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**PERSONAL QUESTIONNAIRE**

**OF THE MEMBERS OF THE MANAGEMENT BODY AND HOLDERS OF INTERNAL CONTROL FUNCTIONS**

**Name: «…..……………………………..»**

**Capacity: «…..……………………………..»**

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

**Purpose of this form**

This form should be completed individually by all natural persons who are members of the management or supervisory body and by all natural persons who effectively direct the business listed in section Ε1, E4 and E5 of Annex Ε of the Application form for granting authorisation as a Crowdfunding Service Provider (Form 73-00-01).

GENERAL INSTRUCTIONS:

1. This questionnaire should be completed individually by all the members of the Board of Directors which includes the persons effectively directing the business,.
2. This questionnaire (except part *C. Morals and Competence*) should also be completed individually by the holders of the internal control functions.
3. This questionnaire must be completed in electronic form. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (“the Commission”) at the address [www.cysec.gov.cy](http://www.cysec.gov.cy).
4. The questions should remain unaltered and the answers must be provided below each question or in the designated section.
5. All questions applicable to the case of the applicant should be duly completed, or, if they are not applicable state “N/A”. The information in Section D is not compulsory. Incomplete applications will be returned.
6. This questionnaire should be accompanied by the documents stated in Part G.
7. Where there are no competent authorities for the issue of certificates, attach equivalent documents from an independent and reliable source.
8. 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.
9. Where applicants are required to “confirm”, a tick (**✓**) or an (x) placed in the relevant box will be taken as confirmation.
10. 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 organisation and reference the appropriate question.
11. This questionnaire accompanies the application form for granting authorisation as a Crowdfunding Service Provider (Form 73-00-01).
12. The Commission retains the right to request additional information during the assessment process.
13. 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:** |  |
|  | **Postal 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:** |  |
|  | **Position in the Applicant:[[1]](#footnote-1)** |  |
|  | **Date of suggested appointment:** |  |

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 qualifications related to the nature of the duties assigned to you by the Applicant (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 state whether you are registered in the public register maintained by the Cyprus Securities and Exchange Commission. | | | | | | | | | |
| Yes |  | | | | |  | | | |
| No |  | | | | |  | | | |
| If yes, please state below the date of registration in the relevant certification register as well as your certification number.  **If no, please state whether you intend to take the certification exams and when.** | | | | | | | | | |
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| 1. Please state whether you are currently employed. | | | | | | | | | |
| Yes |  | | | |  | | | | |
| No |  | | | |  | | | | |
| If yes, please state below whether you intend to resign from your current employment. | | | | | | | | | |
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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**[[2]](#footnote-2)** | | 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. List all executive and non-executive directorships you are currently holding. | | | | | | | | | | | | | |
| No. | Position | | | Legal name of entity | | | Type of entity and principal activities | | Date of appointment | | | Intention to resign once appointed to the Applicant. | |
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| 10. | Time Commitment in the Applicant**[[3]](#footnote-3)** | | | | | | | | | | | | |
|  | Monthly: | | | | | | | | | | |  | |
|  | Annually: | | | | | | | | | | | | |

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, 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 (or you are under assessment) by any other competent authority or any other financial services regulator in any jurisdiction? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide the information below: | | | | | | |
| Name of regulator and jurisdiction | Date of assessment  (MM/YYYY) | | Name of company | Outcome of the assessment & Function/capacity | | Reference number if applicable |
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| 1. Have you ever 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 a negative reply from any other financial services regulator)? | | | | | | |
| 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 been withdrawn, revoked or terminated in and/or outside the Republic? | | | | | | |
| 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 or have you ever been disqualified or restricted from acting as a director or from acting in any managerial capacity in any jurisdiction? | | | | | | |
| 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 concerning the management of funds or similar fiduciary relationships,?** | | | | | | |
| 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. Have you been involved in any criminal investigations or proceedings, relevant civil and administrative cases, in respect of infringements of national rules in the fields of commercial law, insolvency law, financial services law, anti-money laundering law, fraud law or professional liability obligations? | | | | | | |
| Yes | |  | | |  | |
| No | |  | | |  | |
| If yes, please provide more information below. For ongoing investigations or proceedings, the information may be provided through a declaration of honour. | | | | | | |
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1. FINANCIAL**[[4]](#footnote-4)** AND NON-FINANCIAL INTERESTS**[[5]](#footnote-5)** AND CONFLICTS OF INTEREST**[[6]](#footnote-6)**

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| --- | --- | --- |
| 1. **State any financial and non-financial interests or relationships that you have to the members of the board of directors and internal control functions holders in the Applicant, the parent institution and subsidiaries and shareholders.** | | |
| 1. Do you have or will you have any shareholding in the Applicant or any company which is part of the same group? | | |
| Yes |  |  |
| No |  |  |
| If yes, please provide more information below. | | |
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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.** | | |

1. REFERENCES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **State any persons who, from personal experience, may provide information on your experience, reputation and character.** | | | | | | |
| **No.** | **Name** | **Contact telephone number** | | **Correspondence addresses** | **Email** | |
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| 1. **Do you grant the Commission the permission to liaise with the aforementioned persons in respect of this application?** | | | | | | |
| **Yes** | | |  | | |  |
| **No** | | |  | | |  |
| **If no, please provide more information below.** | | | | | | |
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1. **CONFIRMATION STATEMENT**

**I hereby responsibly declare and confirm, having full knowledge of the consequences of the 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 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 the Processing of Personal Data (Protection of Individuals) Law of 2001, as amended from time to time by national and/or European legislation.**

**In accordance with sections 37, 41 and 42 of the Cyprus Securities and Exchange Commission** **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details/Documents** | **Number of Appendix** | **Submitted (X)/Not applicable (N/A)** | **For official use only** |
| Certified true copy of the identification card or passport | **1** |  |  |
| Certified true copies of certificates of academic and professional qualifications | **2** |  |  |
| 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 | **3** |  |  |
| 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 | **4** |  |  |
| 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 or proceedings stated above, the information may be provided through a declaration of honour | **5** |  |  |
| A declaration of honour stating that there are no criminal investigations and proceedings, relevant civil and administrative cases, and disciplinary actions opened against the person in question (including disqualification as a company director, bankruptcy, insolvency and similar procedures), and no ongoing investigations | **6** |  |  |
| Letters of recommendation regarding your personal reputation and experience (if applicable) | **7** |  |  |

1. In case the position you hold (or intend to hold) is that of the member of the board of directors, clarify whether you shall be an executive director, or non-executive director, or independent non-executive director. [↑](#footnote-ref-1)
2. For positions held in the previous 10 years, when describing those activities, please provide details on all delegated powers and internal decision-making powers held and the areas of operations under control. [↑](#footnote-ref-2)
3. Provide information on the minimum time that will be devoted to the performance of your duties in the Applicant, considering:

   1. the number of directorships in other companies held by you at the same time
   2. the directorships in organizations which do not pursue predominantly commercial objectives held by you at the same time
   3. other external professional activities and any other functions and relevant activities, both within and outside the financial sector

   [↑](#footnote-ref-3)
4. Financial interests include interests such as credit operations, guarantees and pledges. [↑](#footnote-ref-4)
5. Non-financial interests may include interests such as family or close relationships. [↑](#footnote-ref-5)
6. Refer to Article 8 of Regulation (EE) 2020/1503 regarding ‘Conflicts of interest’ [↑](#footnote-ref-6)