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**PERSONAL QUESTIONNAIRE**

**OF THE MEMBERS OF THE BOARD OF DIRECTORS**

**Name: «…..……………………………..»**

**Capacity: «…..……………………………..»**

**Name of applicant/CIF: «…..……………………………..»**

**Purpose of this form**

This form should be completed individually by all the members of the Board of Directors listed in section D1, Annex D of the Application form for granting authorisation as a Cyprus Investment Firm (Form 87-00-01), in the case of an application for the granting of a CIF authorisation or a change in the Board of Director of the CIF, as well as by their related powers and any proxies.

GENERAL INSTRUCTIONS:

1. This questionnaire should be completed individually by all the members of the Board of Directors[[1]](#footnote-1) which includes the persons effectively directing the business, as well as by their related powers and any proxies.
2. This questionnaire must be completed in electronic form. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (“the Commission”) at the address [www.cysec.gov.cy](http://www.cysec.gov.cy).
3. The questions should remain unaltered and the answers must be provided below each question or in the designated section.
4. All questions applicable to the case of the applicant should be duly completed, or, if they are not applicable state “N/A”. Incomplete applications will be returned.
5. This questionnaire should be accompanied by the documents stated in Part G.
6. Where there are no competent authorities for the issue of certificates, attach equivalent documents from an independent and reliable source.
7. When completing the questionnaire, information which is publicly available or has previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
8. Where applicants are required to “confirm”, a tick (**✓**) or an (x) placed in the relevant box will be taken as confirmation.
9. If insufficient space has been provided for a reply, please provide that information on a separate sheet/document and refer to it in the space provided for the answer. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant organisation and reference the appropriate question.
10. This questionnaire accompanies the application form (Form 87-00-01) or the Notification of information on changes to the membership of the Management Body of a Cyprus Investment Firm (Form 87-00-03).
11. The Commission retains the right to request additional information during the assessment process.
12. PERSONAL **DETAILS**

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|  | **Name:** |  |
|  | **Surname:** |  |
|  | **Date of birth:** |  |
|  | **Place of birth (City and Country):** |  |
|  | **Nationality:** |  |
|  | **Personal national identification number/Passport number:** |  |
|  | **Issuing country of national identification number/passport number:** |  |
|  | **Date of expiry of current passport:** |  |
|  | **Social insurance number:** |  |
|  | **Address:** |  |
|  | **Contact telephone number:** |  |
|  | **Fax number (if available):** |  |
|  | **Countries of residence for the past five years and dates of residence in each country:** |  |
|  | **Electronic mail address:** |  |
|  | **Position in the applicant/CIF:[[2]](#footnote-2)** |  |
|  | **Date of suggested appointment:** |  |

1. EDUCATION AND PROFESSIONAL EXPERIENCE

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| 1. Please provide details of your academic qualifications (education and professional training) starting with the most recent. | | | | | | | | | |
| Name of institution (country) | | | | Time period (MM/YYYY) | | | | Qualification obtained | |
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| 1. Please state below any professional qualifications (e.g. membership in professional bodies). | | | | | | | | | |
| Type of membership | | Name of professional body | | | Membership number (if applicable) | | | Membership start date | |
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| 1. Please state below any other qualifications related to the nature of the duties assigned to you by the applicant/CIF (including any relevant training). | | | | | | | | | |
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| 1. Languages - Please state the level of proficiency for each language stated below on a scale from 1-5 (1-excellent, 5 basic) | | | | | | | | | |
| Language | | | Reading | | | Writing | | | Speaking |
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| 1. Please state whether you are registered in the public register maintained by the Cyprus Securities and Exchange Commission. | | | | | | | | | |
| Yes |  | | | | |  | | | |
| No |  | | | | |  | | | |
| If yes, please state below the date of registration in the relevant certification register as well as your certification number.  **If no, please state whether you intend to take the certification exams and when.** | | | | | | | | | |
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| 1. Please state whether you are currently employed. | | | | | | | | | |
| Yes |  | | | |  | | | | |
| No |  | | | |  | | | | |
| If yes, please state below whether you intend to resign from your current employment. | | | | | | | | | |
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| 1. Please provide details of your employment experience for any positions held within the last 10 years and any relevant employment outside the 10 years starting with the most recent employment (including current employment, participations in any boards of directors, as well as the periods of unemployment): | | | | | | | | | | | | | |
| **Full Name of employer** | | Time period (MM/YYYY) | | | Principal activities of the employer | Position held | | Nature and duration of performed functions/responsibilities**[[3]](#footnote-3)** | | Supervisory authority (if applicable) | Reason for departure from employer | | Contact details of the employer (address, telephone number and email) |
| Start date | End date | |
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| 1. Please explain any gap in employment history stated above exceeding 12 weeks within the last 10 years. | | | | | | | | | | | | | |
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| 1. List all executive and non-executive directorships you are currently holding.**[[4]](#footnote-4)** | | | | | | | | | | | | | |
| No. | Position | | | Legal name of entity | | | Type of entity and principal activities | | Date of appointment | | | Intention to resign once appointed to the applicant/CIF. | |
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1. **MORALS AND COMPETENCE**

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| 1. Have you ever been assessed by the Commission in the context of another application? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below, including the name of the applicant, your capacity in the application, the date of application, the type of regulated entity and the decision of the Commission. | | | | | | | | | |
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| 1. Have you ever been assessed and approved by any other financial services regulator in any jurisdiction? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide the information below: | | | | | | | | | |
| Name of regulator and jurisdiction | | Date of approval  (MM/YYYY) | | | Name of company | Approved function/capacity | | | Reference number if applicable |
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| 1. Do you have or will you have any shareholding in the applicant/CIF or any company which is part of the same group? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. Have you ever received a negative reply concerning the registration, authorisation, membership or licence to carry out a trade, business or profession in and/or outside the Republic (including from any other financial services regulator)? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below, including reference to the competent authority or professional body and association. | | | | | | | | | |
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| 1. Has any of your registration, authorisation, membership or licence to carry out a trade, business or profession been withdrawn, revoked or terminated in and/or outside the Republic? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below (including any pending cases). | | | | | | | | | |
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| 1. Have you ever been expulsed by a regulatory or government body or by a professional body or association or have you ever in any jurisdiction been disqualified or restricted from acting as a director or from acting in any managerial capacity? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. **Have you ever been dismissed** **or asked to resign, or agreed to resign instead of being dismissed, or resigned whilst under investigation, for reasons pertaining to the exercise of the duties assigned to you or removed from employment or a position of trust, fiduciary relationship, administrative responsibility in an undertaking or organisation, whether or not remunerated (of public or private law), or similar situation?** | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below, including **whether the above were due to a court ruling or an administrative decision, in and/or outside the Republic?** | | | | | | | | | |
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| 1. **Has your appointment as member of the board of directors or executive staff of a company ever been revoked or cancelled?** | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. Please state below any information on criminal investigations and proceedings, relevant civil and administrative cases, and disciplinary actions opened against you (including disqualification as a company director, bankruptcy, insolvency and similar procedures), as well as for ongoing investigations. In case that there is no information to be disclosed, please attach a declaration of honour stating this. See Part G for the relevant documents that need to be attached. | | | | | | | | | |
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| 1. Have you been the subject of any complaint to the Commission, Financial Ombudsman or any equivalent body (made reasonably and in good faith) relating to activities regulated by the Commission or regulated by an equivalent authority in any jurisdiction? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. Have you ever been declared bankrupt (include also pending cases/pending bankruptcy petitions) or have any of your assets been confiscated or were you obliged to transfer any of your assets to your creditors or have you failed to fulfill your obligations arising from a verdict against you within one year from the issue of such verdict, in or/and outside the Republic? | | | | | | | | | |
| Yes | | | |  | | | |  | |
| No | | | |  | | | |  | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. Have you ever been being investigated, disciplined, censured, suspended or criticised by a regulatory or professional body, a court or tribunal or any similar body, whether publicly or privately, in any jurisdiction? | | | | | | | | | |
| Yes | | |  | | | |  | | |
| No | | |  | | | |  | | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. Has any business (or legal entity) where you held a position of responsibility or influence been or is being investigated, disciplined, censured, suspended or criticised by a regulatory or professional body, a court or tribunal or any similar body, whether publicly or privately, in any jurisdiction? | | | | | | | | | |
| If yes, please provide more information below. | | | | | | | | | |
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| 1. **Have you ever been a member of the board of directors, managerial executive or a shareholder with qualifying holding in a company which, while you were exercising your duties, or within one year from the date on which you were discharged from your administrative duties (include also pending cases):** | | | | | | | | | |
| 15.1 | **An application to dissolve, compulsory liquidate, classify as insolvent or confiscate its assets or place in mandatory receivership was filed against it?** | | | | | | |  | |
| 15.2 | **Its books were audited, beyond the regular audits, or was the subject of an investigation by a competent or supervisory authority?** | | | | | | |  | |
| 15.3 | **Administrative or other sanctions were imposed upon it by a competent or supervisory authority?** | | | | | | |  | |
| 15.4 | **Its books or other documents were requested or confiscated by a competent or supervisory authority?** | | | | | | |  | |
| 15.5 | **Obstructed the effective exercise of supervision by a competent or supervisory authority?** | | | | | | |  | |
| 15.6 | **The application for granting authorisation or the obtaining of membership status in a professional association was rejected, or the authorisation or membership was suspended or withdrawn?** | | | | | | |  | |
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| 1. **Is there anything relevant that you would like to state that could affect either positively or negatively the forming of an opinion on your morals, integrity, credibility and/or financial soundness?** | | | | | | | | | |
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1. FINANCIAL**[[5]](#footnote-5)** AND NON-FINANCIAL INTERESTS**[[6]](#footnote-6)**

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| 1. **State any financial and non-financial interests or relationships that you have to the members of the board of directors[[7]](#footnote-7) and key function holders[[8]](#footnote-8) in the applicant/CIF, the parent institution and subsidiaries and shareholders.** |
|  |
|  |
| 1. **State any financial and non-financial interests or relationships that your close relatives[[9]](#footnote-9) have to members of the management body and key function holders in the applicant/CIF, the parent institution and subsidiaries and shareholders.** |
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1. REFERENCES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **State two persons who, from personal experience, may provide information on your experience, reputation and character. In the case where in the last ten years, you are not self-employed, one of the two must be your most recent employer.** | | | | | | |
| **No.** | **Name** | **Contact telephone number** | | **Correspondence addresses** | **Email** | |
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| 1. **Do you grant the Commission the permission to liaise with the aforementioned persons in respect of this application?** | | | | | | |
| **Yes** | | |  | | |  |
| **No** | | |  | | |  |
| **If no, please provide more information below.** | | | | | | |
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1. **CONFIRMATION STATEMENT**

**I hereby responsibly declare and confirm, having full knowledge of the consequences of the Law, that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this questionnaire, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **I hereby confirm that I shall comply will the relevant requirements and obligations arising from the Law and any secondary legislation pursuant to it.**
3. **I will notify the Commission, in writing, immediately where, in the period between the submission of this questionnaire and Commission’s decision, a change takes place in the information or and details and documents submitted with the questionnaire.**
4. **I shall notify the Commission, in writing and without undue delay, of any new details regarding my person, that could affect the sound and prudent management of the applicant/CIF.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law.**

**By this statement and in full comprehension of its contents, I give my express consent for the processing of my personal data, sensitive and not, in accordance with the Processing of Personal Data (Protection of Individuals) Law of 2001, as amended from time to time by national and/or European legislation.**

**In accordance with sections 71, 93 and 94 of the Law, I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence.**

**Signature ......................................................**

**Full name ......................................................**

**Date ......................................................**

1. **STATEMENT OF THE ACCOMPANYING DETAILS/DOCUMENTS**

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| --- | --- | --- | --- |
| **Details/Documents** | **Number of Appendix** | **Submitted (X)/Not applicable (N/A)** | **For official use only** |
| Certified true copy of the identification card or passport. | **1** |  |  |
| Certified true copies of certificates of academic and professional qualifications. | **2** |  |  |
| Certificate of non-bankruptcy from the competent authorities of the country of residence of the persons. If, for the last five years, you have resided outside the Republic, attach certificates of non-bankruptcy from all the competent authorities of the country in which you resided. | **3** |  |  |
| Certificate of a criminal record from the competent authorities of the country of residence of the persons. If, for the last five years, you have resided outside the Republic, attach certificates of criminal record(s) from all the competent authorities of the country in which you resided. | **4** |  |  |
| Official certificates (if and so far as it is available from the relevant Member State or third country) or through another equivalent document in relation to any criminal investigations and proceedings relevant civil and administrative cases, and disciplinary actions opened against you stated in part C above. For any ongoing investigations stated above, the information may be provided through a declaration of honour. | **5** |  |  |
| A declaration of honour stating that there are no criminal investigations and proceedings, relevant civil and administrative cases, and disciplinary actions opened against the person in question (including disqualification as a company director, bankruptcy, insolvency and similar procedures), and no ongoing investigations. | **6** |  |  |
| Letters of consent from all CIFs that you are currently holding directorships for your appointmentto the management body of the applicant/CIF (if applicable). | **7** |  |  |
| Letters of recommendation regarding your personal reputation and experience (if applicable). | **8** |  |  |

1. As per Article 2(1) of the Investment Services and Activities and Regulated Markets Law of 2017 (Law 87(I)/2017) (the “Law”), the term “board of directors includes the persons who effectively direct the business”. [↑](#footnote-ref-1)
2. In case the position you hold (or intend to hold) is that of the member of the board of directors, clarify whether you shall be an executive director, or non-executive director, or independent non-executive director. [↑](#footnote-ref-2)
3. In particular, please state any activities within the scope of the position sought in the applicant/CIF. Please provide details on all delegated powers and internal decision-making powers held and the areas of operations under control. [↑](#footnote-ref-3)
4. Please note the provisions of Article 9 (5) of the Law in relation to the number of directorships which may be held by a member of the board of directors at the same time. [↑](#footnote-ref-4)
5. Financial interests include interests such as credit operations, guarantees and pledges, whereas non-financial interests may include interests such as family or close relationships. [↑](#footnote-ref-5)
6. Non-financial interests may include interests such as family or close relationships. [↑](#footnote-ref-6)
7. As per Article 2(1) of the Law, the term board of directors includes persons who effectively direct the business. [↑](#footnote-ref-7)
8. Key function holder means a person who have significant influence over the direction of the institution, but who are neither members of the management body and are not the CEO. They include the heads of internal control functions and the CFO, where they are not members of the management body, and, where identified on a risk-based approach by CRD-institutions, other key function holders. Other key function holders might include heads of significant business lines, European Economic Area/European Free Trade Association branches, third country subsidiaries and other internal functions. [↑](#footnote-ref-8)
9. Close relatives will have the meaning of “person with whom a relevant person has a family relationship” as per Article 2 (3a) of Commission Delegated Regulation (EU) 2017/565 of 25 April 2016 supplementing Directive 2014/65/EU of the European Parliament and of the Council as regards organisational requirements and operating conditions for investment firms and defined terms for the purposes of that Directive which “*means any of the following: (a) the spouse of the relevant person or any partner of that person considered by national law as equivalent to a spouse; (b) a dependent child or stepchild of the relevant person; (c) any other relative of the relevant person who has shared the same household as that person for at least one year on the date of the personal transaction concerned*”. [↑](#footnote-ref-9)