN SEND THIS  
AUTHORISATION LETTER TO THE RESPECTIVE BANK(S) SHOULD IT DEEM  
NECESSARY.**

*(TO BE SENT IN A SEALED ENVELOPE MARKED "PERSONAL & CONFIDENTIAL")*

The Branch Manager  
\_\_\_\_\_

Date \_\_\_\_\_

***Personal & Confidential***

Dear \_\_\_\_\_

Re: \_\_\_\_\_ (Name, Address, ID No. ~~if known~~)

In the near future the Malta Financial Services Authority ("MFSA") may write to you and may request information in my regard.

The MFSA is responsible - inter alia - for the regulation and supervision of the business of insurance and insurance intermediaries<sup>2</sup> activities, investment services, collective investment schemes, trustees, company service providers and persons providing fiduciary services, banking and financial institutions' activities carried out in or from Malta. In pursuance of its regulatory duties, the MFSA may make enquiries, including those set out below as part of its standard fit and proper verifications.

This letter is to specifically and directly authorise you to provide any information to the MFSA as it may require from time to time, including information regarding my bank accounts, and in particular to confirm that I maintain with your Bank, the account(s) described below, and to confirm whether:

1. the account (No. \_\_\_\_\_) is a personal account in my sole name;
2. the account has been maintained for some time and if so for how long;
3. there are any other accounts to which I am a party whether sole, joint, personal, corporate or any other, either presently or previously;
4. all the accounts referred to (in 1 and 3) have been maintained satisfactorily;
5. the Bank has ever required me to close an account to which I was a party.

The MFSA may also request you to provide it with any additional explanatory information which it considers necessary and with any information that you consider appropriate and relevant to provide.

You are authorised to respond to the MFSA directly at your earliest convenience should the MFSA enquire on my behalf. I shall be responsible for charges, if any, applicable for this service. I understand that I will not be informed by the Bank of any information furnished by the Bank to the MFSA, upon the latter's written request.

**This authorisation to the Bank regarding the provision of relevant information on my behalf to the MFSA is valid from the date of signature of this letter.**

Yours sincerely

---

c.c. The Director ~~General~~  
[Authorisation Unit](#)  
Malta Financial Services Authority

## APPENDIX TWO

### *FIT AND PROPER ENQUIRY - GENERAL AUTHORISATION FORM*

**PLEASE COMPLETE AND SEND IN ORIGINAL DUPLICATE TO THE MFSA TOGETHER WITH THIS P.Q. FORM. THE MFSA MAY THEN SEND THIS AUTHORISATION LETTER TO THE PARTY WITH WHOM IT IS CONDUCTING THE DUE DILIGENCE ENQUIRY, SHOULD IT DEEM NECESSARY**

*(TO BE SENT IN A SEALED ENVELOPE MARKED "PERSONAL & CONFIDENTIAL")*

TO WHOM IT MAY CONCERN

Date \_\_\_\_\_

Re: \_\_\_\_\_ (Name, Address, ID No.)

This letter is to authorise you to provide any information and respond in the most detailed manner to any questions and requests made by the Malta Financial Services Authority ("MFSA") in my regard. The MFSA is responsible - inter alia - for the regulation and supervision of financial services activities carried out in or from Malta. In pursuance of its regulatory duties, the MFSA may make enquiries as part of its standard fit and proper checks, regarding my previous employments, my qualifications, my current or past membership or associateships of educational ~~institutes~~institutions, professional associations, previous or current directorships, including information concerning any reprimand and/or any other disciplinary action that may have been taken in my regard.

The MFSA may also request you to provide it with any additional explanatory information which it considers necessary and any information that you consider appropriate and relevant to provide.

**This authorisation letter regarding the provision of relevant information on my behalf to the MFSA is valid from the date of signature of this letter.**

You are authorised to respond to the MFSA directly at your earliest convenience should the MFSA ~~enquiry~~enquire on my behalf. I shall be responsible for charges, if any, applicable for this service.

Yours sincerely

\_\_\_\_\_  
c.c. The Director ~~General~~  
Authorisation Unit  
Malta Financial Services Authority

## APPENDIX THREE

### STANDARD LETTER

#### ***AUTHORISATION LETTER TO THE COMMISSION FOR THE ADMINISTRATION OF JUSTICE TO REPLY TO MFSA DUE DILIGENCE ENQUIRIES***

*(TO BE SENT IN A SEALED ENVELOPE MARKED "PERSONAL & CONFIDENTIAL")*

The Secretary  
The Commission for the Administration of Justice  
The President's Palace  
Republic Street  
Valletta

Date \_\_\_\_\_

#### ***Personal & Confidential***

Dear Madam,

Re: \_\_\_\_\_ (Name, Address, ID No.)

In the near future the Malta Financial Services Authority ("MFSA") may write to you and may request information in my regard.

The MFSA is responsible - inter alia - for the regulation and supervision of financial services activities carried on, in or from Malta, including the regulation of trustees, business of insurance, investment services and banking. In pursuance of its regulatory duties, the MFSA may make enquiries, including those set out below as part of its standard "fit and proper" verifications.

This letter is to specifically and directly authorise you to provide any information to the MFSA as it may require from time to time, and in particular to confirm whether:

1. the undersigned is held in good standing by the Commission for the Administration of Justice;
2. the undersigned has ever been subject to proceedings by the Commission for the Administration of Justice and in respect of which there has been no exoneration;
3. the Commission for the Administration of Justice is in the process of investigating or has taken or is in the process of taking disciplinary action against the undersigned;
4. the Commission for the Administration of Justice is aware of any information that might have an adverse effect on the MFSA's determination of the "fitness and properness" of the undersigned to serve as an officer of a regulated entity.

The MFSA may also request you to provide it with any additional explanatory information which it considers necessary and with any information that you consider appropriate and relevant to provide.



**This authorisation to the Commission for the Administration of Justice regarding the provision of relevant information on my behalf to the MFSA is valid from the date of signature of this letter.**

You are authorised to respond to the MFSA directly at your earliest convenience should the MFSA enquire on my behalf.

Yours sincerely

\_\_\_\_\_

**~~THE ENVELOPE SHOULD BE MARKED "PERSONAL & CONFIDENTIAL"~~**

c.c. The Director ~~General~~  
Authorisation Unit  
Malta Financial Services Authority

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