



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [No.7 of 2011] Section 6

SCHEDULE B(1): BIOGRAPHICAL AFFIDAVIT OF SHAREHOLDER, DIRECTOR, MANAGER OR OFFICER OF THE MONEY SERVICES BUSINESS

Please forward completed form with any supporting information to:

The Director
Financial Services Regulatory Commission

P.O. Box 2674
Royal Palms Place
Friars Hill Road
St. John's, Antigua

Tel: (268) 481-1175 • **Fax:** (268) 463-0422

Email: MSBandGamingSupport@fsrc.gov.ag;

Email: cheryl.george@fsrc.gov.ag

Website: <http://www.fsrc.gov.ag>

SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE B (1): BIOGRAPHICAL AFFIDAVIT OF SHAREHOLDER, DIRECTOR, MANAGER OR OFFICER OF THE MONEY SERVICES BUSINESS

1. This application must be submitted with all supporting documentation listed at the end of the form and can be downloaded from the Financial Services Regulatory Commission’s website in Adobe Acrobat format, and completed online. Alternatively, the form may be printed and completed with the use of a typewriter, or **black ink** and **BLOCK CAPITALS** or typescript.
2. Any information provided on additional paper must be signed and dated.
3. Where there is a question which is not applicable, please write “N/A” beside the question.
4. All dates must be completed in the form: Day/Month/Year.
5. Questions left unanswered or which do not disclose all information will affect the Financial Services Regulatory Commission’s assessment, and may result in significant delays in processing.
6. This form should be completed by shareholders, directors, members of managerial staff and other staff holding significant powers and responsibilities for activities in connection with the company applying for a licence under the Money Services Business Act, 2011.
7. The appointment of a director, executive officer or manager of a licensee must have prior written approval from the Financial Services Regulatory Commission.
8. The Financial Services Regulatory Commission shall, in determining whether to approve the appointment of a director, officer or manager of a licensee, take into consideration the matters specified in Section 6(5) of the Money Services Business Act, 2011.

1. Date of Application:

In connection with the Money Services Business named below, I hereby make representation and supply information about myself as hereafter set forth.

2. Money Services Business Name :

SECTION II. DECLARANT’S CONTACT INFORMATION

3. Declarant’s Information: Proof of identity (other than passport) attached

Declarant’s Name:			
Home Number:		Mobile Number:	
E-mail Address:		Work Number:	

SECTION III. DECLARANT’S PARTICULARS

4. Have you ever had your name changed? Yes (Give reason for the change) No

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5. Other names used:	
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6. Date of change:		Place of Change:	
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7. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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8. Date of birth:		Place of birth:	
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9. Citizenship:	<input type="checkbox"/> Passport Biological Page attached
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10. Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
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11. List your residence for the last ten (10) years (including current address information):	<input type="checkbox"/> Proof of current address attached
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Address (1):	Start Date:	End Date:
Address (2):	Start Date:	End Date:
Address (3):	Start Date:	End Date:
Address (4):	Start Date:	End Date:

SECTION IV. RELATIONSHIP WITH THE MONEY SERVICES BUSINESS

12. Indicate your relationship with the money services business below (more than one item may be selected). Persons that are shareholders and hold other senior positions in the money services business are required to complete ALL sections below.

<input type="checkbox"/> Shareholder only (Complete Sections VI – IX)	<input type="checkbox"/> Director only (Omit Section VIII)	<input type="checkbox"/> Manager/Compliance Officer only (Omit Section VIII)
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13. Will you be actively engaged in the money services business and devote the major portion of your time to it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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14. If director, manager or compliance officer, provide the proposed date of appointment:	
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15. Provide a brief summary of your duties in the money services business.	<input type="checkbox"/> Job description attached
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SECTION V. EDUCATION/PROFESSIONAL DESIGNATION/EMPLOYMENT

16. Education: Name of Institution, Address, Degree (BSc., MBA, LLC, etc.) Date awarded:	<input type="checkbox"/> Academic Qualifications attached
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Institution (1):			
Address:			
Business Number:		E-mail Address:	
Degree Awarded:		Date Awarded:	

Institution (2):			
Address:			

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Business Number:		E-mail Address:	
Degree Awarded:		Date Awarded:	

17. List professional certificates issued by any recognized/authorized institution, which you currently hold or have held in the past such as CAMS, ACCA, CMA, CPA, CGA, STEP, etc.

 Professional Qualifications attached

Institution (1):			
Address:			
Business Number:		E-mail Address:	
Certificate:		Date Obtained:	

Institution (2):			
Address:			
Business Number:		E-mail Address:	
Certificate:		Date Obtained:	

18. List membership in professional societies and associations:

 Membership Information attached

Institution (1):			
Address:			
Business Number:		E-mail Address:	
Membership Number:		Membership Status:	

Institution (2):			
Address:			
Business Number:		E-mail Address:	
Membership Number:		Membership Status:	

19. During the last ten (10) years, have you ever been refused a professional, occupational or vocational licence by any public or governmental licensing agency or regulatory authority, or has any such licence held by you ever suspended or revoked?

 Yes (Give details) No

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20. Name of last or current employer:

 Curriculum Vitae attached

 Employment Reference attached

Employer Name:			
Address:			
Contact Person:		E-mail Address:	
Business Number:		Fax Number:	
Title/Position:		Type of Business:	

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Employed From:		Employed To:	
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Reason for Leaving:	<input type="checkbox"/> Resignation	<input type="checkbox"/> End of Contract	<input type="checkbox"/> Retirement	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Other
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21. Have you ever been suspended, asked to resign or dismissed from any office of employment or barred from entry to any profession or occupation?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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SECTION VI. RELATED OR OTHER INTERESTS

22. Are you a director of any company, partnership, corporate body or any other business organization engaged in a similar business?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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23. Have you been a director of a deposit taking institution, credit extending institution, other financial service provider, any other limited company or corporation other than those stated in the previous question?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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24. Have you ever been a director, officer, trustee, investment committee member, key employee, or controlling stockholder of, any international financial service entity, which, while you occupied any position or capacity with respect to it?		
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a) was placed under supervision or in receivership?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
b) was placed in liquidation?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
c) was entered into a composition with its creditors?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
d) was adjudged to have been conducted imprudently or fraudulently?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
e) failed to meet the solvency requirements prescribed by law?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
f) was wound up by a court?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No

SECTION VII. REPUTATION AND CHARACTER

<input type="checkbox"/> Police Certificate attached	<input type="checkbox"/> Character Reference attached	<input type="checkbox"/> Financial Reference attached
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25. Are any criminal charges pending against you?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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26. Are you the subject of any regulatory investigation or is any such investigation pending?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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27. Has there been any adverse finding or settlement against you in civil proceedings?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
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28. (a) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanour involving embezzlement, theft, larceny, or fraud, or charging a violation or any corporate securities statute or any international financial services statutes, money laundering statutes, or have been the subject of any disciplinary proceeding of any governmental or state regulatory agency?

 Yes (give details) No

(b) Has any company been charged as a result of any action or conduct on your part?

 Yes (give details) No

29. Have you in connection with the formation of management or anybody corporate, partnership, or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

 Yes (give details) No

30. Have you, your company or your employer previously dealt on a regular basis with any person carrying on money services business who has, to your knowledge, at any time indicated that he is unwilling to effect further transactions with you, your company or your employer, by reason of any act or omission by you?

 Yes (give details) No

SECTION VIII. DECLARATION OF PERSON OWNING AT LEAST A 10% INTEREST IN THE MONEY SERVICES BUSINESS

31. Number of shares owned in the money services business:

32. Percentage (%) of ownership in the money services business:

33. List any companies in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

 Statement of net worth attached

34. Are you or have you been engaged in business as a principal on your own account?

 Yes (give details) No

35. Do you (in your capacity or through any entity controlled by you) have outstanding debt of any amount sixty (60) or more days in arrears?

 Yes (give details) No

Form:		Amount:		Source:		Maturity Date:	
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36. Are you at present guaranteeing the debts and obligations of any third parties?

 Yes (give details) No

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37. (a) Have you ever been adjudged by a court, your estate sequestered, or entered into any compromise with creditors, or are you currently the subject of bankruptcy proceedings or proceedings for the sequestration of your estate?

Yes (give details) No

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(b) Are you aware of any such proceedings pending?

Yes (give details) No

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(c) Have you ever failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of the court?

Yes (give details) No

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SECTION IX. DECLARATION

DECLARATION: This declaration must be signed by the declarant.

I hereby certify that I am acting on my own behalf and that all the information provided with this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I further undertake to inform the Financial Services Regulatory Commission without delay of any changes to the information supplied with this form.

I hereby understand and consent that the Financial Services Regulatory Commission may wish to make enquiries both now and on a continuous basis to satisfy itself as to my initial and continuing fitness and properness. I authorize the bank named in this form, together with any other person, body or institution, including the police, which the Financial Services Regulatory Commission may approach, to provide such information as it believes may be relevant to its assessment.

Declarant' Name:	
Declarant's Title/Position:	
Signature:	Date:

The above person appeared before me and is personally known to me, being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and corrects to the best of his/her knowledge and belief.

Subscribed and sworn before me this day of , 20

(Notary Public for documents executed overseas) (Notary Public or Public Commissioner for Oaths for documents executed in Antigua and Barbuda):

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Documents	Notes	Attached
1. Identification	Provide a certified copy of social security card, driver's licence, voter's registration card or other forms of identification.	<input type="checkbox"/>
2. Citizenship	Attach a certified copy of the biographical passport page from your passport. The document must show the page with the photograph of the incumbent and must be certified by a suitable certifier, who has known the incumbent for at least two (2) years.	<input type="checkbox"/>
3. Residential Address	Provide proof of residential address by providing a certified copy of a current utility bill or other such proof of residential address.	<input type="checkbox"/>
4. Job Description	Provide a detailed job description of your role and function within the applicant's business.	<input type="checkbox"/>
5. Academic Qualifications	Certified proof of stated academic qualifications such as Master's Degree, Bachelor's Degree, etc.	<input type="checkbox"/>
6. Professional Qualifications	Certified proof of stated professional qualifications, CAMS, CFE, CPA, ACCA, CGA, CPE, etc.	<input type="checkbox"/>
7. Membership Information	Certified proof of stated membership to professional bodies.	<input type="checkbox"/>
8. Curriculum Vitae	Comprehensive and up-to-date Curriculum Vitae listing current and previous employment history and educational information.	<input type="checkbox"/>
9. Employment Reference	Provide a letter of reference from your last employer, if employed in current position for less than ten (10) years.	<input type="checkbox"/>
10. Police Certificate	Original copy of police certificate.	<input type="checkbox"/>
11. Character Reference	Provide the names of one (1) character reference or a letter of reference from an individual that will satisfy the Commission of your honesty and integrity.	<input type="checkbox"/>
12. Financial Reference	Provide one (1) letter of financial reference which provides information on the conduct of your financial affairs over the previous years.	<input type="checkbox"/>
13. Statement of Net Worth	Provide either certified statement of net worth or the proof of the shareholder's net worth (This requirement applies only to shareholders).	<input type="checkbox"/>

Received by (employee's name):		Date:	
Authorization Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Authorized Name:		Signature:	
Authorized Title:		Date:	