



Antigua and Barbuda Financial Services Regulatory Commission

DIGITAL ASSETS BUSINESS QUESTIONNAIRE

Please forward completed questionnaire with any supporting material to:

Chief Regulatory Officer
Financial Services Regulatory Commission

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

Tel: (268) 481-1170 • **Fax:** (268) 463-0422

Email: CRO@FSRC.GOV.AG

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

DIGITAL ASSETS BUSINESS QUESTIONNAIRE
DIGITAL ASSETS BUSINESS ACT 2020, NO. 16 OF 2020

1. Name of Entity for which the approval is sought:

APPLICANT DETAILS

1. Title:

2. Surname:

3. First Name:

4. Middle Name(s):

5. Maiden Name (if applicable):

6. Previous name(s) known by (if applicable)

7. Date of Name Change:

8. Reason for change:

9. Date of Birth:

10. Place of Birth:

11. Gender:

Male

Female

12. Nationality:

13. Passport No.:

If dual nationality please state including Passport Number

i. Nationality

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ii. Passport No

14. Social Security No.:

15. Other Identification No. (Please specify):

16. Occupation:

17. Current residential address:

ADDRESS	LENGTH OF TIME AT CURRENT ADDRESS	DATE FIRST RESIDED

Previous addresses during the last 10 years-

ADDRESS	LENGTH OF TIME AT CURRENT ADDRESS	FROM	TO

DETAILS OF POSITION BEING SOUGHT

1. Title for which approval is sought:

2. Are you currently or were you previously approved by the Commission?

Yes

No

If yes, please provide details:

RELATIONSHIP WITH OTHER ENTITIES

1. Are you currently or were you previously approved (*within the last 10 years*) by any other Regulatory Body?

Yes

No

If yes, please provide details

NAME OF REGULATOR	COUNTRY	POSITION HELD	NAME OF ENTITY	DATE APPROVED	IS THE APPROVAL ACTIVE?*

**If no, please provide reason for cessation.*

2. Do you have any pending applications with any other regulatory Body?

Yes

No

If yes, please provide details:

NAME OF REGULATOR	COUNTRY	NATURE OF APPLICATION

RELATIONSHIP BETWEEN APPLICANT AND THE ENTITY

1. Position held:

2. Shareholding held:

EDUCATION

1. Academic Qualifications/Professional Qualifications

NAME AND ADDRESS OF INSTITUTION(S) ATTENDED	DEGREE/DIPLOMA/OTHER QUALIFICATION RECEIVED	DATE OF COMPLETION

2. Memberships in Professional Bodies

ORGANISATION/ASSOCIATION MEMBERSHIP	STATUS	MEMBER SINCE	MEMBERSHIP NUMBER

3. Experience

(Employment History for past seven years including current position if currently employed) (If there is relevant employment history spanning beyond seven years that may be included)

Name of Employer	
Address of Employer	
Position held	
Period:	

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Nature of Business:	
Supervisor/Contact Person:	
Name of Regulator(s) (if any):	
Address: (including contact details - telephone, email, fax)	
Reason for leaving: <ul style="list-style-type: none">▪ Resignation <input type="checkbox"/>▪ Expiration of Contract <input type="checkbox"/>▪ Redundancy <input type="checkbox"/>▪ Termination/Dismissal <input type="checkbox"/>▪ Retirement <input type="checkbox"/>▪ Other <input type="checkbox"/> <p>If "Other", please specify: If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:</p>	

FITNESS AND PROPRIETY

1. If you answer YES to any of the questions below you must supply full details on a separate sheet and reference the appropriate question.

i. Has an application for your regulatory approval ever been refused? If yes, please provide full details.

ii. 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 yes, please provide full details.

iii. Have you at any time been charged or convicted of any offence (other than a traffic offence) by any court whether civil or military in any jurisdiction? If yes, please provide full details of the charge and if convicted, the date of conviction, the offence and the penalty imposed.

- iv. Have you been censured, disciplined or publicly criticised 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 or held a practicing certificate subject to conditions? ? If yes, please provide full details.

- v. Have you been found guilty of conducting any unauthorised regulated activity or been investigated for possible conduct of unauthorised regulated activity?

- vi. Have you ever filed for bankruptcy or been adjudged bankrupt by a Court anywhere? If yes, please provide full details.

- vii. Have you in the last ten years been found liable in a civil suit which elicited dishonest or unlawful conduct on your part?

- viii. Is there any outstanding litigation (civil or criminal) against you including in your capacity as trustee of a trust or any company with which you are an officer or are there any current proceedings issued by you? If yes, please provide full details.

- ix. Has anybody corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller had its licence revoked, suspended or cancelled? ? If yes, please provide full details.

- x. Have you been refused, restricted in, or had suspended, the right to carry on a trade, business or profession for which a specific licence, authorisation, registration, membership or other permission is required? ? If yes, please provide full details.

- xi. Have you ever been suspended, dismissed or requested to resign from any fiduciary office or position of trust or employment or barred from entry to any profession or occupation? ? If yes, please provide full details.

- xii. Has any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, partner, officer, or manager, or a shareholder owning more than 5% of the voting equity, been the subject of an investigation by a governmental, professional, or other regulatory body? ? If yes, please provide full details.

- xiii. Have you ever at any time been the subject of any adverse findings in relation to a financial institution? If yes, please provide full details

NAME OF THE REGULATORY BODY	*NATURE OF THE INCIDENT	DATE OF THE INCIDENT	DETAILS OF THE INCIDENT	STATUS OF THE INCIDENT	PENALTY AMOUNT	REMEDIAL ACTION TAKEN TO ADDRESS THE INCIDENT.

*Indicate one of the following, or where the categories below are not applicable briefly describe the nature of the incident:

- Refused membership/registration/right to carry on trade
- Prohibition order

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- Suspended
- Imprisonment
- Subject of/notified of disciplinary proceeding/investigation –
 Subject of/notified of criminal proceeding/investigation
 Subject of/notified of civil proceeding/investigation
- Subject of complaint
- Fine
- Warning
- Reprimand
- Others: Provide Details

xiv. Have you have ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of any company, partnership or unincorporated association. ? If yes, please provide full details.

xv. Has any body corporate, partnership or other unincorporated institution with which you were associated as a director, partner, controller or manager, been compulsorily wound up, gone into receivership, made subject to any administration order, otherwise made any compromise or arrangement with its creditors where they did not receive or have not yet received full settlement of their claims or ceased trading either while you were associated with it or within one year after you ceased to be associated with it? ? If yes, please provide full details.

xvi. State whether, in connection with the formation or management of any body corporate, partnership or unincorporated association, you have been adjudged by a court to be civilly liable for any fraud, malfeasance or wrongful trading or other misconduct by you towards such a body or towards any members or creditors of such a body. ? If yes, please provide full details.

xvii. Have you failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court or made any compromise arrangement with your creditors within the last 15 years? ? If yes, please provide full details.

- xviii. Have you, a family member or a close associate, at any time been designated a politically exposed person (PEP). ? If yes, please provide full details.

- xix. State below any other material information, which you consider relevant to the assessment of your expertise, experience and record.

ATTACHED DOCUMENTS

Attach the following:

1. legible copy of the pages from the individual's passport(s) containing the person's photograph as well as the passport(s) number and place of issue
2. Copies of Certificates of qualification
3. Copies of Certificates of memberships held.
4. Police certificate
5. Two references from well-established banks addressed and sent to the Chief Regulatory Officer of the Commission.
6. Two other professional references addressed and sent to the Chief Regulatory Officer of the Commission.
7. One character reference addressed and sent to the Chief Regulatory Officer of the Commission.

References must be -

- a) Contain such proof of authenticity such as an official seal or stamp or letterhead;**
- b) Should not be older than three months; and**
- c) Must not be written by family members, employees or Directors of the company making the application.**

DECLARATION

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 in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on my behalf.

I also undertake to notify the Commission in case of any change in the information furnished herein within a reasonable time but not exceeding 30 days of such change.

Signed by: _____

Name (Print): _____

Date: _____