

**Curriculum Vitae of a tied agent (natural person) or the person responsible for the management of a tied agent or of a branch**

**Name of CIF: «…..……………………………»**

**CIF Authorisation number: «…………………………………»**

**Name of proposed person: «…………………………………»**

**Purpose of this form**

This form should be completed individually by all persons who will be responsible for the management of a tied agent or of a branch, which is referred to in Forms 87-00-06 and Forms 87-00-07.

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| 1. Full name of proposed person: | | | | | |  | | | | | | | | | | | | | | |
| 1. Identification number: | | | | | |  | | | | | | | | | | | | | | |
| 1. Postal address: | | | | | |  | | | | | | | | | | | | | | |
| 1. Telephone number: | | | | | |  | | | | | | | | | | | | | | |
| 1. Fax number (if available): | | | | | |  | | | | | | | | | | | | | | |
| 1. Email address: | | | | | |  | | | | | | | | | | | | | | |
| 1. Please provide details of any academic qualifications (education and professional training) starting with the most recent. | | | | | | | | | | | | | | | | | | | | |
| Name of institution (country) | | | | | | | | | Time period (MM/YYYY) | | | | | | | | Qualification obtained | | | |
| From | | | | | To | | |
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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. 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. 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 the professional 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[[1]](#footnote-1) | | | Position held | | | | | Nature and duration of performed functions/ responsibilities | | | | | Supervisory authority  (if applicable) | | |
| Start date | | End date | |
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| 1. Please state whether you have previously acted as a tied agent or **as a person responsible for the management of a tied agent or of a branch on behalf of a CIF or IF in the Republic or in another Member State.** | | | | | | | | | | | | | | | | | | | | |
| Yes |  | |  | |  | | | | |  | | | | |  | | | | |  |
| No |  | |  | |  | | | | |  | | | | |  | | | | |  |
| If yes, please state below the name of the CIF/IF as well as the relevant dates of such employment. | | | | | | | | | | | | | | | | | | | | |
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**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** |
| Certified true copy of the identification card or passport. | **1** |  |  |
| Certificate of non-bankruptcy from the competent authorities of the country of residence of person during the last five (5) years. If, for the last five years, the person has resided outside the Republic, attach certificates of non-bankruptcy from all the competent authorities of the countries of residence. | **2** |  |  |
| Certificate of a criminal record from the competent authorities of the country of residence of the person during the last five (5) years. If, for the last five years, the person has resided outside the Republic, attach certificates of criminal record(s) from all the competent authorities of the countries of residence. | **3** |  |  |

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)