

CO-OPERATIVE SOCIETIES ACT, CHAPTER 451

FORM 4

(regulations 20 (2) & 32 (3))

PERSONAL DECLARATION BY MANAGEMENT OFFICIAL

Please forward this form once completed with any supporting material to the **Office of the Financial Services Authority**:

LEGAL NAME OF REGULATOR:	
ADDRESS:	COUNTRY:
EMAIL:	WEBSITE:
TEL:	FAX:
TEL:	MOBILE:

SECTION I. INSTRUCTIONS FOR COMPLETING FORM 4 of SCHEDULE 1: PERSONAL DECLARATION BY DIRECTOR, COMMITTEE MEMBER, MANAGER OR OTHER OFFICER OF A CREDIT UNION.

1. This form must be completed by directors, committee members, managerial staff and other staff holding significant positions of power and responsibility for the activities of the credit union under the Co-operative Societies Act Chapter 451.
2. This application must be submitted with all supporting documentation listed at the end of the form and may be downloaded from the Authority's website and completed online or printed and completed with the use of a word processor or by hand in **BLACK INK** and **BLOCK CAPITALS**.
3. Any information provided on additional sheets must be signed and dated.
4. Where there is a question which is not applicable, please write "N/A" beside the question.
5. All dates must be completed in the format: Day/Month/Year.
6. Questions left unanswered or which do not disclose all information will affect the Registrar's assessment and will significantly delay processing the document, which may be considered "incomplete".

- 7. In accordance with section 53 of the Act, only an individual can be a director, officer or manager of a registered co-operative society.
- 8. In keeping with regulations 20, 32 and 34, therefore, this form places the burden on the incumbent official to knowingly attest to their own fitness and probity to become or to remain a trusted official of a credit union.
- 9. In accordance with sections 53 and 226 of the Act, a person commits an offence if the person makes any representation that proves to be false or if the person fails to notify the Registrar accurately or on time.

1. **Date of Application:**

2. **In connection with the co-operative society named below, I hereby make representation and supply information about myself as hereafter set forth.**

Name of Co-operative society:

SECTION II. DECLARANT'S CONTACT INFORMATION

3. Declarant's Legal Name & Aliases: Copy of 2 valid identification documents with photo attached.

Home Number:	<input style="width: 100%; height: 15px;" type="text"/>	Mobile Number:	<input style="width: 100%; height: 15px;" type="text"/>
E-mail Address:	<input style="width: 100%; height: 15px;" type="text"/>	Work Number:	<input style="width: 100%; height: 15px;" type="text"/>
Work Address:	<input style="width: 100%; height: 15px;" type="text"/>	Occupation:	<input style="width: 100%; height: 15px;" type="text"/>

SECTION III. DECLARANT'S PARTICULARS

4. Have you ever had your name changed?	<input type="checkbox"/> Yes (Give reason for the change)	<input type="checkbox"/> No

5. **Previous names used:**

6. Date of change: Place of change:

7. Gender Male Female

8. Date of birth: Place of birth:

9. Civil Status: NIS # National ID# Passport Biological Page attached

10. Marital Status: Single Married Separated Divorced

11. List your residence for the last five (5) years (including current address):		<input type="checkbox"/> Proof of current address attached			
Address (1):	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Address (2):	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Address (3):	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>

SECTION IV. RELATIONSHIP WITH CO-OPERATIVE SOCIETY

12. Indicate below your relationship with the co-operative society (more than one item may be selected).

Director Committee Member Manager or a Senior Executive Officer

13. When were you elected /appointed to the current position: Date Month Year

SECTION V. EDUCATION/PROFESSIONAL DESIGNATION/EMPLOYMENT

14. Education: Name of Institution, Address, Degree, Diploma (e.g. AA, BA, MBA, LLB, CAT, CAMS, ACCA, CMA, CPA, CGA - CFA;) & Dates awarded; (Qualifications attached - academic & professional)

Institution (1):			
Address :			
Business Number:		E-mail Address:	
Certificate/Degree Awarded:		Date Awarded:	

Institution (2):			
Address :			
Business Number:		E-mail Address:	
Certificate/Degree Awarded:		Date Awarded:	

Institution (3):			
Address :			
Business Number:		E-mail Address:	
Certificate/Degree Awarded:		Date Awarded:	

Institution (4):			
Address :			
Business Number:		E-mail Address:	
Certificate/Degree Awarded:		Date Obtained:	

15. List membership in professional societies and associations (e.g. Carib DE Network):

(Membership Info attached)

Institution (1):				
Address :				
Business Number:		E-mail Address:		
Membership Number/Year:		Membership Status:		

Institution (2):				
Address :				
Business Number:		E-mail Address:		
Membership Number/Year:		Membership Status:		

16. During the last ten (10) years, have you ever been refused entry to a profession or vocation? Or has any such business or trade licence held by you ever been suspended or revoked?

<input type="checkbox"/> Yes (Give details)	<input type="checkbox"/> No
---	-----------------------------

17. Name of last or current employer:

<input type="checkbox"/> (Resumé attached)	<input type="checkbox"/> (Employment Reference attached)
--	--

Employer Name:				
Address :				
Contact Person:		E-mail Address:		
Business Number:		Fax Number:		
Title/Position:		Type of Business:		
Employed From:		Employed To:		

Reason for Leaving:	<input type="checkbox"/> Resignation	<input type="checkbox"/> End of Contract	<input type="checkbox"/> Retirement	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Other
---------------------	--------------------------------------	--	-------------------------------------	------------------------------------	--------------------------------

18. Have you ever been suspended, asked to resign or dismissed from any office of employment or barred from entry to any profession or occupation?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

--

SECTION VI. RELATED OR OTHER INTERESTS

19. Are you a director or part of the management of any company, partnership, corporate body, co-operative or any other business organisation engaged in deposit taking and/or other financial services?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

--

20. Have you been a director or part of the management of a deposit taking institution, credit institution, other financial service provider, other company or corporation other than those stated in the previous question?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

--

21. Have you ever been a director, officer, trustee, investment committee member, key employee or controlling stockholder of any local, regional or international financial service entity and while you occupied any position or capacity with it:		
a) it has experienced suspension of the board of directors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) it has been placed under administrative supervision or in receivership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) it has been placed in liquidation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) it has entered into a composition with its creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) its business had been adjudged to have been conducted imprudently or fraudulently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) it failed to meet the solvency requirements prescribed by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) it has been wound up by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. Have you ever been a director or been directly involved in the management or conduct of affairs of any co-operative society which has gone into liquidation, whilst you were, or within one year of your being a director, or so concerned?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

SECTION VII. REPUTATION AND CHARACTER

<input type="checkbox"/> (Police Certificate attached)	<input type="checkbox"/>
	<input type="checkbox"/>

23. Are any criminal charges pending against you? Yes (give details) No

--

24. Are you the subject of any regulatory investigation, current or pending?

Yes (give details)

No

--

25. Has there been any adverse finding or settlement against you in civil proceedings?

Yes (give details)

No

--

26. Have you ever been charged or convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction in respect of any felony, or a misdemeanour involving embezzlement, theft, larceny or fraud, or a violation or any corporate securities statute or any international financial services statutes, money laundering statutes? Or have you been the subject of any disciplinary proceeding of any governmental or state regulatory agency?

Yes (give details)

No

--

27. Have you ever been disqualified or suspended from serving as a director, committee member or employee in the formation or management of a co-operative society, a building society, a registered company or an NGO?

Yes (give details)

No

--

28. Have you in the connection with the formation or management of a 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 members thereof?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

--

SECTION VIII. OWNERSHIP INFORMATION

29. Shares owned in the credit union:

Number:	Value: \$
---------	-----------

30. Percentage (%) of ownership in the credit union:

--

31. Are any of your shares in the co-operative pledged or mortgaged in any way?

<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
---	-----------------------------

--

32. Do you (in your capacity or through any entity controlled by you) have outstanding debt of any amount ninety (90) or more days in arrears?

		<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No				
Form:		Amount:		Source:		Maturity Date:	

33. Have you ever i) been adjudged by a court, ii) had your estate sequestrated, iii) entered into any compromise with creditors, iv) had a receiving order placed against you, v) or been the subject of bankruptcy proceedings? Or are you aware of any such proceedings current or pending?

		<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No

SECTION IX. DECLARATION

DECLARATION: This declaration must be signed by the Declarant.

Declarant's Full Legal Name:	
------------------------------	--

Declarant's Proposed Title/Position in the credit union:	
--	--

Signature:	Date:
------------	-------

NOTARY PUBLIC DETAILS:

The above person appeared before me and is personally known to me, being duly sworn, and executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn before me this day of Year

(Notary Public or Public Commissioner for Oaths for documents executed in the jurisdiction)

SECTION X. DOCUMENTATION CHECKLIST WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Identification	Provide one (1) certified copy of either: your social security card, driver's licence, voter's registration card or other accepted but valid form of identification, with photograph.	<input type="checkbox"/>
2. Citizenship	Attach a certified copy of the biographical passport page from your passport. The document must show the page with the photograph of the incumbent and must be certified by a suitable certifier, who has known the incumbent for at least two (2) years.	<input type="checkbox"/>
3. Residential Address	Provide proof of residential address by providing a certified copy of a current utility bill or other such proof of residential address.	<input type="checkbox"/>
4. Academic Qualifications	Certified proof of stated higher academic qualifications such as copies of Masters, Bachelors degree, etc.	<input type="checkbox"/>

5. Professional Qualifications	Certified proof of stated professional qualifications e.g. CAMS, CFE, CPA, ACCA, CGA, CPE, CFA etc.	<input type="checkbox"/>
6. Membership Information	Certified proof of stated membership to professional bodies.	<input type="checkbox"/>
7. Curriculum Vitae	A concise and up-to-date Biographical Resumé listing current and previous employment history, organisational/community services and educational information (max 2 pages).	<input type="checkbox"/>

SECTION XI. ADMINISTRATION - FOR REGISTRAR OFFICE USE ONLY

Received by (employee's name):		Date:	
---------------------------------------	--	--------------	--

Decision taken by the Authority:	Date:
---	--------------