

# FITNESS AND PROPRIETY QUESTIONNAIRE

To be completed by all individuals who own or control a CIIPA registered firm  
Pursuant to the Anti Money Laundering Regulations.

## INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

- This Form is to be completed in **English**.
- Answers to **ALL** questions should be **TYPED**.
- **No question should be left unanswered.** Where the Applicant believes that a question does not apply, the Applicant should write "Not Applicable", or "N/A".
- If there is insufficient space on the printed Form in which to answer a question, additional information can be provided on a separate signed sheet if necessary

Please ensure that all answers and information are true and correct. Providing false or misleading information to the Institute constitutes a breach of Regulation 55.O. and can lead the Institute to impose a fine and/or reject an application or revoke a registration that has been granted on the basis of untrue or incorrect information.

## REQUIRED DOCUMENTS

1. Please attach a character reference attesting to your honesty and integrity from a professional person (accountant, lawyer, teacher, government official, senior manager with a company regulated by the Cayman Islands Monetary Authority) who has had a professional relationship with you for at least five years.
2. Please attach a police clearance from within the last 6 months.
3. Please attach a financial reference from the bank with which you have a current personal account stating the length of the relationship which should be at least 5 years.
4. Please attach a copy of your curriculum vitae or resume covering the last 8 years. Provide an explanation of any gaps and include name, address and contact information of the employer.
5. Please enclose a clear, notarized or similarly certified colour copy of your passport, photo bearing driver's licence or other Government issued photo identification card.

The notary or certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Notaries or certifiers must state that it is a true copy of the original document.

## Section 1: Proposed Role

### 1. Name of the Firm

### 2. Proposed Position (*i.e. Director, Shareholder, Partner, AML Compliance Officer, Money Laundering Reporting Officer, Deputy Money Laundering Reporting Officer or controller<sup>1</sup>.*)

## Section 2: Personal Details

### 3. Your Full Name

Title (*Mr./Mrs./Ms., etc*)

Surname

Forename(s)

Maiden name (*if applicable*)

Other name(s) commonly known by (*if any*)

### 4. Previous name(s) by which you have been known (*if any*)

### 5. Date of Birth (*dd/mm/yyyy*)

### 6. Place of Birth

Town

State

Country

### 7. Nationality, and how it was acquired (*e.g. Birth, Naturalization, Marriage*) (*If you hold more than one Nationality, please provide details for all Nationalities currently or previously held*)

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<sup>1</sup> A Controller includes:

(1) any person who is entitled to exercise control of 10% or more of the voting power over the firm or over another company of which it is a subsidiary

(2) any person, whether a shareholder or not, in accordance with those directions or instructions the directors of the institution, or of another company of which it is a subsidiary, are accustomed to act.

Where a controller is a body corporate the Authority will look through that body to the ultimate controller from whom the above information will be sought.

**8. Current residential address** *(with relevant dates)*

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

From

To

**9. Previous residential addresses during the last ten years** *(with relevant dates)*

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

From

To

**Previous residential address 2:**

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

From

To

**Previous residential address 3:**

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

From

To

**Previous residential address 4:**

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

From

To

**Previous residential address 5:**

**Address Line 1** *(Street Address)*

**Address Line 2** *(Apartment, suite, unit, building, floor, etc.)*

**City**

**State/Province/Region**

**Zip/Postal**

**Country**

**Dates at this Address** *(mm/yyyy)*

**From**

**To**

**10. Do you currently have, or have you previously been granted a licence by CIIPA under the Accountants Law?**

Yes  No

If Yes, please provide Licence number:

**11. Are you currently or were you previously approved (within the last 10 years) by any other Financial Services Regulator?**

Yes  No

If Yes, please provide details below:

Name of Regulator	Country	Position Held	Name of Entity	Date Approved (MM/YY)	Date Approval Ceased (MM/YY)

**12. Do you have any pending applications with any other Financial Services Regulator?**

Yes  No

If Yes, please provide full details, including Name of Regulator, Country and Nature of Application:

### Section 3: Professional Qualifications

13. Do you hold any Professional qualifications (e.g. CPA, CFA, TEP)?

Yes  No

If Yes, Specify the following in **each** case:

Qualification	Name of Institution	Status <sup>2</sup>	Year Obtained

### Section 4: Academic Qualifications

14. Do you hold any Academic qualifications (e.g. BA, LLB, MBA, PhD)?

Yes  No

If Yes, Specify the following in **each** case:

Qualification	Name of Institution	Year Obtained

<sup>2</sup> Please indicate status of qualification or of membership in designating body, if applicable (e.g. current/active, inactive, suspended etc.)

**Section 5: Appointments / Shareholdings**

15. Are you now, or have you previously been (during the last **ten** years) a:

- a) Director or Controller of any 'body corporate'?
- b) Partner including General Partner of a Partnership other than the firm named in 1.?

Yes  No

If Yes, Specify the following in **each** case:

Name of Entity	Role	Country of Incorporation/ Domicile	Nature of Business	From - To (MM/YY)

16. Are you now, or have you previously (during the last 10 years) held a shareholding interest of greater than 25% in a corporate body?

Yes  No

If Yes, Specify the following in **each** case:

Name of Company	Percentage holding	Country of Incorporation	Nature of Business	From - To (MM/YY)

## Section 6: Fitness and Propriety

In any case where the response is **Yes** to any of the questions in this section, **full** details should be given in Section 8 referencing the appropriate question.

<p><b>17.</b> Have you at any time been involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>18.</b> Have you at any time been charged or convicted of any offence (other than (a) an offence committed when you were under the age of 18 years unless the same was committed within the last ten years, or (b) an offence in connection with the use or ownership of a motor vehicle which was tried in a court of summary jurisdiction) by any court, whether civil or military, in any jurisdiction? If so, give full particulars of the charge and if convicted, the date of conviction, the offence and the penalty imposed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>19.</b> Is there any outstanding civil litigation against you (including in your capacity as a trustee of a trust) or any company of which you are an officer; or are there any current proceedings issued by you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>20.</b> Have you ever, at any time, been the subject of an investigation in relation to a financial institution or professional services firm?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>21.</b> Have you, anywhere, been censured, disciplined or criticised by any professional body to which you belong or have belonged, or have you ever held a practising certificate subject to conditions?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>22.</b> Have you ever been required to give evidence in any trial or proceedings involving fraud, dishonesty or similar matters, other than as an expert witness?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>23.</b> Have you, or any body corporate, trust, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer, controller, partner or trustee, been the subject of an investigation, anywhere, by a governmental, professional or other regulatory body?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>24.</b> Have you, anywhere, been suspended, placed on required leave or dismissed from any office or employment or barred from entry to any profession or occupation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>25.</b> Have you ever been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>26.</b> Have you been adjudicated bankrupt by a court in any jurisdiction?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>27.</b> Have you failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a court in any jurisdiction?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>28.</b> Have you, in connection with the formation, control or management of a body corporate, partnership, unincorporated institution, or in connection with acting as trustee of a trust been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body, company or trust or towards any members thereof?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>29.</b> Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller, anywhere, been compulsorily wound up or made any 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,</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

either while you were associated with it or within one year after you ceased to be associated with it.	
<b>30.</b> Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller, anywhere, had its authorisation revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>31.</b> In carrying out your duties will you be acting on the directions or instructions of any other person other than co-directors, partners or other persons formally charged with governance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>32.</b> Have you, a family member <sup>3</sup> , or a close associate <sup>4</sup> , at any time, been designated as a politically exposed person (PEP) <sup>5</sup> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<sup>3</sup> The Anti-Money Laundering Regulations (2018 Revision) (“AMLRs”) states that family member includes the spouse, parent, sibling or child or a PEP.

<sup>4</sup> The AMLRs defines a close associate as any natural person who is known to hold the ownership or control of a legal instrument/person jointly with a PEP, who maintains close business/personal relationship with a PEP, or who holds the ownership or control of a legal instrument/person which have been established to the benefit of a PEP.

<sup>5</sup> The AMLRs defines a politically exposed person as a person who is or has been entrusted with prominent public functions domestically, by a foreign country, e.g. Head of State/Government, senior politician; senior government, judicial or military officials; and senior executives of state owned corporation and important political party official, or by an international organization e.g. senior management, director, deputy director and member of board or equivalent.

**Section 7: Declaration of Source of Wealth/ Source of Funds**

This section **ONLY** applies to applicants who are:

- I. individual shareholders/ controllers holding 10 % or more issued shares in a registered firm; and
- II. subject to enhanced due diligence by the Institute, such as PEPs, other persons considered to be high risk or where the application itself demonstrates a high risk profile.

The Institute may at its discretion request additional information/ documentary evidence for the assessment of source of wealth and source of funds.

\*In some cases the Institute may at its discretion assess applicants holding less than 10% interest in a legal entity.

The Financial Action Task Force (FATF) defines source of wealth as the origin of the entire body of wealth (i.e. an applicant's total assets). This information should give an indication as to the volume of wealth the applicant would be expected to have, and a picture of how the applicant acquired such wealth.

The Financial Action Task Force (FATF) defines source of funds as the origin of the particular funds or other assets which are the subject of the business relationship between CIMA and the applicant (i.e. the amounts being invested, deposited, or wired as part of the business relationship). This information should not simply be limited to knowing from which financial institution the funds have been transferred. The information obtained should be substantive and establish a provenance.

**34. Please complete the Declaration of Source of Wealth and Source of Funds form, if required to provide source of wealth/ source of funds.**

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director, shareholder, manager, officer, partner or controller of a registered firm, I will notify the Institute of any material changes affecting the completeness of the answers to questions 18-32 above within a period of twenty-one days.

I also hereby AUTHORISE the Institute to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. I understand that the results of these checks may be disclosed to the person who submitted this application.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## Section 8: Supplemental Information

Please include here, any additional information indicated in previous sections of this Form.

Section	Question	Information