



Financial Services Authority
República de Honduras

Personal Questionnaire

For all individuals who are required to be vetted in connection with a licence holder/licence applicant

Important Information

We will return forms that are incomplete or do not disclose full information and this may result in delays. The provision of incorrect information can be taken into account when considering whether a person is 'Fit and Proper' for the proposed role. The Financial Services Authority of Honduras ('the Authority') does not accept responsibility for any loss incurred in these circumstances.

Completed applications, together with any supporting material, should be sent to:

The Financial Services Authority of Honduras
PO Box: 2119
Tegucigalpa MDC
Honduras, C.A.

Section 1: The Licence holder/Licence Applicant

1. Company name

Section 2: Personal details

1. Your full name

2. Previous name(s)

3. Date of birth (dd/mm/yyyy)

4. Town and country of birth

5. National Insurance Number

6. Nationality

Please enclose a certified copy of your passport or photo driving licence.

The identification document should contain a photograph and be certified by one of the Licence holder's current "Executive Directors" or a suitable certifier as defined in the Authority's Anti-Money Laundering and Countering the Financing of Terrorism Handbook.

The certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Certifiers should state that it is a true copy of the original document.

Section 3: Contact details

1. Current residential address (including postcode)

2. Contact telephone numbers (including codes)

Home telephone

Daytime telephone

Preferred contact number

Section 4: The proposed role

1. Official job title

2. Summary of responsibilities (attach a job description where relevant)

3. If your role is within a corporate service provider, will you be acting as director or company secretary of client companies? Yes No

4. If your role is within a trust service provider, will you be acting as a trustee, protector or enforcer? Yes No

5. Is the role full or part-time? Full time Part time

If **part-time** please state a) approximately how many hours: _____ hours per month

b) if you will also have roles with other licence holders Yes No

If **yes**, please provide details:

Are you, or will you be, employed by the licence holder / licence applicant? Yes No

If **no**, what type of agreement will be in place:

6. Do you require any work permit for the proposed role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please indicate the current status:	Work permit in place <input type="checkbox"/>	
	Application pending <input type="checkbox"/>	

7. Are you being proposed in a “Resident Officer” role of a licence holder established as a branch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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8. If you are proposed as a controller, please indicate the source of funds used for the purchase of shares

Section 5: Career history

Beginning with your current occupation or employment, please give full details of all occupations and employment during the past **five** years. Continue on a separate signed and dated sheet if necessary. Please note, if you are enclosing a CV the information should also be still be provided in the table below.

Please ensure that you supply **current address details** as wrong information can lead to delays in the vetting process.

1. Current employer

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Can we contact this employer immediately? Yes No

2. Previous employers

Please include any periods of self-employment which should be accompanied by the names and addresses of two professional persons (lawyers, accountants etc) who knew you at the time and are prepared to act as referees.

If there are any gaps in the employment history, please provide an explanation.

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Name and address of employer					
Nature of business					
Position held					
Dates (mm/yyyy)	From	To	Office use only	Out	In

Section 6: Current appointments

1. Are you a director, controller, key person, or company secretary of any body corporate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the total number of appointments, including as alternate director and assistant secretary.		
Where possible, please provide a list of companies on a separate sheet.		

2. Are you a trustee, enforcer or protector of any trust in a personal capacity, other than in the course of your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the total number of appointments.		
Where possible, please provide a list of trusts on a separate sheet.		

Section 7: Professional qualifications and memberships

Please give details of current membership (or student membership) of any **relevant** professional bodies (for example ICSA, STEP, ACCA etc), their addresses and the year of admission. Please indicate part qualifications. If the membership has lapsed please indicate the reason for this. **Please attach evidence of all professional memberships and qualifications, for example copy of certificates, latest renewal notice/confirmation.**

Membership number	Professional body – including address	Membership status	Year of admission	For office use only	
				Out	In

Section 8: Academic qualifications

Please provide details of any higher academic (for example degrees or diplomas) qualifications held. Continue on a separate signed and dated sheet if necessary.

Qualification	Subject(s)	Establishment	Year

Section 9: Civil and disciplinary proceedings

The Authority will consider the answers to the following questions in making its judgement on Integrity, Solvency and Competence.

If you answer **yes** to any of the questions in this section, please give full details, including the question number, on a separate signed and dated sheet.

Please contact us if you are in doubt about how to answer these questions.

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| 1. Has a court or other authority ever disqualified you from acting as director of a company, or from acting in the management or conduct of affairs of any company, partnership or unincorporated association; or has a court ever removed you as a trustee? If yes, please provide details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 2. Is there any outstanding civil litigation against you (including in your capacity as a trustee or a trust) or any company of which you are an officer; or are there any current proceedings issued by you? If yes, please provide details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 3. Have any civil judgements ever been issued against you (including in your capacity as a trustee of a trust)? If yes, please provide details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 4. Have you, in any capacity, ever had a formal warning or been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry, whether in Honduras or elsewhere or by any professional or regulatory body or any trade association to which you have belonged or do belong; or been the subject of a regulatory order/direction? If yes, please explain the circumstances. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 5. Have you, or any body corporate partnership or unincorporated institution with which you are, or have been associated as, a director, controller, key person or company secretary, been the subject of investigation by a governmental, professional or other regulatory body, or have you ever been questioned or given evidence in connections with such an investigation? If yes, please give full details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

6. Have you ever been the subject of a disciplinary enquiry or internal investigation carried out by, or on behalf of, an employer or in connection with a post or office held? If yes, please give full details. Yes No

7. Have you ever been suspended from any office, asked to resign had your contract terminated, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct? If yes, please give full details. Yes No

8. Have you ever been dismissed from any office or employment? If yes, please give full details. Yes No

9. Have you ever been barred entry to any profession or occupation or been the holder of a practising certificate and have surrendered it, had it revoked, withdrawn or qualified (for example where conditions were added)? If yes, please give full details. Yes No

10. Have you ever been declared or has a court ever adjudged you bankrupt or have any money judgements been made against you which have not been satisfied in full? If yes, please give full details including your address at the time. Yes No

11. Have you, in connection with the formation or management of any body corporate, partnership or unincorporated body, ever been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or toward any members thereof? If yes, please give full details including your address at the time. Yes No

12. Has any body corporate, partnership or unincorporated institution with which you were associated as a director, controller, manager, partner or company secretary, been compulsorily wound up, or made a compromise or other arrangement with its creditors, or ceased trading in circumstances where its creditors did not receive, or have yet to receive, full settlement of their claims, either while you were associated with it, or within one year after you ceased to be associated with it? If yes, please give full details. Yes No

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| 13. Has any body corporate, with which you were associated as a controller, director, or company secretary, been struck off a Companies Register? If yes, please give full details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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Section 10: Offences and criminal matters including spent convictions

If you answer **yes** to any of the questions in this section, please give full details, including the question number, on a separate signed and dated sheet.

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| 1. Have you ever been convicted of any offence, by any court, including a civil or military court, are any of these convictions current (ie not spent)? If yes, please give full details of the court by which you were convicted, the offence, the penalty imposed and the date of conviction. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 2. Are you the subject of any current criminal proceedings or investigations (to the best of your knowledge and belief)? If yes, please provide details. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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Section 11: General

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|---|---------------------------------|--------------------------------|
| 1. Do you have any close connection with a member of the Authority or any employee of the Authority, for example family, friends, close business relationship, common business interests etc? If yes, please provide details below. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

(Please note, this information will not affect your application. It is requested so that the Authority can identify and manage potential conflicts of interest, both in the handling of this application and in any future dealings with your organisation, if you are approved.)

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| 2. Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, key person or company secretary, ever applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on banking or investment business, to provide corporate or trust services or to carry on any other financial services activity? If yes, please list all applications showing whether they have been successful or unsuccessful. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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| 3. Have you previously been approved as a key person by a financial services regulatory authority in any jurisdiction? If yes, please list the roles you have been approved for, which jurisdiction and year of approval; also please indicate which appointments are current. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
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Please disclose any other facts that you believe are material to the Authority in considering your application.

Declaration
(To be completed by all appointees)

I certify that the information provided is complete and correct to the best of my knowledge and belief.

I understand the responsibilities and the legislation / regulations which relate to the proposed role.

I understand and accept that the Financial Services Authority of Honduras (“the Authority”) may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and propriety. Accordingly, I authorise any persons, bodies, or institutions, named in this Questionnaire, together with any person, body, or institution, that the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment of my initial and continuing fitness and propriety.

I also authorise the Authority to disclose to any licence applicant or licensed business, in connection with which I may be assessed, information that the Authority believes may be relevant to its assessment of my initial and continuing fitness and propriety.

Signed _____ Date _____

Licence holder's Declaration

Completion checklist

- Have all questions relevant to the appointment been completed?
- Is suitably certified identification enclosed?
- If any questions in sections 9 and 10 have been answered yes, have details been attached?
- Has all other information needed to supplement this form, for example job description, been attached?
- Are all supplementary pages been signed and dated?

A. Licence holder/Licence Applicant Declaration

I, on behalf of the Licence holder/Licence Applicant, confirm that the information provided in this application is to the best of my knowledge accurate, complete and not misleading.

In making this declaration, the Licence holder/Licence Applicant is confirming that, in accordance with the Licensing Policy issued by the Authority under section 6 of the Financial Services Law 2011 ("the Act"), and taking into consideration section 40 (Offences in connection with information) –

- it has undertaken all reasonable steps to verify the accuracy of the information provided;
- it is not aware of any other information not disclosed in this personal questionnaire which may impact on the Authority's ability to fully consider the fitness and propriety of the proposed individual; and
- in proposing the individual for their role, it is satisfied that, as a result of due diligence undertaken, and having reviewed the Criminal Records Check Certificate (see 'B' below), the individual is a fit and proper person for the proposed role.

Further, the Licence holder / Licence Applicant has requested that the individual notifies the Authority immediately if there is a material change to the information provided.

B. Licence holder/ Licence applicant confirmation re Criminal Records Check

Has the individual been subject to a criminal records check in the last 12 months which has been provided to the licence holder/licence applicant: YES/NO

If 'yes' please state the date the check was undertaken:

Note: Check certificate is dated within the last 12 months, if it is less recent then please provide your reasons explaining why this is the case on blank page provided within this questionnaire.

Signed _____ Date _____

Position: _____

Signed _____ Name _____

Position _____ Date _____