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| **PART 6.**  **KEY RESPONSIBLE PERSON’S FIT AND PROPER (FAP) REQUIREMENTS QUESTIONNAIRE** |

*<Provide details of each key responsible person, using a separate sheet as attachment where applicable>*

Full names of key responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1:** **HONESTY AND INTEGRITY QUESTIONNAIRE**

If the answer to any of the questions is yes, provide full details on a separate page and attach certified documents to the form:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| 1 | Has an adverse finding been made against you within a period of ten years preceding the date of application in any civil or criminal proceedings by a court of law (whether in Namibia or elsewhere), in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonorably or in breach of a fiduciary duty? | |  | | --- | |  | | |  | | --- | |  | |
| 2 | Have you within a period of ten years preceding the date of application been found guilty by any professional, financial services industry or regulatory body (whether in Namibia or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| 3 | Have you within a period of ten years preceding the date of application been denied membership of any body referred to in question 2 above on account of an act of dishonesty negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| 4 | Have you within a period of ten years preceding the date of application been found guilty by any regulatory or supervisory body (whether in Namibia or elsewhere), or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| 5 | Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in Namibia or elsewhere) from taking part in the management of any corporate entity or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not? | |  | | --- | |  | | |  | | --- | |  | |
| 6 | Have you been the subject of any investigation or disciplinary proceedings or has administrative action been taken or administrative penalties been imposed by any regulatory authority, professional or government body or agency, an exchange or self-regulatory organization (whether in Namibia, or elsewhere)? | |  | | --- | |  | | |  | | --- | |  | |
| 7 | Have you ever been refused authorization to carry on business by any regulatory body (whether in Namibia or elsewhere), or has such authorization ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| 8 | Are you subject to an order of a competent court holding you to be mentally unfit or disordered? | |  | | --- | |  | | |  | | --- | |  | |
| 9 | Have you within a period of ten years preceding the date of application been removed from office or left office on account of misconduct relating to fraud, theft or the misappropriation of money, whether in Namibia or elsewhere? | |  | | --- | |  | | |  | | --- | |  | |
| 10 | Have you within a period of ten years preceding the date of application received a grant of amnesty or free pardon for any offence? | |  | | --- | |  | | |  | | --- | |  | |
| 11 | Has your estate ever been sequestrated ? | |  | | --- | |  | | |  | | --- | |  | |
| 12 | Have you ever been convicted of an offence or found to be liable under the Financial Intelligence Act, 2012 (Act No. 13 of 2012), and/or the Prevention of Organized Crime Act, 2004 (Act No. 29 of 2004) and/or the Prevention and Combating of Terrorist and Proliferation Activities Act, 2014 (Act No 4 of 2014) and/or any other similar Acts describing similar offences and/or liability in any country? | |  | | --- | |  | | |  | | --- | |  | |
| 13 | Have you within a period of five years preceding the date of application been adversely listed on a Credit Bureau (whether in Namibia or elsewhere)? | |  | | --- | |  | | |  | | --- | |  | |
| 14 | Have you previously been appointed as a Principal Officer or Director in the financial services industry? If yes, provide more information, i.e. duration, which company, etc. | |  | | --- | |  | | |  | | --- | |  | |
| 15 | Are you involved in other corporate entities as a Director, Shareholder, Member, Trustee, etc.? If yes, provide more information, i.e. duration, with company, etc. | |  | | --- | |  | | |  | | --- | |  | |
| 16 | Has any corporate entity in respect of which you are or were a Member, Shareholder, Director, Trustee or officer ever been convicted of an offence or found to be liable under the Financial Intelligence Act, 2012 (Act No. 13 of 2012), and/or the Prevention of Organized Crime Act, 2004 (Act No. 29 of 2004) and/or the Prevention and Combating of Terrorist and Proliferation Activities Act, 2014 (Act No 4 of 2014) and/or any other similar Acts describing similar offences and/or liability in any country? | |  | | --- | |  | | |  | | --- | |  | |
| 17 | Do you have any additional information, which should be brought to NAMFISA’s attention, which may have an impact on the evaluation by NAMFISA of your good character and integrity? | |  | | --- | |  | | |  | | --- | |  | |

**SECTION 2:** **COMPETENCE**

**TRAINING / CERTIFICATION** (complete table)

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Institution** | **Date obtained** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 3: EMPLOYMENT HISTORY AND EXPERIENCE** (complete table in full)

Relevant employment history and/or experience in the industry: (To be supported with proof of relevant experience, including but not limited to reference letters from previous employers or clients or certificates of service from previous employers. Enclose detailed Curriculum Vitae (CV) of the key responsible person.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Position held** | **Employer** | **Contact Details** | **Period** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DECLARATION BY THE KEY RESPONSIBLE PERSON**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full names) hereby declare under oath/affirm as follows:

The content of this statement is true and correct to the best of my knowledge and belief.

I undertake that, as long as I continue to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state designation), of the applicant, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Registrar in this statement as soon as possible, but in any event no later than 30 days from the day that the changes come to my attention.

I know and understand the content of this declaration. I do not have objections to taking the prescribed oath/affirmation. I consider the prescribed oath/affirmation to be binding on my conscience.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF DEPONENT**

I hereby declare that the deponent has sworn/affirmed to and signed this statement in my presence at \_\_\_\_\_\_\_ on the day of 20\_\_\_\_ , and he/she declared/affirmed as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath/affirmation; and that he/she regards the oath/affirmation as binding on his/her conscience.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF COMMISSIONER OF OATHS**

FULL NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPACITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_