



FINANCIAL SERVICES COMMISSION

PERSONAL QUESTIONNAIRE

To be completed by all applicants who are required to be approved by the Financial Services Commission, Mauritius ("FSC") in connection with a licence holder/licence applicant under the following laws or other legislations (the Personal Questionnaire may be subject to amendments from time to time):

FINANCIAL SERVICES ACT 2007

CAPTIVE INSURANCE ACT 2015

INSURANCE ACT 2005

THE INSURANCE (AMENDMENT) ACT 2015

PRIVATE PENSION SCHEMES ACT 2012

PROTECTED CELL COMPANIES ACT 1999

SECURITIES ACT 2005

SECURITIES (CENTRAL DEPOSITORY, CLEARING AND SETTLEMENT) ACT 1996

TRUSTS ACT 2001

INSTRUCTIONS FOR COMPLETING THE PERSONAL QUESTIONNAIRE FORM

- This Form is to be completed in English.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write "Not applicable" or "N/A".
- If there is insufficient space on the printed Form in which to answer a question, additional information can be provided on a separate signed sheet if necessary.
- This Form should be read in conjunction with the Guidelines on Fitness and Propriety which can be accessed on the FSC's website.
- The duly filled in and signed application must be submitted to the Commission.
- Where a Personal Questionnaire has already been filed, the Applicant shall indicate in his application that the Personal Questionnaire has been filed and inform the Commission of any material change in the information.

Please ensure that all answers and information are true and correct. Providing false or misleading information to the FSC constitutes a criminal offence and will lead to criminal prosecutions under the Financial Services Act 2007.

Personal Questionnaire

Section 1: Applicant

1. Name of Applicant³:

Section 2: Personal Details

2. Full Name of Respondent⁴:

Title (*Mr. /Mrs. /Ms., etc.*):

Surname:

Forename:

Maiden name (*if applicable*):

Other name(s) or aliases used (*if any*):

3. Capacity in which the Respondent is completing this questionnaire:

4. Previous name(s) by which you have been known (*if any*):

³ Applicant means the Company that has applied to the FSC for a Licence and in whose name (if the application is successful) the Licence will be issued. "Applicant" should not be interpreted to mean "Promoter" (the original shareholder) or an existing Management Company (which is merely an agent of the Applicant) who may submit the application on behalf of the Applicant.

⁴ Respondent means the person submitting the Personal Questionnaire to the FSC in connection with the Applicant or Licensee.

5. Date of Birth (*dd/mm/yyyy*):

6. Place of birth:

Town

State

Country

7. Nationality, and how it was acquired (*e.g. Birth, Naturalisation, Marriage*):

(If you hold more than one Nationality, please provide details for all Nationalities currently or previously held)

8. Passport/ Identity Card Number

9. Current residential address (*with relevant dates*):

Address Line 1 (*Street Address*):

Address Line 2 (*Apartment, suite, unit, building, floor, etc.*):

City:

State/Province/Region:

Zip/Postal:

Country:

Dates at this Address: *(mm/yyyy)*

From

To

10. Previous residential addresses during the last ten years *(with relevant dates)*

Previous address 1.

Address Line 1 (Street Address):

Address Line 2 (Apartment, suite, unit, building, floor, etc.):

City:

State/Province/Region:

Zip/Postal:

Country:

Dates at this Address: *(mm/yyyy)*

From

To

Previous residential address 2:

Address Line 1 (Street Address):

Address Line 2 (Apartment, suite, unit, building, floor, etc.):

City:

State/Province/Region:

Zip/Postal:

Country:

Dates at this Address:(*mm/yyyy*)

From

To

Previous residential address 3:

Address Line 1 (Street Address)

Address Line 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Zip/Postal

Country

Dates at this Address (*mm/yyyy*)

From

To

Previous residential address 4:

Address Line 1 (Street Address)

Address Line 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Zip/Postal

Country

Dates at this Address (*mm/yyyy*)

From

To

Previous residential address 5:

Address Line 1 (Street Address)

Address Line 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Zip/Postal

Country

Dates at this Address (*mm/yyyy*)

From

To

11. Are you currently, or were you previously approved/ authorised (within the last 10 years) by any other Regulatory Body?

Yes

No

If yes, please provide details below:

| Name of Regulator | Country | Position held | Name of Corporation | Date approved (MM/YY) | Date Approval Cease (MM/YY) |
|-------------------|---------|---------------|---------------------|-----------------------|-----------------------------|
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12. Do you have any pending applications with any other foreign Financial Services Regulator?

Yes

No

If yes, please provide full details, including Name of Regulator, Country and Nature of Application

13. Please provide the name and address of your main bank at which you hold a principal bank account and confirm how long you have been a customer of that bank.

Name:

Address:

Date of account opening:

Section 3: Professional Qualifications

14. Current Associateship, Membership or Fellowship (A, M or F) of professional bodies and year of admission.

| A/M/F | Admitted (Yr) | Professional Body | Country |
|--------------|----------------------|--------------------------|----------------|
| | | | |

Section 4: Academic Qualifications

15. Do you hold any academic qualifications (e.g. BA, LLB, MBA, PhD)?

Yes
No

If Yes, specify the following in **each** case:

| Qualification | Name of Institution | Address of Institution | Year Obtained |
|----------------------|----------------------------|-------------------------------|----------------------|
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Section 5: Career History

Begin with your current occupation or employment and please give full details of all occupations and employment during the last ten years, leaving no period unaccounted for. Continue on a separate signed sheet if necessary.

Please justify any gaps in your employment history.

16. Current Occupation:

Address Line 1 (Street Address)

Address Line 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Zip/Postal

Country

Date of employment:(*mm/yyyy*)

From

To

Position held

Nature of business

Employment reference details

Name

Position

Contact

Email

Previous Occupation 1:

Address Line 1 (Street Address)

Address Line 2 (Apartment, suite, unit, building, floor, etc.)

City

State/Province/Region

Zip/Postal

| | | |
|---------------------------------------|------|----|
| Country | | |
| Date of employment:(<i>mm/yyyy</i>) | From | To |
| Position held | | |
| Nature of business | | |
| Employment reference details | | |
| Name | | |
| Position | | |
| Contact | | |
| Email | | |

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| Previous Occupation 2: | | |
| Address Line 1 (Street Address) | | |
| Address Line 2 (Apartment, suite, unit, building, floor, etc.) | | |
| City | | |
| State/Province/Region | | |
| Zip/Postal | | |
| Country | | |
| Dates of employment:(<i>mm/yyyy</i>) | From | To |

| |
|-------------------------------------|
| Position held |
| Nature of business |
| Employment reference details |
| Name |
| Position |
| Contact |
| Email |

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| Previous Occupation 3: | | |
| Address Line 1 (Street Address) | | |
| Address Line 2 (Apartment, suite, unit, building, floor, etc.) | | |
| City | | |
| State/Province/Region | | |
| Zip/Postal | | |
| Country | | |
| Date of employment:(<i>mm/yyyy</i>) | From | To |
| Position held | | |
| Nature of business | | |

Employment reference details

Name

Position

Contact

Email

Section 6: Fitness and Propriety

17. Please state any position you have held in any corporation⁵ (during the last ten years).

| Name of corporation | Post | Current (C)/ Previous (P) | Country of incorporation/licence/authorisation/ approval/registration |
|----------------------------|-------------|--------------------------------------|--|
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At any time, have you been involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

⁵ Includes, where specified in FSC Rules, any trust, société, partnership or any other body of persons.

18. Are you, through any previous or current occupation, employment, position or otherwise, precluded in any way from carrying on (fully or partially) the services which the corporation (identified in 18 above) offers?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

19. Have you or any corporation in which you are or have been associated with at any time, been convicted of any offence including spent matters by any Court in any jurisdiction? If so, give full particulars of the Court by which you were convicted, the offence and the penalty imposed and the date of conviction. (Road Traffic offences should not be listed).

YES/NO (Please delete as appropriate). If yes, please give full particulars.

20. Have you, or any corporation with which you are or have been associated⁶:

- (a) been the subject of any punitive action;**
- (b) been refused a licence or equivalent authorisation to carry on a business activity;**
- (c) have had a licence or equivalent authorisation to carry on a business activity revoked;**
- (d) been censured, disciplined or publicly criticised or adversely commented upon and**
- (e) is, or has been the subject of any investigation and/or enquiry by any professional body or any public body or any Regulatory Authority?**

YES/NO (Please delete as appropriate). If yes, please give full particulars.

⁶ Associated in this form means associated as a director, secretary, controller, officer, as a senior member of staff or a controlling shareholder.

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21. Have you ever been adjudicated bankrupt by any Court or entered into a compromise or arrangement with creditors?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

22. Have you ever failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court in any jurisdiction?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

23. Has any corporation with which you have been associated been compulsorily wound up or has been subject to voluntary winding up, or made any compromise or arrangement with its creditors, or ceased trading?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

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24. Are you engaged in any personal litigation with respect to the management of any business corporation?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

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25. Have you ever, at any time, been the subject of an investigation in relation to a corporation, including a financial institution?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

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26. Have you ever been disqualified from acting as a director or similar position⁷? Have you ever, at any time, been the subject of an investigation in relation to a corporation, including a financial institution?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

27. Do you have any written complaints made against you by clients or former clients in the last five years which you have accepted, or which are awaiting determination, or have been upheld – by an Ombudsman or complaints scheme?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

28. Have you ever been refused entry to, or been dismissed, suspended or requested to resign from, any professional, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

29. Have you ever, anywhere, been censured, disciplined or criticised by any professional body to which you belong or have belonged to?

⁷ One where the respondent acts in a management capacity or conducts the affairs of any company, partnership or unincorporated association.

YES/NO (Please delete as appropriate). If yes, please give full particulars.

30. In carrying out your duties, will you be acting on the directions or instructions of any other person?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

31. In the course of any trial or proceedings involving fraud, dishonesty or similar matters, have you ever been required to give evidence other than as an expert witness?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

32. Have you, a family member or a close associate, at any time, been designated as a politically exposed person (PEP)⁸?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

⁸“politically exposed person” or “PEP” –

means a foreign PEP, a domestic PEP and an international organisation PEP; and for the purposes of this definition –

“domestic PEP” means a natural person who is or has been entrusted domestically with prominent public functions in Mauritius and includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“foreign PEPs” means a natural person who is or has been entrusted with prominent public functions by a foreign country, including Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“international organisation PEP” means a person who is or has been entrusted with a prominent function by an international organisation and includes members of senior management or individuals who have been entrusted with equivalent functions, including directors, deputy directors and members of the board or equivalent functions and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

33. Declaration

I hereby CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director, shareholder, manager, officer or controller of an institution authorised/licensed under any of the above laws, I will notify the FSC of any material changes affecting the completeness of the answers 17 to 29 above within a period of thirty days.

I also hereby AUTHORISE the FSC to make such enquires and seek such further information as it thinks appropriate in verifying the information given in the Personal Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

Misleading the FSC will lead to criminal prosecutions under the Financial Services Act 2007.

Name of Respondent

Signature

Date

Supplemental Information

If there are any additional information that must be communicated to the FSC, please populate the below section accordingly.

| Question No. | Additional information |
|--------------|------------------------|
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