



# FORM A

[Paragraphs 3 and 25A.1]

## APPLICATION FOR APPROVAL OF DIRECTORS, COMPLIANCE OFFICERS, MONEY LAUNDERING REPORTING OFFICERS AND SENIOR OFFICERS

This application is for the approval by the Commission of:

Director

Senior Officer

Compliance Officer

Money Laundering Reporting Officer

### 1. Details of the Regulated Entity Submitting the Application

Name of Regulated Person:

Address:

Certificate/Licence No. of Regulated Person:

### 2. Contact Person(s) in Relation to Application

Name:

Name of Organisation:

Position:

Telephone:  E-mail:

### 3. Applicant Details

Title:  Surname:  First Name:  Middle Name(s):

Date of Birth:    Place of Birth:  Nationality:

(dd) (mm) (yyyy)

Passport No.:  Social Security No.:  Other Identification: (Please specify)

Previous Name(s) (if any):  Date of Name Change:    Reason for Change:

(dd) (mm) (yyyy)

Current  
Address:

Length of time resident at current address:

Date first resided:

|  
(dd)

|  
(mm)

| | |  
(yyyy)

Previous address(es)  
(within last 10 yrs):

Dates Resided:

Dates Resided:

#### 4. Details of Position Being Sought

Title for which approval is sought:

- |  |   |
|--|---|
| <input type="checkbox"/> Executive Director  | Designation if applicable:                                  |
| <input type="checkbox"/> Non-executive Director                                    | <input type="checkbox"/> Senior Officer (Designation)       |
| <input type="checkbox"/> Compliance Officer  | <input type="checkbox"/> Money Laundering Reporting Officer |
| <input type="checkbox"/> Compliance Officer and Money Laundering Reporting Officer |   |

Proposed date effecting employment/appointment:

(dd)

(mm)

(yyyy)

#### 5. Relationship Between the Applicant and Regulated Person

- |  |  |                |
|--|--|----------------|
| <input type="checkbox"/> Employee: Full-time/Part-time | <input type="checkbox"/> Group Employee      | Name of Group: |
| <input type="checkbox"/> Contract for services         | <input type="checkbox"/> Partner/Sole Trader |                |
| <input type="checkbox"/> Other                         |  |                |

If you checked "Other", or if the applicant will be employed on a part-time basis, please provide details of terms of employment:  
\_\_\_\_\_

Does the applicant hold any shares, or have any interest, legal or equitable, direct or indirect, in the regulated person?      Yes      No

If "Yes", provide details of shareholding or other interest:

Is the applicant able, directly or indirectly, to exercise more than 10% of the voting power?  Yes  No

If "Yes", please provide details:

## 6. Relationship with other Entities

Is the applicant a director of any other entity?  Yes  No

If Yes, please specify:

a) the number of directorships held in relation to any regulated entities:

b) the name of each regulated entity and the name and address of the regulatory authority under which each entity is licensed:

Name of Regulated Entity	Name of Regulatory Authority	Address of Regulatory Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

c) the number of directorships held in non-regulated entities:

d) the total number of directorships held (including in non-regulated entities):

## 7. Education

Name of Institution(s)	Degree/Diploma/ Other Qualification	Date(s) of Completion		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(dd) (mm) (yyyy)

## 8. Membership in Professional Bodies

Organisation/Association	Membership Status (e.g. Student, Associate, Fellow, etc.)	Member Since	Membership Number (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. Experience** (employment history for the past seven years, including current position if employed. If there is a relevant employment history spanning beyond seven years, that may be included)

Position held:	<input type="text"/>	Period:	<input type="text"/>
Employer:	<input type="text"/>	Nature of Business:	<input type="text"/>
Name of Regulator (if any):	<input type="text"/>		
Contact Person:	<input type="text"/>		
Address:	<input type="text"/>	Telephone:	<input type="text"/>
		Email:	<input type="text"/>

Outline responsibilities held:

Reason for leaving:

- |                                      |   |                                     |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Expiration of Contract | <input type="checkbox"/> Redundancy |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Termination/Dismissal  | <input type="checkbox"/> Other      |

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

If "Other", please specify:

***Experience Cont'd***

Position held:	<input type="text"/>	Period:	<input type="text"/>
Employer:	<input type="text"/>	Nature of Business:	<input type="text"/>
Name of Regulator (if any):	<input type="text"/>		
Contact Person:	<input type="text"/>		
Address:	<input type="text"/>	Telephone:	<input type="text"/>
		Email:	<input type="text"/>

Outline responsibilities held:

Reason for leaving:

- |                                      |   |                                     |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Expiration of Contract | <input type="checkbox"/> Redundancy |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Termination/Dismissal  | <input type="checkbox"/> Other      |

If "Other", please specify:

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

**Experience Cont'd**

Position held:

Period:

Employer:

Nature of Business:

Name of Regulator (if any):

Contact Person:

Address:

Telephone:

Email:

Outline responsibilities held:

Reason for leaving:

Resignation

Expiration of Contract

Redundancy

Retirement

Termination/Dismissal

Other

If "Other", please specify:

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

**10. Fitness and Propriety - to be completed by the person proposed for appointment as Director/Compliance Officer/Money Laundering Reporting Officer/Senior Officer**

***If you answer YES to any of the questions below, you must supply full details as a written attachment to this application.)***

Has an application for your regulatory approval ever been refused?

Yes

No

Have you ever been asked to resign, or been dismissed from any fiduciary position of trust?

Yes

No

Have you ever been refused, restricted in, or had suspended, the right to carry on a trade, business or profession for which a specific licence, authorisation, approval, registration, membership, or other permission is required?

Yes

No

Have you at any time been convicted of any criminal offence by any court in the Virgin Islands or elsewhere?  Yes  No

Are you currently the subject of a criminal investigation or an extradition request?  Yes  No

Have you ever been found guilty of conducting any unauthorised regulated activity or been investigated for possible conduct of unauthorised regulated activity?  Yes  No

Have you, in the last ten years, been censured or disciplined by any professional body to which you belong or belonged, or been dismissed from office or employment or refused entry to any profession or occupation, in the Virgin Islands or elsewhere?  Yes  No

Have you, in the last ten years, filed for bankruptcy or been adjudicated bankrupt by a court in the Virgin Islands or elsewhere?  Yes  No

Have you at any time failed to satisfy any debt due and payable to you as a judgment- debtor under an order of a court in the Virgin Islands or elsewhere?  Yes  No

Have you, in the last ten years, been found liable in a civil suit which elicited dishonest or unlawful conduct on your part?  Yes  No

Have you, in connection with the formation, control or management of any corporate body, partnership or unincorporated body within the last ten years, been adjudged by a court in any jurisdiction civilly liable for any fraud, malfeasance or other misconduct by you towards such a corporate body, partnership or unincorporated body, or towards any members thereto?  Yes  No

Has any body corporate, partnership or unincorporated body with which you were associated as a director, shareholder, controller, partner or principal anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors where they 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?  Yes  No

Has any body corporate, partnership or unincorporated body with which you were associated as a director, shareholder, controller, partner or principal anywhere, been fined or censured by any securities commission, banking commission or any similar regulatory body?  Yes  No

**11. Personal Statement** *(this must be completed by the person proposed for appointment as Director, Compliance Officer, Money Laundering Reporting Officer or Senior Officer)*

Explain briefly why you consider yourself qualified to carry out the functions of the position(s) being applied for.

**12. Declaration by the Proposed Director/Compliance Officer/Money Laundering Reporting Officer/Senior Officer**

I, \_\_\_\_\_, do hereby declare that the personal information provided in this application is true and accurate and that all documents submitted with this application in respect thereof are authentic. I understand that providing false or misleading information regarding this application may cause the Commission to deny the application and any subsequent applications submitted on my behalf.

Signed by:

Print Name:

Date:

(dd) (mm) (yyyy)

**13. Declaration by the Regulated Entity**

I, \_\_\_\_\_ do hereby declare, on behalf of  
(name of regulated person) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on behalf of this applicant, and may cause enforcement action to be taken against the applicant proposed for approval and \_\_\_\_\_ (name of regulated person).

Signed by:

Print Name:

On behalf of:

Date:

(dd) (mm) (yyyy)

## Document Checklist

The following documents must be submitted together with this application for the application to be considered complete. (Please refer to the Guidelines for the Approved Persons Regime for guidance on the prescribed format for providing the relative supporting document.)

- Certified copies of academic and other qualifications
- Resume or curriculum vitae:
  - i). outlining the relevant qualifications and experience of the applicant; and
  - ii). including the names, addresses and telephone numbers of previous employers
- Current job description for position for which approval is being sought
- Proposed organisational chart for regulated entity completing application
- Notarised copies of identification documents (e.g. passport identification pages)
- Professional reference from a person who can speak to the experience and ability of the applicant
- Financial reference from a financial institution in respect of the applicant
- Personal reference from an individual who has known the applicant for at least five (5) years
- Certification of absence of criminal record
- Certification of absence of dishonesty, bankruptcy, or any arrangement with creditors

### NOTES

1. This Form should be completed by all regulated persons submitting applications for approval. Section 10 must be completed by the person proposed for appointment as director/compliance officer/money laundering reporting officer/senior officer.
2. An application for approval should be made by the regulated person, not the prospective director, compliance officer, money laundering reporting officer or other senior officer, even in cases where the prospective regulated person is awaiting approval for licensing or authorisation.
3. A non-refundable application fee of three hundred dollars (\$300) must be submitted with a director or senior officer application Form.
4. In the case of an application for compliance officer or money laundering reporting officer, a single application Form with a single fee of three hundred dollars (\$300) must be submitted in respect of the single application, or in respect of a group of companies, provided that those companies are subsidiaries of a common parent or share common ownership. Sections 1, 2, 5 and 13 of this Form must be completed by each regulated person in the group. Please print additional pages of these Sections as necessary.
5. Where a regulated entity submits a single application for an individual to act both as the compliance officer and the money laundering reporting officer, the regulated entity should specify this under Section 4 of this Form and is required to submit a non-refundable application fee of five hundred dollars (\$500).
6. A police report, valid for not more than six months from the date of issue, must be submitted in respect of every person proposed for approval as a director, compliance officer, money laundering reporting officer or senior officer. Where a police report cannot be obtained in a case where a criminal record exists, evidence of the nature of the criminal record, including description of proceedings, dates, circumstances, and other related matters pertaining to the criminal record must be submitted with the application. If a written judgment exists and can be obtained, this must be submitted.
7. Where it is found that the applicant does possess a criminal record, written information outlining the nature of the record, dates, description of proceedings, circumstances and other related matters pertaining to the record must be submitted with the application.
8. Please note that the Commission may request additional information from the applicant for the purposes of completeness or verification.
9. An approval fee is required to be paid upon approval by the Commission of this application. This fee is payable in accordance with such instrument made pursuant to the FSC Act or any regulatory legislation, or such directive as may be provided by the Commission.