

OFT Ref:



THE OFFICE OF FAIR TRADING PERSONAL QUESTIONNAIRE

**FOR ALL INDIVIDUALS WHO ARE REQUIRED TO BE VETTED IN
CONNECTION WITH A REGISTRATION HOLDER/REGISTRATION
APPLICANT**

Please note, submission of incomplete questionnaires and failure to disclose full information may result in significant delays. Incorrect or incomplete questionnaires may be returned. The OFT does not accept responsibility for any loss incurred in these circumstances.

The provision of inaccurate or incorrect information can be taken into account when considering whether or not a person is 'Fit and Proper' for the proposed role. It is a criminal offence if he knowingly or recklessly gives any information which is false.

Please return this form to:-

*The Office of Fair Trading
The Slieau Whallian
Foxdale Road
St John's
Isle of Man
IM4 3AS*

PERSONAL QUESTIONNAIRE

Please complete using **BLOCK CAPITALS AND BLACK INK**. You may provide information on additional sheets, if necessary, signed and dated.

Do not assume that information is known to the OFT merely because it is in the public domain or has been previously disclosed to the OFT or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If you have any doubt about the relevance of information, it should be included.

All key individuals and controllers in a registered business are required to demonstrate that they are "Fit and Proper" to undertake their role. The requirement to be "Fit and Proper" is an ongoing requirement and individuals must therefore demonstrate that they are "Fit and Proper" on an ongoing basis.

The areas covered on this declaration are not exhaustive of the matters that the OFT may need to consider when assessing whether a person is "Fit and Proper". The OFT may, therefore, request further information in relation to your application. The OFT reserves the right to seek references from any organisations and individuals named in your answers. It is important, therefore, that you ensure that **full names and addresses** are provided wherever relevant.

The OFT will use the personal information provided by you to discharge its statutory functions. In undertaking these functions the OFT may share the information with other regulatory authorities in terms of its statutory powers to do so but it will not disclose it for any other purpose without your permission.

Section A: DETAILS OF THE REGISTRATION HOLDER/REGISTRATION APPLICANT
Name of Registration holder / Registration Applicant in connection with which this questionnaire is being completed:

Section B: PERSONAL DETAILS OF APPOINTEE	
PERSONAL DETAILS	
Title eg Mr/Mrs/Miss/Other:	
Forename(s):	
Surname:	
Previous Name*:	
Reason/means by which the name was changed (eg deed poll, marriage)*:	
Date of Birth:	
Town of Birth:	
Country of Birth:	
National Insurance/Social Security No:	
Nationality:	
Has the Appointee's nationality changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was previous Nationality and date of change?*	
Current Membership of any relevant professional body & date of admission.	
Any other relevant qualifications.	
*Please complete as applicable	

CONTACT DETAILS	
Current Residential Address:	Contact Numbers (including Codes)
	Home Telephone Number:
	Daytime Contact Number:
	Preferred Contact Number:
IDENTIFICATION DOCUMENTATION	
Please attach a certified copy of your passport or driving registration.	
<i>NB The identification documentation should contain a photograph and be certified by a suitable certifier as defined in the FSC Anti-Money Laundering and CFT Handbook which can be found on website www.gov.fsc.im.</i>	
<i>On the copy of the document being certified, the certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Certifiers should state that it is a true copy of the original document.</i>	

Section C: YOUR PROPOSED ROLE

1. In what capacity are you completing this questionnaire?
2. What is the official job title?
3. Please give details of the specific responsibilities of the post (*please attach a signed and dated job specification/description if available*):
4. How much time do you give, or (if a new appointment) do you anticipate giving, to the role?
5. (*To be completed by Chairmen, Non-Executive Directors, Controllers only*). What particular contribution do you consider that you make, or (if a new appointment) you will make, to the work of the registration holder?

Section D: CAREER HISTORY

6. Beginning with your present occupation or employment, please list all occupations and employment during the last ten years including the full name and address of the employer, the nature of the business, the position held and the relevant dates (to the nearest month). If there are any gaps in the employment history, please provide an explanation.

NB The OFT may seek references from all employers. Please therefore give complete details using a separate signed and dated sheet if necessary. Please also note that if your current employer is not the registration applicant or registration holder detailed in Section A, we will need to contact them to request a reference. Please notify us if you have any concerns about the timing of this request. See below*

Name and Address of Employer	Nature of Business	Position Held	Relevant Dates	
			From MM/YY	To MM/YY
Name				
Address				
*Can we contact this employer immediately?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name				
Address				
Name				
Address				
Name				
Address				

IF ANY OF THE ANSWERS TO THE QUESTIONS IN SECTIONS E AND F ARE "YES", PLEASE GIVE FULL PARTICULARS ON A SEPARATE SIGNED AND DATED SHEET, CLEARLY STATING THE NUMBER OF THE QUESTION TO WHICH THE DETAILS RELATE.

IF YOU ARE IN ANY DOUBT AS TO HOW TO ANSWER THESE QUESTIONS PLEASE CONTACT US.

Section E: CIVIL AND DISCIPLINARY PROCEEDINGS

	Yes	No
7. Has a court or other authority ever disqualified you from acting as a director of a company, or from acting in the management or conduct of affairs of any company, partnership or unincorporated association or has a court ever removed you as a trustee? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there any outstanding civil litigation against you (including in your capacity as trustee of a trust) or any company of which you are an officer or are there any current proceedings issued by you? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any civil judgements ever been issued against you (including in your capacity as trustee of a trust)? If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, manager or company secretary, ever applied to any regulatory authority in any jurisdiction for a registration or other authority to carry on banking or investment business, to provide corporate or trust services or to carry on any other financial services activity? If so, please list all applications showing whether they have been successful or unsuccessful.	<input type="checkbox"/>	<input type="checkbox"/>

Personal Questionnaire

	Yes	No
11. Have you in any capacity, ever been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry whether in the Isle of Man or elsewhere or by any professional or regulatory body or any trade association to which you have belonged or do belong, or been the subject of a regulatory order/direction? If so, please explain the circumstances thereof.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, manager or company secretary been the subject of an investigation by a governmental, professional or other regulatory body or have you ever been questioned, or given evidence, in connection with such an investigation? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been the subject of a disciplinary enquiry or internal investigation carried out by or on behalf of an employer or in connection with a post or office held? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been suspended from any office, asked to resign, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed from any office or employment? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been barred from entry to any profession or occupation or been the holder of a practising certificate and have surrendered it, had it revoked, withdrawn or qualified (eg where conditions had to be added)? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been declared or has a court ever adjudged you bankrupt or have any money judgements been made against you, which have not been satisfied in full? If so, please give full particulars including your address at the time.	<input type="checkbox"/>	<input type="checkbox"/>

Personal Questionnaire

	Yes	No
18. Have you, in connection with the formation or management of any body corporate, partnership or unincorporated body ever been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or toward any members thereof? If so, please give full particulars including your address at the time.	<input type="checkbox"/>	<input type="checkbox"/>
19. Has any body corporate, partnership or unincorporated institution with which you were associated as a director, controller, manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors 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? If so, please give full particulars.	<input type="checkbox"/>	<input type="checkbox"/>

Section F: OFFENCES AND CRIMINAL MATTERS,		
	YES	NO
<p>20. Have you been convicted of any offence, by any court, including a civil or military court, within the last 10 years? If so, please give full particulars of the court by which you were convicted, the offence, the penalty imposed and the date of conviction. (Please note this includes juvenile convictions).</p> <p><i>Parking or speeding offences, in connection with the use or ownership of a motor vehicle, which were tried in a court of summary jurisdiction, need not be disclosed.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21. Are you the subject of any current criminal proceedings or investigations (to the best of your knowledge and belief)? If so, please provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
Section G: GENERAL		
	YES	NO
<p>22. Do you have any close connection with a member of the OFT or any employee of the OFT eg family, friends, close business relationship, common business interests etc? If so, please provide details below.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>(Please note, this information will not affect your application. It is requested to ensure that the OFT can identify and manage potential conflicts of interest, both in the handling of this application and in any future dealings with your organisation, should you be approved).</i></p>		
<p>23. Please disclose any other facts that you believe are material to the OFT in considering your application. Use separate sheet of paper as necessary.</p>		

**Section I: DECLARATION
(TO BE COMPLETED BY ALL APPOINTEES)**

I certify that the information provided is complete and correct to the best of my knowledge and belief. I understand the responsibilities and the legislation/regulations which relate to the proposed role.

I confirm that any changes to the detail on this questionnaire will be immediately notified to the Office of Fair Trading ("the OFT").

I understand and accept that the OFT may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and propriety. Accordingly, I authorise any persons, institutions or bodies named in this Questionnaire, together with any other person, body or institution that the OFT may approach, to provide such information, as the OFT believes may be relevant to its assessment of my initial and continuing fitness and propriety.

I also authorise the OFT to disclose to any registration applicant or licensed business in connection with which I may be assessed, information which the OFT believes may be relevant to its assessment of my initial and continuing fitness and propriety.

Signed _____ **Date** _____

COMPLETION CHECKLIST	
Have you completed all questions relevant to your appointment?	<input type="checkbox"/>
Have you enclosed suitably certified identification?	<input type="checkbox"/>
If you answered 'yes' to any questions in sections F and G, have you attached all details?	<input type="checkbox"/>
Have you attached all of the information you wish to supplement this form (eg C.V.)?	<input type="checkbox"/>
Have you completed the Banker's Questionnaire to accompany this form?	<input type="checkbox"/>
Have you signed and dated all attachments?	<input type="checkbox"/>