

FORM D

[Paragraph 21]

APPLICATION FOR APPROVAL OF AN AUTHORISED REPRESENTATIVE

1. Details of applicant

(If applicant is a corporate entity items 1 to 4, and item 6 must be completed by each director. Additionally, one or more directors of the corporate entity must be ordinarily or habitually resident in the Virgin Islands).

Name: _____

Incorporation number (if corporate entity): _____

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: _____

Address: _____

Length of time resident at current address: _____

Date first resided: _____

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

Resided from _____ until _____

Telephone: _____

Fax: _____

E-mail: _____

2. Education

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

3. Memberships in Professional Bodies

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

4. 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:

5. Ownership Structure

Shareholders and Controllers

Please provide information relating to the legal owner of the Applicant by listing all shareholders and controllers of the Applicant.

Shareholder's/Controller's Name	No. of Shares	Type of Shares	Nominal or Par value of Shares	% of the voting rights exercisable directly or indirectly (where applicable)	For Official FSC Use Only Approved (Y/N)

(Note : Continue on a separate sheet if required)

6. Fitness and Propriety

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?

Have you in the last ten years been found liable in a civil suit which elicited dishonest or unlawful conduct on your part?

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?

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?

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?

7. Experience in relevant business

Does the Applicant or some other person in an employment relationship with the Applicant possess practical experience in any form of business which would require authorisation approval under the Securities and Investment Business Act. If Yes, please provide as an attachment and properly marked, a detailed explanation of the practical experience. Yes No

8. Declaration by the Proposed Authorised Representative

I, _____, do hereby declare that the 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.

Signed by: _____

Name (Print): _____

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):