

**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:**

	<b>Yes</b>	<b>No</b>
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: \_\_\_\_\_

***BVI Financial Services Commission Use Only***

**Date Received:** \_\_\_\_\_

**Application Processed By:** \_\_\_\_\_

**Date Considered By Commission:** \_\_\_\_\_

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

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