

PERSONAL DECLARATION

Instructions:

This Personal Declaration is to be completed by each Director, Officer and Substantial Shareholder of the person/business which is applying to be licensed to provide a Payment Service.

General Information					
1.	Name of Applicant to which this Personal Declaration applies:				
2.	You are completing this Personal Declaration as:				
	(a) Director (b) Officer (c) Substantial Shareholder				
	Note: (c) applies to natural persons				
3.	Name:				
4.	Other names by which known:				
5.	Sex: (a) Male (b) Female				
6.	Identification Number(s):				
	(a) Passport				
	(b) Social Security Card				
7.	Date of Birth (dd/mm/yy):				
8.	Place of Birth:				
9.	Nationality(ies):				
10.	Country(ies) of Previous Nationality:				
11.	Country of Permanent Residence:				
12.	Country(ies) of Previous Permanent Residence:				

Note: Please respond to all questions and initial each page. No item must be left unanswered. Where a response is not applicable, kindly insert "N/A". The application process cannot be finalized until the form is properly completed and all relevant documents have been submitted and accepted by the Central Bank.

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13.	Contact Details:					
	(a)	(a) Address (for correspondence):				
	(b)	Telephone	e Nos:	(B)	(M)	
	(c)	E-mail:				
Emplo	yment	t				
14.	Emp	loyment Reco	ord:			
	List	all occupation	ns and emplo	yment during t	he last ten (10) years:	
	Period of Employer (Name and Address)				Position/ Duties	
	Please indicate YES/NO to each of the following Questions and parts thereof (Questions 16 to 20). If your answer is YES to any Question, please provide details. If, there is no space or space is insufficient please provide details in a separate document (to be attached to and form part of this Personal Declaration) YES/NO				re is no space or space is insufficient	
15.	 Have you, or any body corporate, partnership or unincorporated institution to which you are, or have been associated with as a director/ manager or company secretary ever: (a) applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on payment service activities, operate a payment, clearing or settlement systems, banking, investment business or other financial services activity? 					
	(b) been the subject of an investigation by a governmental, professional or other regulatory body?					
	(c)	had its licen	ce/authorisa	tion revoked?		

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Other Information 16. Have you ever at any time been convicted of any crime or offence by any (a) court in any country, including civil or military? been charged with any offence that is currently awaiting (b) legal action(s)? been subject to a disciplinary enquiry? (c) been censured, disciplined or criticised by any professional (d) body to which you belong or have belonged? been suspended from any office, or asked to resign? (e) been dismissed from any office or employment or barred (f) from entry to any profession or occupation? been disqualified from acting as a director of a company or (g) from acting in the management or conducts of the affairs of any company, partnership or unincorporated association? (h) been adjudicated bankrupt by a court in any jurisdiction? (i) at any time been declared bankrupt and/or have any money judgments been made against you which have not been satisfied in full? in connection with the formation, management or (i) ownership of a substantial interest in any body corporate, partnership or unincorporated institution been adjudged by a

court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or

towards any member thereof?

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17.	Has any body corporate, partnership or unincorporated institution with which you were associated as a director/ manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors 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?	
18.	In carrying out your duties will you be acting on the directions or instructions of any other person(s)? If YES, give full particulars here:	
19.	Are you a director, manager or company secretary of any corporate body? If YES, give full particulars here: Name of corporate body: Country(ies) in which registered: Your position/ capacity:	

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DECLARATION

I certify that the above information and the information contained in any attachment hereto **is true complete and correct to the best of my knowledge and belief** and I **undertake** that, as long as I continue to be a director of an institution/ holder of substantial interest under the National Payment System Act, 2017, I will **notify the Central Bank** of any material changes affecting the truth, accuracy and completeness of this Personal Declaration within a reasonable period of time.

I fully understand that false or fraudulent statement, other material irregularities or failure to disclose accurate information may render the application liable to be refused. If such irregularities are discovered subsequent to the issuance of the licence, the Central Bank may revoke or vary the terms and conditions of the licence.

I understand and accept that the Central Bank may wish to make enquiries, both now and on a continuing basis, to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorise the Central Bank to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal Declaration, or in other documents submitted as part of this application, for the purpose of performing its due diligence and background checks.

I further **authorise any person, body or institution** (including the Police), which the Central Bank may approach, to provide such information as the Central Bank believes may be relevant to its assessment.

I understand that the results of these checks may be disclosed to the institution/person that is the subject of the application.

Signature of Declarant:		
Date (dd/mm/yyyy):		

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