

**FORM B-1**

**[Paragraph 21]**

**APPLICATION FOR APPROVAL OF  
ACTUARIES/ AUDITORS/ OTHER INDEPENDENT OFFICERS**

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*This application is for the approval by the Commission of:*

**Auditor**  **Actuary**  **Other (Please specify):**  \_\_\_\_\_

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**1. Details of Regulated Person Submitting Application**

Name of regulated person: \_\_\_\_\_

Company Licence No.: \_\_\_\_\_

**2. Regulated person's address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 (a) Where the Actuary, Auditor or Independent Officer is a Company or Firm:**

Name of Company or Firm: \_\_\_\_\_

Company Licence No.: \_\_\_\_\_

Address of Company or Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**3 (b) Where the Actuary, Auditor or Independent Officer is an Individual:**

Title: Dr.\_\_\_\_ Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Miss \_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Qualifications**

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

**5. Experience (where the person to whom the application relates is a company or firm, please state the qualifications of the individuals intended to undertake the actuarial, audit or other work)**

Number of years of experience: \_\_\_\_\_

Provide details of experience: (This should relate to experience in the relevant field of actuarial, auditing or other expertise)

**6. Type of Regulated Person to be Audited**

Banking  Insurance  Investment Business  Fiduciary Services

Other (please specify): \_\_\_\_\_

If regulated person holds any specific class or category of licence, please specify: \_\_\_\_\_

**7. Indemnity Coverage**

(a) Please indicate whether the actuary, auditor or other independent officer, or the company or firm for which he/she acts, holds Professional Indemnity insurance: Yes  No

(b) If your answer to (a) is YES, please indicate the amount of indemnity coverage held by the actuary, auditor or other independent officer, or the company or firm for which he/she acts: \_\_\_\_\_

**8. Consent**

Has the Auditor/Actuary/Other Independent Officer consented to act in this capacity: Yes  No

**9. Fitness and Propriety (To be completed by the auditor/actuary or other independent 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>
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, 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. Declaration by Actuary/ Auditor/ Other Independent Officer**

(a) I, \_\_\_\_\_, do hereby declare, that I have read the legislation in relation to which this application for approval is being made, and in which the duties and responsibilities of an actuary/auditor/other independent officer\* are detailed and understand the provisions set out therein.

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

Name (Print): \_\_\_\_\_

On Behalf Of: \_\_\_\_\_  
(Where applicable)

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

(b) Please list the relevant legislation that relate to the duties and responsibilities for which this application for approval is being made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Declaration by Regulated Person**

I, \_\_\_\_\_, do hereby declare, on behalf of \_\_\_\_\_, that the information provided in this application is, to our knowledge, true and accurate, and that all documents submitted with this application are authentic. I understand that providing false information in respect of this application may cause the Commission to deny this and any subsequent applications which may be submitted, 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:** \_\_\_\_\_

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

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