

# Antigua and Barbuda Financial Services Regulatory Commission



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

## SCHEDULE B(1): PERSONAL QUESTIONNAIRE FOR SHAREHOLDERS, DIRECTORS, MANAGERS OR OFFICERS

Please forward completed form with any supporting material to:  
**Manager of International Business Corporations and Other Non-Banking Financial Institutions**

**Financial Services Regulatory Commission**

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

Tel: (268)481-1194 • Fax: (268)463-0422

Email: [terry.smith@fsrc.gov.ag](mailto:terry.smith@fsrc.gov.ag)

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

## SECTION I: INSTRUCTIONS FOR COMPLETING SCHEDULE B: PERSONAL QUESTIONNAIRE FOR SHAREHOLDERS, DIRECTORS, MANAGERS OR OFFICERS

1. This schedule can be downloaded from our website in Adobe Acrobat format and can be completed on-line. Alternatively, it can be printed and completed with the use of a typewriter. Further, any information provided on additional sheets must be signed and dated. Where there is a question that is not applicable, please write "N/A" beside the question. Additionally, place a tick (✓) mark in the appropriate box to indicate the response most applicable.
2. All dates must be completed in the form: Day/Month/Year.
3. Questions that are incomplete will affect the Commission's assessment and can cause significant delays in processing.
4. In accordance with Section 6(5) one of the requirements for the licensing process is the consideration of the fitness and propriety of all principals of the applicant. Therefore, shareholders, directors, members of managerial staff and other staff holding significant powers and responsibilities for activities in connection with the applicant **MUST** complete this schedule. The "fit and proper" criterion is an ongoing process and will be in effect throughout the life span of the applicant.
5. Finally, the Commission's employees are available for consultation in the course of the preparation of this schedule and will try to provide the appropriate guidance where it is sought. However, in order that the role of the employees of the Commission is not misunderstood, the Commission wishes to emphasize: (1) *The preparation and submission of this form is the sole responsibility of the declarant; and (2) The Commission normally takes legal advice on questions of law that it is required to address; therefore, declarants must similarly be prepared to seek legal advice on questions of law that they are required to adhere.*

1. Date of Application:

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

2. Applicant's Name:

## SECTION II: DECLARANT'S CONTACT DETAILS

3. Declarant's Name:



Identity information (other than Passport) attached

4. Declarant's Contact Information:

Residential address information attached

Residential Address:

Home Number:

Mobile Number:

E-mail Address:

## SECTION III: DECLARANT'S PARTICULARS

5. Have you ever had your name changed?

Yes (Give reason for the change and date of change)

No

6. Previous names:

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<b>7. Date of Change:</b>		<b>Place of Change:</b>	
<b>8. Aliases:</b>			
<b>9. Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Passport biographical page attached
<b>10. Date of birth:</b>		<b>Place of birth:</b>	
<b>11. Nationality:</b>			
<b>12. Marital Status :</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<b>13. List your residence for the last ten (10) years (excluding current address information):</b>			
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 APPLICANT**

**14. Indicate your relationship with the applicant below (more than one item may be selected). Persons that are shareholders and hold other senior positions in the applicant are required to complete the following sections of this form:**

Persons acting as shareholder and does not perform any other function in the applicant must complete Sections VI – IX

Person acting as directors, managers or executive officers must complete the entire form with the exception of Sections VIII

**15. (a) Will you be actively engaged in the business or entity to which this application relates and devote the major portion of your time to it?**

Yes  No

**(b) If you are a director, manager or compliance officer, provide the date of appointment:**

**16. Provide a brief summary of your duties attached to the position to be held with the applicant:**  Job Description Attached

**SECTION V: EDUCATION / QUALIFICATIONS / EMPLOYMENT HISTORY**

**17. Education: Name of Institution, Degree awarded (BSc., MBA, LLC, BA, etc.) Date awarded:**  (Academic qualifications attached)

<b>Institution (1):</b>			
Address:			
Contact Number:		E-mail Address:	
Degree Awarded:		Date Awarded:	
<b>Institution (2):</b>			
Address:			

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

**18. List any 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. (State the date the certificate was issued, issuer of certificate):**

(Professional certificate attached)

<b>Institution (1):</b>			
Address:			
Telephone No.:		E-mail Address:	
Date Issued:		Certificate In:	

<b>Institution (2):</b>			
Address:			
Telephone No.:		E-mail Address:	
Date Issued:		Certificate In:	

**19. List membership in professional societies and associations:**

(Membership information attached)

<b>Institution (1):</b>			
Address:			
Contact Number:		E-mail Address:	
Membership No.:		Status:	

<b>Institution (2):</b>			
Address:			
Contact No.:		E-mail Address:	
Membership No.:		Status:	

**20. 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

<b>Licensing Agency:</b>			
Address:			
Contact:		Telephone Number:	
E-mail Address:		Type of Licence Issued:	
Date Issued:		Date Revoked/Suspended:	

**Reasons for Revocation/Suspension:**

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**SCHEDULE B(1): PERSONAL QUESTIONNAIRE FOR SHAREHOLDERS, DIRECTORS, MANAGERS OR OFFICERS**

**21. Name of last employer:**  (Curriculum Vitae attached)  (Job reference letter attached)

<b>Employer (1):</b>			
Address:			
Contact Name:		E-mail Address:	
Business Number:		Fax Number:	
Title/Position:		Type of Business:	
Employed From:		Employed To:	

Reason for Leaving:  Resignation  End of Contract  Retirement  Dismissal  Other

**22. Have you ever been suspended, asked to resign or dismissed from any office of employment or barred from entry to any profession or occupation?**  Yes (give details)  No

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**SECTION VI: DECLARATION OF PERSON OWNING AT LEAST 10% INTEREST IN THE APPLICANT**

**23. Number of Shares owned in the applicant:**

**24. Percentage (%) of ownership in the applicant:**

**25. (a) 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

<b>Company (1):</b>			
Address:			
Description:			
Contact Person:		Business Number:	
E-mail Address:		Fax Number:	

<b>Company (2):</b>			
Address:			
Description:			
Contact Person:		Business Number:	
E-mail Address:		Fax Number:	

**(b) Is any of the stock pledged or mortgaged in any way?**  Yes (give details)  No

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**26. Are you or have you been engaged in partnership?**  Yes (give details)  No

**27. Are you a beneficial owner or have controlling interest in any unlisted private or public company?**

Yes (Give details)  No

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

Yes (give details)  No

**29. (a) 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  No

Form:		Amount:	
Source:		Maturity Date:	

**(b) Has any person, firm or company guaranteed the indebtedness?**

Yes (give details)  No

**30. Are you at present guaranteeing the debts and obligations of any third parties?**

Yes (give details)  No

**31. (a) 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?**

Yes  No

**(b) 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

## SECTION VII: RELATED OR OTHER INTERESTS

**32. Are you a director of any company, partnership, corporate body or any other business organization engaged in money services business?**

Yes (complete below)  No  Financial reference attached

<b>Company (1):</b>			
Address:			
Description:			
Start Date:		End Date:	
Contact Person:		Telephone Number:	

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E-mail Address:		Fax Number:	
<b>Company (2):</b>			
Address:			
Description:			
Start Date:		End Date:	
Contact Person:		Telephone Number:	
E-mail Address:		Fax Number:	

**33. 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?**  Yes  No

<b>Company :</b>			
Address:			
Description:			
Start Date:		End Date:	
Contact:		Telephone No.:	
E-mail:		Fax Number:	

**34. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any international financial services entity/entities which, while you occupied any such position or capacity with respect to it, become bankrupt or insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?**  Yes (Give details)  No

<b>Company:</b>			
Address:			
Description:			
Contact:		Telephone Number:	
E-mail:		Fax Number:	

**SECTION VIII: REPUTATION AND CHARACTER**

**35. Are any criminal charges pending against you?**  Yes (Give details)  No

Police certificate attached  Character reference attached

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**36. Are you the subject of any regulatory investigation or is any such investigation pending?**  Yes (Give details)  No

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**37. Has there been any adverse finding or settlement against you in civil proceedings?**  Yes (Give details)  No

**38. Have you ever been suspended or dismissed from any office or asked to resign?**

 Yes (give details)     No

**39. (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 allegedly as a result of any action or conduct on your part?**

 Yes (give details)     No

**(c) Have you ever acted in a similar position for another entity registered under the laws of any jurisdiction providing money services as defined in the money services business act; and if so did the entity become bankrupt or insolvent while you were in that position?**

 Yes (Give details)     No

**40. Has the certificate of authority or licence to do business of any of the international financial services entity/entities of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?**

 Yes (Give details)     No

**41. Have you ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of the company, partnership or unincorporated company?**

 Yes (Give details)     No

**42. Have you in the connection with the formation of management of any body 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

**43. Have you, your company or your employer previously dealt on a regular basis with any person carrying on a relevant activity (banking, finance, insurance, money lending, money management, dealing in securities, providing investment advise, etc.) 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 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 Commission without delay of any changes to the information supplied with this form and I fully understand and acknowledge that a failure on my part to comply with the declaration will render the application liable to be refused and if such failure is discovered after the application has been accepted, will render the application liable to be suspended or revoked.

I hereby understand and consent that the Financial Services Regulatory Commission ("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 Commission to approach the banks named in this Questionnaire, together with any other person, body or institution (including the police) to obtain such information as the Commission believes may be relevant to its assessment.

Declarant' Name:

Declarant's Title/Position:

Signature:

Date:

## SECTION X: DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Other proof of identification	Declarant's Social Security Number, Voter's Identification Number, Driver's Licence Number, or other similar Identification issued by official government agency.	<input type="checkbox"/>
2. Residential address Information	A copy of a recent utility bill etc. (Proof of residence)	<input type="checkbox"/>
3. Biographical Passport page	Please attach a certified copy of this page from your passport. NB: 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 years	<input type="checkbox"/>
4. Job Description	Provide a detailed job description of your role and function within the money services business	<input type="checkbox"/>
5. Academic qualifications	Certified proof of stated higher academic qualifications such as copies of Masters, Bachelors degree, etc.	<input type="checkbox"/>
6. Professional qualifications	Certified proof of stated professional qualifications	<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 providing a complete employment record (up to and including present jobs, position, directorship or offices held for the past ten (10) years given):	<input type="checkbox"/>
9. Employment references	Provide a letter of reference from your last employer which should include a name, position and telephone number or email address.	<input type="checkbox"/>
10. Statements of net worth	Provide either certified statement of net worth or the proof of the shareholder's net worth.	<input type="checkbox"/>
11. Financial references	Provide the name, address, contact information and contact person of one (1) financial reference whom you authorize the Financial Services Regulatory Commission to contact with a view of seeking information about how satisfactory you have conducted your financial affairs over the previous five years.	<input type="checkbox"/>
12. Police Certificate	Original copy of police certificate	<input type="checkbox"/>
13. Character reference	Provide the names of one (1) character reference that will satisfy the Commission that you have never been convicted of a serious crime or any offence involving dishonesty.	<input type="checkbox"/>

## SECTION XI: ADMINISTRATION - FOR FSRC USE ONLY

Date received:

Received by (employee's name):

Decision taken by the Commission: