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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms - Annex** |
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| **Annex AX26: Source of wealth and Source of funds self-declaration form** |
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| **High Level Guidelines** |
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| 1. **General**

This form, **Annex AX26: Source of wealth and Source of funds (“SOW/SOF”) self-declaration form**, shall be duly filled in by persons wishing to obtain authorisation from the MFSA to carry out financial services activities. This Annex shall be submitted as part of and when required with the relevant Personal Questionnaire (“PQ”) documents, as and when required This form primarily aims to capture relevant information in relation to the Applicant’s SOW/SOF. In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.The Applicant shall not tamper with, or modify in any manner, this form, or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the Applicant further information/ documentation.1. **Instructions**

In order for this Annex to be considered complete, the Applicant is required to complete all the relevant sections under this Form. 1. **Privacy Notice**

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Applicant/Authorised Person Details
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|  | **Applicant/Authorised Person– General and Identification Details**  |
| * + 1.
 | PQ Number | Enter text |  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Country of Residence | Select country |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |

| 1. Statement of wealth Please provide an estimated value of your assets and liabilities
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|  | **Assets**  |
|  |  | Aggregated value in Euro |
|  | Property | Enter text |
|  | Investments in financial instruments | Enter text |
|  | Investment in Insurance (endowment policy) and / or retirement plan | Enter text |
|  | Investment in Virtual Financial Assets | Enter text |
|  | Unquoted equities | Enter text |
|  | Cash/bank deposit | Enter text |
|  | Settlor/beneficiary in trust (To specify if discretionary) | Enter text |
|  | Others (please specify) |  |
|  | Enter text | Enter text |
|  | **Liabilities**  |
|  | Aggregated value in Euro |
|  | Mortgages |  |
|  | Enter text |  Enter text |
| *(Add multiple as applicable)* |
|  | Loan *(specify type)* |  |
|  | Enter text |  Enter text |
| *(Add multiple as applicable)* |

| 1. Origin of wealthFill in the appropriate source(s) and provide the required information. Documentary evidence may be required in some cases.
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|  | **Income and/or bonus amount**  |
|  | Employer’s name | Enter text |
|  | Employer’s address | Enter text |
|  | Number of years with Company | Enter text |
|  | Last year’s income and/or bonus amount | Enter text |
|  | Nature of company business | Enter text |
|  | **Investment income** |
|  | Description of investment | Estimated annual income in Euro |
|  | Enter text |  Enter text |
| *(Add multiple as applicable)* |
|  | **Shares or other investment holdings** |
|  | Description of shares/units/deposits (including entity name) | Value of shares/investments/holdings |
|  | Enter text |  Enter text |
| *(Add multiple as applicable)* |
|  | **Property sale**  |
|  | Details/address of property | Date of sale | Total sale amount (in EUR) |
|  | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Maturing investments or policy claim**  |
|  | Description of maturing investments | Date of maturity | Maturing proceeds |
|  | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Company sale** |
|  | Company name | Applicant’s share | Date of sale | Total amount |
|  | Enter text | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Inheritance**  |
|  | Details | Date received | Total amount |
|  | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Gift** (for amount superior to EUR 5,000) |
|  | Details | Relationship to applicant | Date received | Total amount |
|  | Enter text | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Lottery / Betting / Casino win** |
|  | Details of win | Details of organisation | Date of win | Total amount |
|  | Enter text | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Compensation payment** |
|  | Reason for payment | Date received | Total amount |
|  | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Corporate investments** |
|  | Nature of business | Details of turnover |
|  | Enter text | Enter text |
| *(Add multiple as applicable)* |
|  | **Retirement income and / or private pension** |
|  | Retirement date | Details of previous profession/occupation |
|  | Enter text | Enter text |
|  | Name of last employer or private pension provider | Address of last employer or private pension provider |
|  | Enter text | Enter text |
|  | Approximate figure of salary on retirement | Pension income |
|  | Enter text | Enter text |
|  | **Other monies** |
|  | Nature of source | From whom received | Date received | Total amount |
|  | Enter text | Enter text | Enter text | Enter text |
| *(Add multiple as applicable)* |

| 1. Countries
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|  | Countries List down the primary countries from which your wealth emanates from |
|  | Select country |
| *(Add multiple as applicable)* |

| 1. Source of fundsTo be filled only in case of capital contribution
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|  | Source of funds |
|  | Country of origin of funds | Select country |
|  | Financial institution name | Enter text |
|  | Account beneficial owner: |  Select item |
|  | In the case of different beneficial owner, please provide details below |
|  | Company name | Registration number | Country of incorporation | Nature of business |
|  | Enter text | Enter text | Enter text | Enter text |
|  | Individual name | ID number | Country of residence | Relation with applicant |
|  | Enter text | Enter text | Enter text | Enter text |

| 1. Declaration
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| I declare that the information provided on the origin of wealth is true and complete. I agree to provide the Malta Financial Services Authority (“MFSA”) with any further information or documentary evidence in respect of the information provided above upon request. I further agree to MFSA contacting any third party to obtain additional information on the origin of wealth/source of funds, if required.  |
|  | Name | Enter text |
|  | Date | Enter text |
|  | Signature |  |