

March, 2019

# Cayman Islands Monetary Authority

## PERSONAL QUESTIONNAIRE

To be completed by all individuals who are required to be approved by the Cayman Islands Monetary Authority ("the Authority") in connection with a licence holder/licence applicant under the following Laws (as amended from time to time):

**BANKS AND TRUST COMPANIES LAW**  
**COMPANIES MANAGEMENT LAW**  
**INSURANCE LAW**  
**MONEY SERVICES LAW**  
**MUTUAL FUNDS LAW**  
**SECURITIES INVESTMENT BUSINESS LAW**

### INSTRUCTIONS FOR COMPLETING THE PERSONAL QUESTIONNAIRE FORM

- This Form is to be completed in **English**.
- Answers to **ALL** questions should be **TYPED**.
- **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 Regulatory Policy: Fitness and Propriety and the Regulatory Procedure: Assessing Fitness and Propriety which can be accessed on the Authority's website, [www.cima.ky](http://www.cima.ky).

Please ensure that all answers and information are true and correct. Providing false or misleading information to the Authority constitutes a criminal offence under the Regulatory Laws and can lead the Authority to reject an application or revoke a licence that has been granted on the basis of untrue or incorrect information.

### REQUIRED DOCUMENTS

Please attach a copy of your curriculum vitae or resume.

Please enclose a clear, notarized or similarly certified colour copy of your passport, photo bearing driver's licence or other Government issued photo identification card.

The certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Certifiers should state that it is a true copy of the original document.

## Section 1: Proposed Role

### 1. Name of the Institution

### 2. Proposed Position (*i.e. Director, Shareholder, Manager, Controller, Officer, etc.*)<sup>1</sup>

## Section 2: Personal Details

### 3. Your Full Name

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

Surname

Forename(s)

Maiden name (*if applicable*)

Other name(s) commonly known by (*if any*)

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

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

### 6. Place of Birth

Town

State

Country

### 7. Nationality, and how it was acquired (*e.g. Birth, Naturalization, Marriage*) (*If you hold more than one Nationality, please provide details for all Nationalities currently or previously held*)

<sup>1</sup> A Controller includes:

- (1) any person who is entitled to exercise control of 10% or more of the voting power over the institution or over another company of which it is a subsidiary
- (2) any person, whether a shareholder or not, in accordance with those directions or instructions the directors of the institution, or of another company of which it is a subsidiary, are accustomed to act.

Where a controller is a body corporate the Authority will look through that body to the ultimate controller from whom the above information will be sought.

**8. 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**

**9. Previous residential addresses during the last ten years** (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**

**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**

**10. Do you currently have, or have you previously been assigned a unique Director ID number by the Authority?**

Yes  No

If Yes, please provide Director ID number:

**11. Are you currently or were you previously approved (within the last 10 years) by any other Financial Services Regulator?**

Yes  No

If Yes, please provide details below:

Name of Regulator	Country	Position Held	Name of Entity	Date Approved (MM/YY)	Date Approval Ceased (MM/YY)

**12. Do you have any pending applications with any other Financial Services Regulator?**

Yes  No

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

### Section 3: Professional Qualifications

13. Do you hold any Professional qualifications (e.g. CPA, CFA, TEP)?

Yes  No

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

Qualification	Name of Institution	Address of Institution	Status <sup>2</sup>	Year Obtained
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country		
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country		
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country		

### Section 4: Academic Qualifications

14. 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
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country	
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country	
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country	
		Address Line 1 Address Line 2 City State/Province/Region Zip/Postal Country	

<sup>2</sup> Please indicate status of qualification or of membership in designating body, if applicable (e.g. current/active, inactive, suspended etc.)

## Section 5: Career History

Beginning with your current occupation or employment, 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.

If there are any gaps in the employment history, please provide an explanation.

<b>15. Current occupation:</b>			
<b>Name of Employer</b>			
<b>Address Line 1</b> <i>(Street Address)</i>			
<b>Address Line 2</b> <i>(Apartment, suite, unit, building, floor, etc.)</i>			
<b>City</b>			
<b>State/Province/Region</b>			
<b>Zip/Postal</b>			
<b>Country</b>			
<b>Dates of Employment</b> <i>(mm/yyyy)</i>		<b>From</b>	<b>To</b>
<b>Position Held</b>		<b>Nature of business</b>	
<b>Employment Reference Details</b>			
<b>Name</b>			
<b>Position</b>			
<b>Contact #</b>			
<b>Email</b>			
<b>Previous occupation 1:</b>			
<b>Name of Employer</b>			
<b>Address Line 1</b> <i>(Street Address)</i>			
<b>Address Line 2</b> <i>(Apartment, suite, unit, building, floor, etc.)</i>			
<b>City</b>			
<b>State/Province/Region</b>			
<b>Zip/Postal</b>			
<b>Country</b>			
<b>Dates of Employment</b> <i>(mm/yyyy)</i>		<b>From</b>	<b>To</b>
<b>Position Held</b>		<b>Nature of business</b>	
<b>Employment Reference Details</b>			
<b>Name</b>			
<b>Position</b>			
<b>Contact #</b>			
<b>Email</b>			

**Previous occupation 2:****Name of Employer****Address Line 1** *(Street Address)***Address Line 2** *(Apartment, suite, unit, building, floor, etc.)***City****State/Province/Region****Zip/Postal****Country****Dates of Employment** *(mm/yyyy)***From****To****Position Held****Nature of business****Employment Reference Details****Name****Position****Contact #****Email****Previous occupation 3:****Name of Employer****Address Line 1** *(Street Address)***Address Line 2** *(Apartment, suite, unit, building, floor, etc.)***City****State/Province/Region****Zip/Postal****Country****Dates of Employment** *(mm/yyyy)***From****To****Position Held****Nature of business****Employment Reference Details****Name****Position****Contact #****Email**

**Section 6: Appointments / Shareholdings**

**16.** Are you now, or have you previously been (during the last **ten** years) a:

- a) Director or Controller of any 'body corporate'?
- b) General Partner of a Partnership?

Yes  No

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

Name of Entity	Role	Country of Incorporation/ Domicile	Nature of Business	From - To (MM/YY)

**17.** Are you now, or have you previously (during the last 10 years) held a shareholding interest in a financial institution?

Yes  No

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

Name of Company	Percentage holding	Country of Incorporation	Nature of Business	From - To (MM/YY)

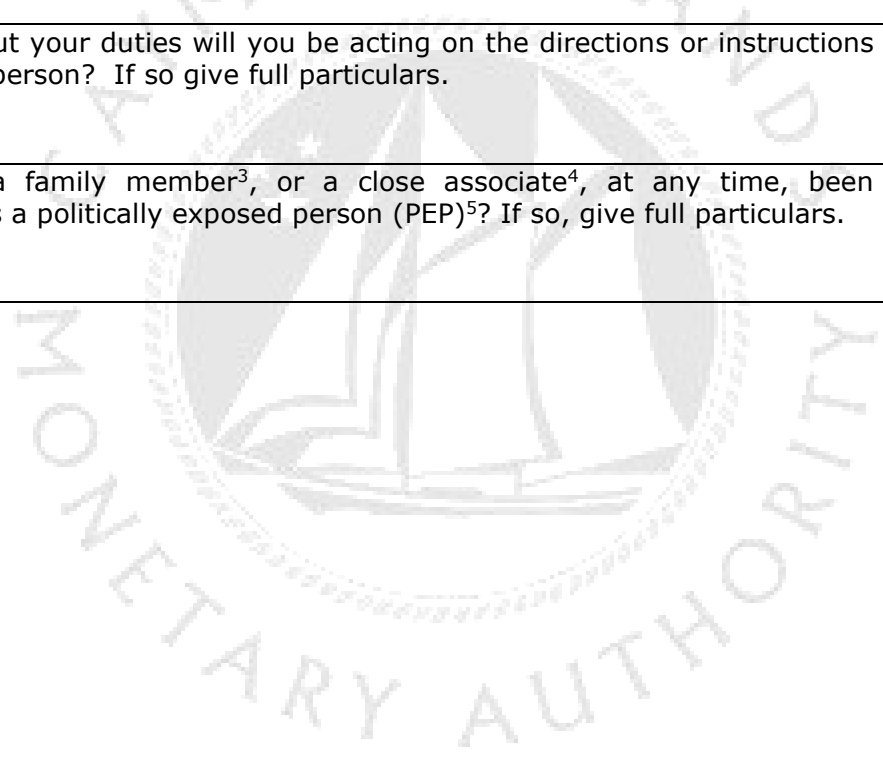


## Section 7A: Fitness and Propriety

In any case where the response is **Yes** to any of the questions in this section, **full** details should be given on a separate sheet and referenced to the appropriate question.

<p><b>18.</b> 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 so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>19.</b> Have you at any time been charged or convicted of any offence (other than (a) an offence committed when you were under the age of 18 years unless the same was committed within the last ten years, or (b) an offence in connection with the use or ownership of a motor vehicle which was tried in a court of summary jurisdiction) by any court, whether civil or military, in any jurisdiction? If so, give full particulars of the charge and if convicted, the date of conviction, the offence and the penalty imposed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>20.</b> Is there any outstanding civil litigation against you (including in your capacity as a trustee of a trust) or any company of which you are an officer; or are there any current proceedings issued by you? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>21.</b> Have you ever, at any time, been the subject of an investigation in relation to a financial institution? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>22.</b> Have you, anywhere, been censured, disciplined or criticised by any professional body to which you belong or have belonged, or have you ever held a practising certificate subject to conditions? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>23.</b> Have you ever been required to give evidence in any trial or proceedings involving fraud, dishonesty or similar matters, other than as an expert witness? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>24.</b> Have you, or any body corporate, trust, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer, controller, or trustee, been the subject of an investigation, anywhere, by a governmental, professional or other regulatory body? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>25.</b> Have you, anywhere, been suspended, placed on required leave or dismissed from any office or employment or barred from entry to any profession or occupation? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>26.</b> Have you ever been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>27.</b> Have you been adjudicated bankrupt by a court in any jurisdiction? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>28.</b> Have you failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a court in any jurisdiction? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p><b>29.</b> Have you, in connection with the formation, control or management of a body corporate, partnership, unincorporated institution, or in connection with acting as trustee of a trust been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body, company or trust or towards any members thereof? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>30.</b> Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller, anywhere, been compulsorily wound up or made any compromise or 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 you ceased to be associated with it. If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>31.</b> Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller, anywhere, had its authorisation revoked? If so give full particulars</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>32.</b> In carrying out your duties will you be acting on the directions or instructions of any other person? If so give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>33.</b> Have you, a family member<sup>3</sup>, or a close associate<sup>4</sup>, at any time, been designated as a politically exposed person (PEP)<sup>5</sup>? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



<sup>3</sup> The Anti-Money Laundering Regulations (2018 Revision) (“AMLRs”) states that family member includes the spouse, parent, sibling or child or a PEP.

<sup>4</sup> The AMLRs defines a close associate as any natural person who is known to hold the ownership or control of a legal instrument/person jointly with a PEP, who maintains close business/personal relationship with a PEP, or who holds the ownership or control of a legal instrument/person which have been established to the benefit of a PEP.

<sup>5</sup> The AMLRs defines a politically exposed person as a person who is or has been entrusted with prominent public functions domestically, by a foreign country, or by an international organization. Examples of such functions can be found in the AMLRs but includes senior politicians; senior government, judicial or military officials; and senior executives.

**Section 7B: Declaration of Source of Wealth/ Source of Funds**

This section **ONLY** applies to applicants who are:

- I. individual shareholders/ controllers holding 10 % or more issued shares in a legal entity; and
- II. subject to enhanced due diligence by the Authority, such as PEPs, other persons considered to be high risk or where the application itself demonstrates a high risk profile.

The Authority may at its discretion request additional information/ documentary evidence for the assessment of source of wealth and source of funds.

\*In some cases the Authority may at its discretion assess applicants holding less than 10% interest in a legal entity.

The Financial Action Task Force (FATF) defines source of wealth as the origin of the entire body of wealth (i.e. an applicant's total assets). This information should give an indication as to the volume of wealth the applicant would be expected to have, and a picture of how the applicant acquired such wealth.

The Financial Action Task Force (FATF) defines source of funds as the origin of the particular funds or other assets which are the subject of the business relationship between CIMA and the applicant (i.e. the amounts being invested, deposited, or wired as part of the business relationship). This information should not simply be limited to knowing from which financial institution the funds have been transferred. The information obtained should be substantive and establish a provenance.

**34. Please complete the Declaration of Source of Wealth and Source of Funds form, if required to provide source of wealth/ source of funds.**

I 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 authorized under any of the above Laws, I will notify the Authority of any material changes affecting the completeness of the answers to questions 18-32 above within a period of twenty-one days.

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

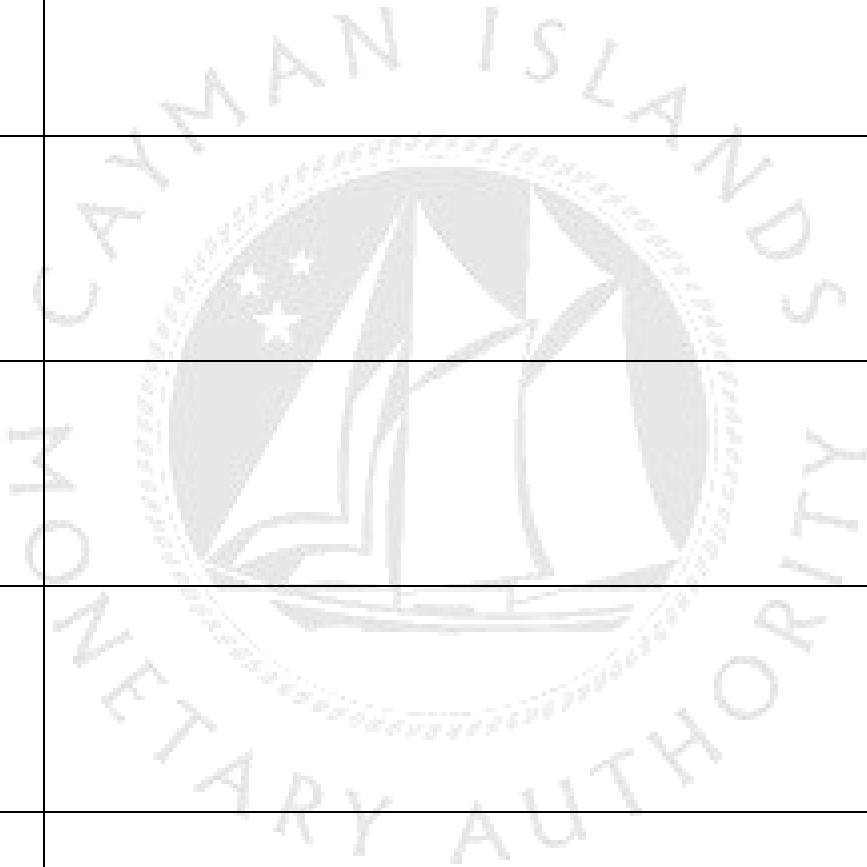
Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Section 8: Supplemental Information**

Please include here, any additional information indicated in previous sections of this Form. If there is insufficient space, please continue on a separate page and clearly identify the section and question to which the additional information relates<sup>6</sup>.

Section	Question	Information



<sup>6</sup> Please indicate how many additional sheets are being submitted: \_\_\_\_\_