



APPLICATION FOR THE APPROVAL OF THE APPOINTMENT OF  
A COMPLIANCE/REPORTING\* OFFICER

**SECTION 1 - REGULATED ENTITY**

1. NAME OF REGULATED ENTITY

.....

2. ADDRESS OF REGULATED ENTITY

.....

3. TYPE OF BUSINESS CONDUCTED (Please tick all applicable boxes)

- |  |                          |                         |                          |
|--|--------------------------|-------------------------|--------------------------|
| Assurance Business                                       | <input type="checkbox"/> | International Banking   | <input type="checkbox"/> |
| Corporate Business/Service Provider/<br>Registered Agent | <input type="checkbox"/> | Credit Union            | <input type="checkbox"/> |
| Deposit Taking Business                                  | <input type="checkbox"/> | Insurance Company       | <input type="checkbox"/> |
| Investment Business                                      | <input type="checkbox"/> | Insurance Manager       | <input type="checkbox"/> |
| Trust Business   | <input type="checkbox"/> | Money Services Business | <input type="checkbox"/> |
| Citizenship by Investment                                | <input type="checkbox"/> | Gaming                  | <input type="checkbox"/> |
|  |                          | Banking                 | <input type="checkbox"/> |

Other .....

4. NAME OF CONTACT PERSON

Name: .....

Position: .....

Telephone: .....

Fax: .....

Email: .....

\*Delete as appropriate



**SECTION 2 - PERSONAL DETAILS OF PROPOSED COMPLIANCE/REPORTING OFFICER**

1. NAME

.....  
Surname First Name(s) Middle Name(s)

2. PREVIOUS NAME(S) (if any)

.....

3. DATE OF BIRTH

.....  
Day Month Year

4. (A) NATIONALITY

(B) COUNTRY OF RESIDENCE

.....

5. CURRENT RESIDENTIAL ADDRESS

.....  
.....

6. PREVIOUS RESIDENTIAL ADDRESS (if address has changed in the last five (5) years)

.....  
.....

7. PASSPORT NUMBER and ISSUING COUNTRY

.....





**SECTION 4 - EMPLOYMENT DETAILS (please duplicate page for more than one employer)**

*Please indicate positions held during the last five (5) years, listing the most recent appointment first. Please use additional pages as necessary.*

1. NAME OF EMPLOYER

.....

Telephone: ..... Fax: ..... Email: .....

2. NAME OF CONTACT PERSON

.....

3. ADDRESS OF EMPLOYER

.....

4. PERIOD OF EMPLOYMENT: From: ..... To: .....

5. NATURE OF BUSINESS

.....

.....

6. POSITION(S) HELD

.....

7. RESPONSIBILITIES

.....

.....

8. NAME OF REGULATORS (if any)

.....

9. REASON FOR LEAVING EMPLOYMENT:  Resignation  Expiration of Contract

Redundancy  Retirement  Termination/Dismissal  Other.....

.....(please specify)



**SECTION 5 - FITNESS AND PROPRIETY**

*This section should be completed by placing a circle around the appropriate answer. Please list any incident or action in any jurisdiction, with the exception of minor traffic offences. Please note that no time restriction applies to the matters you are asked to disclose. If the answer to any of the following questions is “YES”, please provide full details on a separate sheet. This section should be completed by or on the behalf of the proposed Compliance/Reporting Officer.*

1. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offence or violation for any reason whatsoever, regardless of the result of the event, in any country? (Except MINOR traffic offences)

**YES                      NO**

If “yes” give details. List all cases without exception. Please use additional pages as necessary.

Date of Arrest or Detention, etc.

Age

Charge

Location

Result

2. Do you have any criminal or civil charges pending?

**YES                      NO**

3. Has any disciplinary, enforcement, disqualification or similar proceeding been taken against you by any professional body, regulatory body or association or are any such proceedings pending?

**YES                      NO**

If “yes”, name the regulatory or professional body or association: .....

4. Have you been found guilty of conducting any unauthorized regulated activities or been investigated for possible conduct of unauthorized regulated activities?

**YES                      NO**

5. Have you been the subject of any regulatory investigation or is any such investigation pending?

**YES                      NO**

6. Has any application for your regulatory approval ever been refused?

**YES                      NO**



7. Have you ever been obstructive, misleading or untruthful in dealing with a court, tribunal, official inquiry, regulatory or professional body?  
**YES**                      **NO**
8. Have you been subject of any bankruptcy proceedings or filed for bankruptcy, entered into a compromise agreement or other similar arrangement with your creditors or had receiver appointed in respect of any property?  
**YES**                      **NO**
9. Have you at any time failed to satisfy any personal or business related debts due?  
**YES**                      **NO**
10. Have you been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?  
**YES**                      **NO**
11. Have you ever been expelled or excluded from, or refused admission to, a professional body?  
**YES**                      **NO**
12. Have you been refused, restricted in, or had suspended, the right to carry on trade, business or profession for which a specific license, authorization, registration, membership or other permission is required?  
**YES**                      **NO**
13. Have you ever been asked to resign, or been dismissed from any fiduciary office or position of trust?  
**YES**                      **NO**
14. Are you aware of any matter relating to your character, reputation or financial position that the FSRC may regard as relevant in considering this application?  
**YES**                      **NO**
15. Has any business with which you have been associated as a director, senior officer or officer ever entered a formal insolvency process or ceased trading whilst insolvent, while you were associated with it or within one year after your association ceased?  
**YES**                      **NO**



**SECTION 6 - RELATIONSHIP WITH REGULATED PERSON**

*This section should be completed by the regulated entity.*

1. Will the proposed Compliance/Reporting Officer be employed under a full time contract of employment?

**YES**                      **NO**

2. If the answer to 1. above is “no” provide details of employment with regulated entity.

.....  
.....

3. Will the proposed Compliance Officer also serve as the regulated entity’s Reporting Officer?

**YES**                      **NO**

If “no” what is the name of the Reporting officer? .....

4. What other positions or offices (if any) does or will the proposed Compliance/Reporting Officer hold with the firm?

.....

5. Does the proposed Compliance/Reporting Officer hold any shares in, or have any interest, legal or equitable, direct or indirect, in the regulated entity?

**YES**                      **NO**

6. If the answer to 5. above is “yes” provide details of shareholding or other interest.

.....

7. Is the proposed Compliance/Reporting Officer able, directly, to exercise more than 10% of the voting power of the regulated entity?

**YES**                      **NO**

8. If answer to 7. above is “yes” provide details.

.....  
.....

9. Provide an organisational chart which includes the proposed Compliance/Reporting Officer’s position.



**SECTION 7 - DECLARATIONS**

*The following declaration should be completed by the regulated entity in relation to the information provided in sections 1 and 5.*

The information provided in sections 1 and 5 is, to the best of our knowledge and belief, complete and true. There are no other facts or matters relevant to this application of which the FSRC should be aware. We undertake to inform the FSRC forthwith, of any material changes to the information supplied on this application form.±

Signed on behalf of the applying regulated entity:

Name of Authorized Signatory:.....

Position:.....

Signature: ..... Date: .....

*The following declaration should be completed by the proposed Compliance/Reporting officer in relation to the information provided in sections 2, 3, 4 and 5.*

I certify that the information provided in sections 2, 3, 4 and 5, is to the best of my knowledge and belief, complete and true and there are no other facts or matters relevant to this application of which the FSRC should be aware. I undertake to inform the FSRC, forthwith, of material changes to the information supplied on this application.±

Name of proposed Compliance/Reporting Officer: .....

Signature: ..... Date: .....

**AUTHORISATION TO SEEK ADDITIONAL INFORMATION**

I hereby authorise the FSRC to contact all relevant authorities and authorise said authorities to provide you with whatever information you may request.

Name of proposed Compliance/Reporting Officer: .....

Signature: ..... Date: .....

Please forward to: **The Financial Services Regulatory Commission (St. Kitts/Nevis\* Branch)**

±“Please be advised, that in accordance with Section 8 of the Perjury Act, it is an offence punishable by a maximum fine of thirty thousand dollars or at least five years imprisonment for a person to knowingly make either

- (a) a false voluntary declaration; or
- (b) a false statement when any act requires information to be provided.”

\*Circle as appropriate