



Financial Services Commission
Mauritius

PERSONAL QUESTIONNAIRE

Financial Services Commission
4th Floor, Harbour Front Building
President John Kennedy Street
Port Louis
Mauritius

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Personal Questionnaire

1. Name of Applicant¹

2. Name of Respondent²
2.1. Capacity in which the Respondent is completing this questionnaire
2.2. Current Private Address ³ including Post Code (if applicable)
2.3. Date and Place of birth (City and Country)
2.4. Passport / Identity Card number (Please delete as appropriate)
2.5. Nationality

¹ Applicant means the Company that has applied to the FSC for a Licence and in whose name (if the application is successful) the Licence will be issued. "Applicant" should not be interpreted to mean "Promoter" (the original shareholder) or an existing Management Company (which is merely an agent of the Applicant) who may submit the application on behalf of the Applicant.

² Respondent means the person submitting the Personal Questionnaire to the FSC in connection with the Applicant or Licensee.

³ Address means the permanent residential address. Please note that the address required is not the postal address, so a P.O. Box number is not acceptable.

3. Current "Associateship", Membership or Fellowship (A, M or F) of professional bodies and year of admission.

A/M/F	Admitted (Yr)	Professional Body	Country

4. Present occupation or employment and any other qualifications or skills, which are believed to be relevant to the appointment with the Applicant.

Date	Title/Diploma	Employer/Other	Details

5. Please state any position you have held in any entity providing financial services.

Name of company	Post	Current (C) Previous (P)	Country of Incorporation

6. Are you, through any previous or current occupation, employment, or otherwise, precluded in any way from carrying on (fully or partially) the services which the company (identified in 1 above) offers?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

7. Have you at any time been convicted of any offence by any court? If so, give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of conviction. (Road Traffic offences should not be listed).

YES/NO (Please delete as appropriate). If yes, please give full particulars.

8. Have you, or any financial services entity with which you are or have been associated⁴:

- (a) been the subject of any punitive action,**
- (b) been refused a licence or equivalent authorisation to carry on a business activity,**
- (c) have had a licence or equivalent authorisation to carry on a business activity revoked,**
- (d) been censured, disciplined or publicly criticized or adversely commented upon,**
- (e) is, or has been the subject of any investigation**

by any Court of Law, Regulatory Authority, officially appointed enquiry or by any professional body, or other public institutions to which you belong or have belonged ?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

⁴ Associated in this form means associated as a director, secretary, controller, officer, as a senior member of staff or a controlling shareholder.

9. Have you ever been adjudicated bankrupt by any Court or entered into a compromise or arrangement with creditors?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

10. Has any financial services entity with which you have been associated been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

11. Are you engaged in any personal litigation with respect to the management of any business entity?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

12. Please provide the name and address of your main bank and confirm how long you have been a customer of that bank.

13. Have you ever been subject to any regulatory supervision (during the last 7 years) in respect of any financial services activity?

YES/NO (Please delete as appropriate). If yes, please state the Regulator's full name and address and give full particulars.

14. Declaration



I certify that the above information is complete and correct to the best of my knowledge. I undertake to advise the Financial Services Commission of any material change that occurs at any time after this form is submitted and until such time as I am no longer connected to the applicant entity.

By signing below, I authorise the FSC to contact any person named herein to counter-verify the contents of this form. In so doing the FSC may refer to the Application.

Name of Respondent

Signature

Date