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**PERSONAL QUESTIONNAIRE FOR CASP BENEFICIARIES**

**NATURAL PERSONS**

**Name: «…..……………………………..»**

**Capacity: «…..……………………………..»**

**Name of applicant: «…..……………………………..»**

**Purpose of this form**

This form should be completed individually by all natural persons who qualify as CASP beneficiaries under the Prevention and Suppression of Money Laundering and Terrorist Financing Law (the “AML/CFT Law”).

GENERAL INSTRUCTIONS:

1. This questionnaire should be completed individually by all natural persons that qualify as CASP beneficiaries under the AML/CFT Law and shall accompany s the application form (Form 188-01).
2. This questionnaire must be completed electronically.
3. The questions should remain unaltered and the answers must be provided below each question or in the designated section.
4. All questions applicable to the case of the applicant should be duly completed, or, if they are not applicable state “N/A”. Incomplete applications will be returned.
5. This questionnaire should be accompanied by the documents stated in Part G.
6. Where there are no competent authorities for the issue of certificates, attach equivalent documents from an independent and reliable source.
7. When completing the questionnaire, information which is publicly available or has previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
8. Where applicants are required to “confirm”, a tick (**✓**) or an (x) placed in the relevant box will be considered as confirmation.
9. If insufficient space has been provided for a reply, please provide that information on a separate sheet/document and refer to it in the space provided for the answer. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant entity and reference the appropriate question.
10. Terms not otherwise defined shall have the meaning ascribed to them in the AML/CFT Law and/or in the CySEC Directive for the Prevention and Suppression of Money Laundering and Terrorist Financing (Register of Crypto Asset Services Providers) of 2021 (the “CASP Registration Directive” or the “Directive”) and/or in Policy Statement on the Registration and Operations of Crypto Asset Services providers (“PS-01-2021”).
11. The Commission reserves the right to request additional information during the assessment process.
12. PERSONAL **DETAILS**

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|  | **Name:** |  |
|  | **Surname:** |  |
|  | **Date of birth:** |  |
|  | **Place of birth (City and Country):** |  |
|  | **Nationality:** |  |
|  | **Personal national identification number/Passport number:** |  |
|  | **Issuing country of national identification number/passport number:** |  |
|  | **Date of expiry of current passport:** |  |
|  | **Social insurance number:** |  |
|  | **Address:** |  |
|  | **Contact telephone number:** |  |
|  | **Fax number (if available):** |  |
|  | **Countries of residence for the past five years and dates of residence in each country:** |  |
|  | **Electronic mail address:** |  |

1. EDUCATION AND PROFESSIONAL EXPERIENCE

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| 1. Please provide details of your academic qualifications (education and professional training) starting with the most recent. | | | | | | | | |
| Name of institution (country) | | | Time period (MM/YYYY) | | | | Qualification obtained | |
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| 1. Please state below any professional qualifications (e.g. membership in professional bodies). | | | | | | | | |
| Type of membership | Name of professional body | | | Membership number (if applicable) | | | Membership start date | |
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| 1. Please state below any other relevant qualifications (including any relevant training). | | | | | | | | |
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| 1. Languages - Please state the level of proficiency for each language stated below on a scale from 1-5 (1-excellent, 5 basic). | | | | | | | | |
| Language | | Reading | | | Writing | | | Speaking |
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| 1. Please provide details of your employment experience for any positions held within the last 10 years and any relevant employment outside the 10 years starting with the most recent employment (including current employment, participations in any boards of directors, as well as the periods of unemployment): | | | | | | | | |
| **Full Name of employer** | Time period (MM/YYYY) | | Principal activities of the employer | Position held | Nature and duration of performed functions/responsibilities**[[1]](#footnote-1)** | Supervisory authority (if applicable) | Reason for departure from employer | Contact details of the employer (address, telephone number and email) |
| Start date | End date |
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| 1. Please explain any gap in employment history stated above exceeding 12 weeks within the last 10 years. | | | | |
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| 1. Please state any professional activities or other relevant functions currently performed (also list in the table provided below all executive and non-executive directorships you are currently holding.) | | | | |
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| No. | Position | Legal name of entity | Type of entity and principal activities | Date of appointment |
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1. **MORALS AND COMPETENCE**

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| 1. Have you ever been assessed by the Commission in the context of another application? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below, including the name of the applicant/regulated entity, your capacity in the application, the date of application, the type of regulated entity and the decision of the Commission. | | | | | | |
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| 1. Have you ever been assessed and approved by any other financial services regulator in any jurisdiction? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide the information below: | | | | | | |
| Name of regulator and jurisdiction | Date of approval  (MM/YYYY) | | Name of company | Approved function/capacity | | Reference number if applicable |
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| 1. Have you, an associate of yours or any undertaking directed or controlled by you or an associate of yours been involved in any criminal investigations or proceedings, relevant civil and administrative cases, or disciplinary actions, including disqualification as a company director or restriction from acting in any managerial capacity or bankruptcy, insolvency or similar procedures by you within the last ten years? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide further information below: | | | | | | |
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| 1. Are there any open investigations, enforcement proceedings, sanctions, or other enforcement decisions within the last ten years against you or any undertaking directed or controlled by you? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide further information below and/or attach a relevant declaration of honor. | | | | | | |
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| 1. Have you or any undertaking directed or controlled by you received a negative reply concerning the registration, authorisation, membership or license to carry out a trade, business or profession in and/or outside the Republic (including from any other financial services regulator) by you within the last ten years? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below, including reference to the competent authority or professional body and association. | | | | | | |
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| 1. Has any of your registration, authorisation, membership or license to carry out a trade, business or profession ever been withdrawn, revoked or terminated in and/or outside the Republic within the last 10 years? Has any of the aforementioned happened to any undertaking directed or controlled by you within the last ten years? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below (including any pending cases). | | | | | | |
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| 1. Have you ever been expulsed by a regulatory or government body or by a professional body or association within the last ten years? Has any of the aforementioned happened to any undertaking directed or controlled by you within the last ten years? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below. | | | | | | |
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| 1. **Have you ever been dismissed** **or asked to resign, or agreed to resign instead of being dismissed, or resigned whilst under investigation, for reasons pertaining to the exercise of the duties assigned to you or removed from employment or a position of trust, fiduciary relationship, administrative responsibility in an undertaking or organisation, whether or not remunerated (of public or private law), or similar situation** within the last 10 years**?** | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below, including **whether the above were due to a court ruling or an administrative decision, in and/or outside the Republic.** | | | | | | |
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| 1. **Is there anything relevant that you would like to state that could affect either positively or negatively the forming of an opinion on your morals, integrity, credibility and/or financial soundness?** | | | | | | |
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1. BUSINESS ACTIVITIES AND FINANCIAL POSITION

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| 1. Provide below a description of your business activities. |
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| 1. Provide information regarding your current financial position, including details concerning sources of revenues, assets and liabilities, pledges and guarantees, granted or received. |
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| 1. Provide financial information, including credit ratings and publicly available reports on the undertakings controlled or directed by you, as well as yourself. |
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1. FINANCIAL**[[2]](#footnote-2)** AND NON-FINANCIAL INTERESTS**[[3]](#footnote-3)** AND CONFLICTS OF INTEREST

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| 1. **State any financial and non-financial interests or relationships that you have with any other current CASP Beneficiary of the applicant.** | | |
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| 1. **State any financial and non-financial interests or relationships that you have with any person entitled to exercise voting rights of the applicant in any of the following cases or a combination of them:** | | |
| **2.1** | **voting rights held by a third party with whom that person or entity has concluded an agreement, which obliges them to adopt, by concerted exercise of the voting rights they hold, a lasting common policy towards the management of the applicant in question.** |  |
| **2.2** | **voting rights held by a third party under an agreement concluded with that person or entity providing for the temporary transfer for consideration of the voting rights in question.** |  |
| **2.3** | **voting rights attaching to shares which are lodged as collateral with that person or entity, provided the person or entity controls the voting rights and declares its intention of exercising them.** |  |
| **2.4** | **voting rights attaching to shares in which that person or entity has a life interest.** |  |
| **2.5** | **voting rights which are held, or may be exercised within the meaning of 2.1-2.4 above, by an undertaking controlled by that person or entity.** |  |
| **2.6** | **voting rights attaching to shares deposited with that person or entity which the person or entity can exercise at its discretion in the absence of specific instructions from the shareholders.** |  |
| **2.7** | **voting rights held by a third party in its own name on behalf of that person or entity.** |  |
| **2.8** | **voting rights which that person or entity may exercise as a proxy where the person or entity can exercise the voting rights at its discretion in the absence of specific instructions from the shareholders.** |  |
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| 1. **State any financial and non-financial interests or relationships that you have with any member of the board of directors of the applicant.** | | |
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| 1. **State any financial and non-financial interests or relationships that you have with any person holding a management position, including any member of the senior management of the applicant.** | | |
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| 1. **State any financial and non-financial interests or relationships that you have with the applicant itself and its group.** | | |
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| 1. **Provide information on any other of your interests or activities that may be in conflict with those of the applicant and possible solutions for managing those conflicts of interest.** | | |
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1. **CONFIRMATION STATEMENT**

**I hereby responsibly declare and confirm, having full knowledge of the consequences of the Cyprus Securities and Exchange Commission Law (the “CySEC Law”), that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this questionnaire, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **I hereby confirm that I shall comply will the relevant requirements and obligations arising from the Law and any secondary legislation pursuant to it.**
3. **I will notify the Commission, in writing, immediately where, in the period between the submission of this questionnaire and the Commission’s decision, a change takes place in the information or and details and documents submitted with the questionnaire.**
4. **I shall notify the Commission, in writing and without undue delay, of any new details regarding my person, that could affect the sound and prudent management of the applicant.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law.**

**By this statement and in full comprehension of its contents, I give my express consent for the processing of my personal data, sensitive and not, in accordance with relevant EU and National legislation.**

**In accordance with section 41 of the CySEC Law, I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence**

**Signature ......................................................**

**Full name ......................................................**

**Date ......................................................**

1. **STATEMENT OF THE ACCOMPANYING DETAILS/DOCUMENTS**

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| **Details/Documents** | **Number of Appendix** | **Submitted (X)/Not applicable (N/A)** | **For official use only** |
| Document evidencing that the individual is a CASP Beneficiary to the applicant (e.g. extract of the Register of Members) | **1** |  |  |
| Certified true copy of the identification card or passport. | **2** |  |  |
| Certified true copies of certificates of academic and professional qualifications. | **3** |  |  |
| Certificate of non-bankruptcy from the competent authorities of the country of residence of the persons. If, for the last five years, you have resided outside the Republic, attach certificates of non-bankruptcy from all the competent authorities of the country in which you resided. | **4** |  |  |
| Certificate of a criminal record from the competent authorities of the country of residence of the persons. If, for the last five years, you have resided outside the Republic, attach certificates of criminal record(s) from all the competent authorities of the country in which you resided. | **5** |  |  |
| A declaration of honor in relation to any open investigations, enforcement proceedings, sanctions, or other enforcement decisions against you. | **6** |  |  |
| Evidence of the outcome of any assessment of reputation that was conducted by another supervisory authority | **7** |  |  |
| Official certificates (if and so far as it is available from the relevant Member State or third country) or through another equivalent document in relation to any criminal investigations and proceedings relevant civil and administrative cases, and disciplinary actions opened against you stated in part C above. For any ongoing investigations stated above, the information may be provided through a declaration of honor. | **8** |  |  |

1. In particular, please state any activities within the scope of the position sought in the applicant. Please provide details on all delegated powers and internal decision-making powers held and the areas of operations under control. [↑](#footnote-ref-1)
2. Financial interests include interests such as credit operations, guarantees and pledges. [↑](#footnote-ref-2)
3. Non-financial interests may include interests such as family or close relationships. [↑](#footnote-ref-3)