



Bank of Mauritius

Fit and Proper Person Questionnaire

FOR ASSESSING THE FITNESS AND PROBITY OF PERSONS WITH MATERIAL INFLUENCE ON THE OPERATION AND AFFAIRS OF OPERATORS OF PAYMENT, CLEARING OR SETTLEMENT SYSTEMS AND PAYMENT SERVICE PROVIDERS

(Please specify 'NA' where information requirement is not applicable)

PURPOSE OF ASSESSMENT

PROPOSED POSITION	INSTITUTION
TYPE OF DIRECTORSHIP, IF APPLICABLE (whether Independent, Executive or Non-Executive)	

PERSONAL DETAILS

FAMILY NAME	FIRST NAME
DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH (TOWN AND COUNTRY)
NATIONALITY	HOW NATIONALITY WAS ACQUIRED? Birth <input type="checkbox"/> Naturalisation <input type="checkbox"/> Marriage <input type="checkbox"/>
GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	MARITAL STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
ID NUMBER	PASSPORT NUMBER
CURRENT POSTAL ADDRESS	CURRENT RESIDENTIAL ADDRESS (if different from current postal address)
PERMANENT ADDRESS (if different from current residential address)	TELEPHONE NUMBER Residential Business
FAX NUMBER	EMAIL ADDRESS

ADDITIONAL DETAILS

HAVE YOU EVER BEEN SUBJECT TO A CHANGE OF NAME (if 'Yes' provide full details below) YES <input type="checkbox"/> NO <input type="checkbox"/>		
PREVIOUS FAMILY NAME	PREVIOUS NAME	DATE OF CHANGE
REASONS FOR CHANGE		

HAVE YOU CHANGED YOUR PERMANENT ADDRESS DURING THE LAST TEN YEARS (if 'Yes' provide full details below) YES <input type="checkbox"/> NO <input type="checkbox"/>	
FULL PREVIOUS PERMANENT ADDRESS	DATE OF CHANGE

ACADEMIC QUALIFICATIONS

QUALIFICATION AND YEAR	EXAMINING BODY	GRADE

PROFESSIONAL QUALIFICATIONS

PROFESSIONAL BODY	STATUS	DATE OF ADMISSION

PROPOSED RESPONSIBILITIES (Please provide full details of your proposed duties and responsibilities)

EMPLOYMENT HISTORY COVERING AT LEAST THE TEN PREVIOUS YEARS (start with current and most recent position)

1	EMPLOYER'S NAME		
	NATURE OF EMPLOYER'S BUSINESS		
	EMPLOYER'S ADDRESS		
	EMPLOYER'S PHONE NUMBER	EMPLOYER'S FAX NUMBER	EMPLOYER'S EMAIL
	YOUR JOB TITLE		
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		
	DATE OF APPOINTMENT	DATE OF RESIGNATION	
	REASONS FOR RESIGNATION		
2	EMPLOYER'S NAME		
	NATURE OF EMPLOYER'S BUSINESS		
	EMPLOYER'S ADDRESS		
	EMPLOYER'S PHONE NUMBER	EMPLOYER'S FAX NUMBER	EMPLOYER'S EMAIL
	YOUR JOB TITLE		
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		
	DATE OF APPOINTMENT	DATE OF RESIGNATION	
	REASONS FOR RESIGNATION		
3	EMPLOYER'S NAME		
	NATURE OF EMPLOYER'S BUSINESS		
	EMPLOYER'S ADDRESS		
	EMPLOYER'S PHONE NUMBER	EMPLOYER'S FAX NUMBER	EMPLOYER'S EMAIL
	YOUR JOB TITLE		
	BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		
	DATE OF APPOINTMENT	DATE OF RESIGNATION	
	REASONS FOR RESIGNATION		

SHAREHOLDINGS* OF 50 PER CENT AND ABOVE (INCLUDING INDIRECT HOLDINGS) HISTORY OVER AT LEAST THE LAST TEN YEARS

NAME OF ENTITY	DATE INFLUENCE WAS ACQUIRED	DATE INFLUENCE WAS RELINQUISHED

OTHER SHAREHOLDINGS* (INCLUDING INDIRECT HOLDINGS) HELD CURRENTLY

NAME OF ENTITY	DATE ACQUIRED	NUMBER OF SHARES HELD

DIRECTORSHIP HISTORY OVER AT LEAST THE LAST TEN YEARS

NAME OF ENTITY	DATE OF APPOINTMENT	DATE OF RESIGNATION

*Includes shareholdings held in local and overseas entities

SPECIFIC TEST TO ASSESS FITNESS AND PROBITY

	YES	NO	REF.
1. Have you ever been subject to any proceedings of a disciplinary or criminal nature, or have been notified of any impending proceedings or of any investigation, which might lead to such proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you, or any business in which you have had controlling interest or have exercised significant influence, been investigated, disciplined, suspended or criticised by a regulatory or professional body, a court or tribunal, whether publicly or privately?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been associated, in ownership or management capacity, with a company, partnership or other business association that has been refused registration, authorisation, membership or a licence to conduct trade, business or profession, or has had that registration, authorisation, membership or licence revoked, withdrawn or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
4. As a result of the removal of the relevant licence, registration or other authority mentioned in question 3 above, have you ever been refused the right to carry on a trade, business or profession requiring a licence, registration or other authorisation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been subject of any justified complaint relating to regulated activities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been charged or convicted of any criminal offence, particularly an offence relating to dishonesty, fraud, financial crime or other criminal acts or been involved in acts of misfeasance or serious misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever contravened any of the requirements and standards of a regulatory body, professional body, government or its agencies?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been a director, partner, or otherwise involved in the management, of a business that has gone into receivership, insolvency or liquidation while you have been connected with that business or within one year after that connection?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been dismissed, asked to resign or resigned, from employment or from a position of trust, fiduciary appointment or similar because of questions about your honesty and integrity?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been disqualified, under the Companies legislation or any other legislation or regulation from acting as a director or serving in a managerial capacity?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been diagnosed as being mentally ill or unstable?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been disciplined by a professional, trade or regulatory body; or dismissed or requested to resign from any position or office for negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been the subject of any adverse judgment or award, in Mauritius or elsewhere that remains outstanding or was not satisfied within a reasonable period?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever made any arrangements or composition with your creditors, filed for bankruptcy, been adjudged bankrupt, had your assets sequestrated, or been involved in proceedings relating to any of these?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you hold any directorship in any company related to the applicant institution*?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any relationship with the applicant* or its affiliates?	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFIC TEST TO ASSESS FITNESS AND PROBITY (Cont'd)

	YES	NO	REF.
17. Have you ever been a senior officer of a company or a shareholder in a position to exercise significant influence in the company that:			
a. has been the subject of any adverse judgment or award, in Mauritius or elsewhere, that remains outstanding or was not satisfied within a reasonable period;	<input type="checkbox"/>	<input type="checkbox"/>
b. has, in Mauritius or elsewhere, made any arrangements or composition with its creditors, filed for bankruptcy, been adjudged bankrupt, had assets sequestrated, or been involved in proceedings relating to any of the foregoing?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have reasons to believe that any of your close relatives or business associates, if subject to the above tests, would have responded by a 'Yes' to any of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any liability towards			
a. the applicant*?	<input type="checkbox"/>	<input type="checkbox"/>
b. any financial institution?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to a. or b. is 'YES', please state whether any of them is in default.	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have any interest in the applicant*?	<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO ANY OF THESE QUESTIONS IS 'YES' PLEASE PROVIDE DETAILS ON SEPARATE PAGES WITH PROPER REFERENCING			

* refers to the institution where you are an employee or a director or hold significant interest or are being offered employment or directorship or significant interest.

SIGNATURE AND ACKNOWLEDGEMENT

I hereby declare that:

- to the best of my knowledge and belief the statement made and the information supplied in this questionnaire and the attachments are correct and that there are no other facts that is relevant to the board of directors for assessing my fitness and probity;
- I understand that the board of directors may seek additional information from any third parties it deems necessary in view of assessing my fitness and probity;
- I undertake to bring to the attention of the board of directors any matter which may potentially affect my status as being someone fit and proper as and when they crop up; and
- if I am appointed as an independent director, I confirm that I have no relationship with, or interest in, whether past or present, the applicant or its affiliates, which could or could reasonably be perceived to materially affect the exercise of my judgment in the best interest of the applicant.

Signature: _____ Date: _____

AUTHORISATION TO ACCESS MCIB

I hereby authorise the Bank of Mauritius to access my credit profile on the Mauritius Credit Information Bureau.

Signature: _____ Date: _____

INFORMATION PROVIDED ON SEPARATE PAGES SHOULD BE DULY SIGNED AND DATED.