

FORM A

[Paragraphs 3 and 25A.1]

**APPLICATION FOR APPROVAL OF DIRECTORS, COMPLIANCE OFFICERS
AND SENIOR OFFICERS**

This application is for the approval by the Commission of:

Director Compliance Officer Senior Officer
(Please specify): _____

1. Details of Regulated Person submitting application

Name of regulated person: _____

Address: _____

Certificate/Licence No. of regulated person: _____

2. Contact Person(s)

Please provide details of the individual who should be contacted in relation to this application:

Name: _____

Position: _____ Telephone: _____

Fax: _____ E-mail: _____

3. Applicant Details

Title: _____ Surname: _____ First Name: _____ Middle Name(s): _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Passport No.: _____ Social Security No.: _____

Other Identification No. (Please specify): _____

Previous Name(s) (if any): _____ Date of Name Change: _____

Reason for change: _____

Current address: _____

Length of time resident at current address: _____

Date first resided: _____

Previous address(es): _____
(within last 10 yrs) _____

Resided from _____ until _____

4. Details of Position Being Sought

Title for which approval is sought: _____

Proposed date effecting
employment/appointment: _____

In the case of an application for Compliance Officer, will the applicant also serve as the regulated person's Money
Laundering Reporting Officer? Yes No

5. Relationship Between Applicant and Regulated Person

What is the nature of the arrangement between the regulated person and the person proposed for appointment as
director/compliance officer/senior officer:

Employee: FT/PT Group Employee: Name of Group: _____

Contract for services: Partner/Sole Trader:

Other:

If you checked "Other", or if the applicant will be employed on a part-time basis, please provide details of terms of
employment:

Does the applicant hold any shares, or have any interest, legal or equitable, direct or indirect, in the regulated
person? Yes No

If "Yes", provide details of shareholding or other interest: _____

Is the applicant able, directly, to exercise more than 10% of the voting power of the firm? Yes No

If "Yes", please provide details: _____

6. Education

Name of Institution(s) attended	Degree/Diploma/Other Qualification Received	Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Memberships in Professional Bodies

Organisation/Association	Membership Status (e.g. Student, Associate, Fellow, etc.)	Member Since	Membership Number (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. 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)

(a) Position held: _____ Period: _____

Name of Employer: _____ Nature of Business: _____

Supervisor/Contact Person: _____ Name of Regulator(s) (if any): _____

Address: _____ Outline responsibilities held: _____

Tel: _____ Fax: _____ E-mail: _____

Reason for leaving: Resignation Expiration of Contract Redundancy
 Retirement Termination/Dismissal Other

If "Other", please specify: _____

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

(b) Position held: _____ Period: _____

Name of Employer: _____ Nature of Business: _____

Supervisor/Contact Person: _____ Name of Regulator(s) (if any): _____

Address: _____ Outline responsibilities held: _____

Tel: _____ Fax: _____ E-mail: _____

Reason for leaving: Resignation Expiration of Contract Redundancy
Retirement Termination/Dismissal Other

If "Other", please specify: _____

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

(c) Position held: _____ Period: _____

Name of Employer: _____ Nature of Business: _____

Supervisor/Contact Person: _____ Name of Regulator(s) (if any): _____

Address: _____ Outline responsibilities held: _____

Tel: _____ Fax: _____ E-mail: _____

Reason for leaving: Resignation Expiration of Contract Redundancy
Retirement Termination/Dismissal Other

If "Other", please specify: _____

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

9. Fitness and Propriety (To be completed by the person proposed for appointment as Director/Compliance Officer/Senior Officer)

If you answer YES to any of the questions below you must supply full details by way of a written attachment to the application:

	Yes	No
Has an application for your regulatory approval ever been refused?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to resign, or been dismissed from any fiduciary position of trust?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you at any time been convicted of any criminal offence by any court in the Virgin Islands or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the subject of a criminal investigation or an extradition request?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been found guilty of conducting any unauthorised regulated activity or been investigated for possible conduct of unauthorised regulated activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, in the last ten years, been censured or disciplined 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 in the Virgin Islands or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, in the last ten years, filed for bankruptcy or been adjudicated bankrupt by a court in the Virgin Islands or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Have you at any time failed to satisfy any debt due and payable to you as a judgment-debtor under an order of a court in the Virgin Islands or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Have you in the last ten years been found liable in a civil suit which elicited dishonest or unlawful conduct on your part?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, in connection with the formation, control or management of any corporate, partnership or unincorporated institution within the last ten years been adjudged by a court in any jurisdiction civilly liable for any fraud, malfeasance or other misconduct by you towards such a body or company, or towards any members thereof?	<input type="checkbox"/>	<input type="checkbox"/>
Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder or controller, anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors where they 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?	<input type="checkbox"/>	<input type="checkbox"/>
Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder or controller, anywhere, been fined or censured by any securities commission, banking commission or any similar regulatory commission or body?	<input type="checkbox"/>	<input type="checkbox"/>

10. Personal Statement (must be completed by the person proposed for appointment as Director, Compliance Officer or Senior Officer)

Explain briefly why you consider yourself qualified to carry out the functions of this position. Please indicate any directorships or other positions previously or currently held and the jurisdictions in which they were/are held.

11. Declaration by the Proposed Director/Compliance Officer/Senior Officer

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.

Signed by: _____

Name (Print): _____

Date: _____

12. Declaration by the Regulated Entity

I, _____ do hereby declare, on behalf of _____ (name of regulated person) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as 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 behalf of this applicant, and may cause enforcement action to be taken against us.

Signed by: _____

Name (Print): _____

On behalf of: _____

Date: _____

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Date Received: _____

Application Processed By: _____

Date Considered By Commission: _____

Application Status: **Approved** **Denied** **Deferred**

Reason(s) for denial or deferral (if applicable):