

**MFSA**

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MALTA FINANCIAL SERVICES AUTHORITY

TEMPLATE OF THE  
**PERSONAL QUESTIONNAIRE**

# Section 1

<b>Section 1</b> Identification Details	<b>Section 2</b> The Purpose of this PQ	<b>Section 3</b> The Suitability Assessment	<b>Section 4</b> Additional Information	<b>Section 5</b> Attachments	<b>Section 6</b> Declaration
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Please fill Section 1 before filling any other sections.

### Entity Details

**Entity \***

**Sector \***

**Is the Entity already licensed by the MFSA? \***

Please provide the contact details of the person/s responsible on behalf of the Entity to provide its assessment in line with the Guidelines to the Personal Questionnaire. ⓘ

+ Add a Name

Firstname	Lastname	Email

### Identification Details

**Title \***

**Name \***

**Surname \***

Kindly indicate whether you have any previous name(s) by which you have been known. Please also include date and reason for change

+ Add any Previous Name

Name	Surname	Date of change	Reason For Change	Reason For Change (Only fill if Reason For Change is 'Other')

**Date of birth \***

**Place of birth \***

**Nationality \***

**Citizenship(s) \***

+ Add Citizenship

Citizenship	Acquisition Modes	Mode Of Acquisition (Only required if Acquisition Mode is 'Other')

Passport(s)/ID Details \*

+ Add ID/Passport Details

Document type	Passport/ID Number	Passport Country	Expiry date	
ID Card	000068M	MALTA	01/06/2029	<input type="button" value="Edit"/> <input type="button" value="X Delete"/>

Contact No. (including country code) \*

MALTA (+356)

Personal Email address \*

Current residential address(es) \*

+ Add Address Details

Address Line 1	Address Line 2	City	Postcode	Country	Start date of residence at this address
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Previous address(es) during the last ten (10) years

+ Add Previous Address Details

Address Line 1	Address Line 2	City	Postcode	Country	Start date of residence at this address	End date of residence at this address
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Bank Reference

Please provide the following details regarding your current banks, any active accounts (including those opened for citizenship purposes) and any former bank(s) which you have utilised as your banks (if applicable) during the past 10 years. In this respect, please complete Appendix 1 to this PQ **FOR EACH BANKER**, which authorises the bank(s) to disclose relevant information to the MFSA. Please attach the completed specimen authorisation letter, in **original** duplicate to this PQ.

Current bank(s) \*

+ Add a Current Bank

Bank	Address Line 1	Address Line 2	Postcode	City	Bank Country	Bank Sort Code	Contact person	Contact No
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Former bank(s) in the previous ten years

+ Add a Former Bank

Bank	Address Line 1	Address Line 2	Postcode	City	Bank Country	Bank Sort Code	Contact person	Contact No
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SAVE SECTION 1

## Section 2

<b>Section 1</b> Identification Details	<b>Section 2</b> The Purpose of this PQ	<b>Section 3</b> The Suitability Assessment	<b>Section 4</b> Additional Information	<b>Section 5</b> Attachments	<b>Section 6</b> Declaration
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### The Purpose of this PQ

Please specify the nature of employment arrangement.

Please select the proposed Position(s):

Actuary	<input type="checkbox"/>
Agents Register	<input type="checkbox"/>
Alternate Director	<input type="checkbox"/>
Any person exercising control over regulated entities through any other means	<input type="checkbox"/>
Beneficial Owner (in the case of unincorporated body)	<input type="checkbox"/>
Board Member responsible for the oversight of re/insurance distribution activities of an undertaking	<input type="checkbox"/>
Branch Manager/General Representative	<input type="checkbox"/>
• • • •	
Risk Manager	<input type="checkbox"/>
Senior Manager	<input checked="" type="checkbox"/>
VFA Agent	<input type="checkbox"/>
Other Position	<input type="checkbox"/>

**SAVE SECTION 2**

**Proposed Role Details (to be filled for each role)**

Add Proposed Role Details ✕

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Please provide details of the main duties, responsibilities in relation to your proposed position.

Please indicate the number of subordinates that you will have under your management. \*

Please state the number of hours per week which will be allocated to perform the proposed role. \*

In carrying out your duties will you be receiving any directions or instructions from any other person within the Entity. \*

Have you ever held the proposed role. \*

Please provide more details:

+ Add Proposed Role History

Company	Jurisdiction	Regulatory Authority	Period		Description of the role	Was your role within the Company approved by the Regulatory Authority?
			From	To		

Add Details
Close

*In the case the proposed position is that of Alternate Director, the below needs to be completed:*

Add Proposed Role Details ✕

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**Alternate Directors**

Please indicate which particular Director you shall be replacing

Please indicate whether you shall be replacing either Executive or Non-Executive Director in general

Terms of such appointment

Will you have the same voting rights as the Directors currently being replaced?

Add Details
Close

Section 3.1

- Section 1  
Identification Details
- Section 2  
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Declaration

The Applicant is expected to satisfy the fitness and properness assessment applied by the MFSA. The onus of proof of satisfaction of the suitability criteria lies with the Applicant and hence it is important that the Applicant provides the MFSA with clear and comprehensive information in relation to the basis on which the applicable suitability criteria are satisfied. For further information please refer to the 'Guidelines to the Personal Questionnaire'.

- Section 3.1
- Section 3.2
- Section 3.3
- Section 3.4

### Competence Assessment

**A. Educational Background**

Please list all the qualifications obtained in full. Kindly also attach a certified true copy of each qualification:

+ Add a Qualification

Educational Organisation										
Title of Qualification	Year Granted	Name of Organisation	Address Line 1	Address Line 2	Postcode	City	Country	Email	Contact No.	Contact person

Please list any previous and current **memberships/associateships/fellowships**:

+ Add a Membership / Associateship / Fellowship

Professional Body											
Type	Name of Professional Body	Members... Number	Address Line 1	Address Line 2	Postcode	City	Country	Email	Contact No.	Contact person	Year of admission

Please list any **training/courses/seminars** attended which is relevant to the proposed position. Kindly also attach a copy of the certificate of attendance:

+ Add a Training / Course / Seminar

Training Body												
Title of Training/Courses/...	Year Attended	Name of Organisation	Address Line 1	Address Line 2	PostCode	City	Country	Email	Contact No.	Contact person	Method of Assessment	Year of completion

Please list any other information supporting your competency in relation to the proposed role.

Prior the assumption of the proposed role, will you follow any specific training? No

**B. Employment Background \***

Please list your full employment history, starting with the most recent first.

+ Add Employment History

**Employer Details**

Name	Is Company still in operation?	Address Line 1	Address Line 2	PostCode	City	Country	Email	Contact No	Nature of business	Regulat
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Please explain any periods of unemployment exceeding three months within the last ten years

If you do not have relevant experience in relation to the proposed role, please list any potential compensation factors which you deem relevant:

SAVE SECTION 3.1

*The Instruments section will be required in Section 3.1 if the Entity Sector is Securities and the Positions selected are either of the following; Committee Member, Portfolio manager or Investment Advisor:*

**Instruments**

This section is to be completed by Applicants being proposed for any of the following role/s under the Investment Services Act. Please indicate the instruments in relation to which the selected activity will be provided:

	Tick as appropriate
1 Transferable Securities	<input type="checkbox"/>
2 Money Market Instruments	<input type="checkbox"/>
3 Units in collective investment schemes	<input type="checkbox"/>
4 Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivative instruments, financial indices or financial measures which may be settled physically or in cash.	<input type="checkbox"/>
5 Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event).	<input type="checkbox"/>
6 Options, futures, swaps, and any other derivative contracts relating to commodities, that can be physically settled provided that they are traded on a regulated market, within the meaning of the Financial Markets Act and, or a Multilateral Trading Facility within the meaning of Schedule 1 to the Act.	<input type="checkbox"/>
7 Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled not otherwise mentioned in point 6 above and not being for commercial purposes, which have the characteristics of other derivative financial instruments.	<input type="checkbox"/>
8 Derivative instruments for the transfer of credit risk	<input type="checkbox"/>
9 Rights under a contract for differences or under any other contract the purpose or intended purpose of which is to secure a profit or avoid a loss by reference to fluctuations in the value or price for property of any description or in an index or other factor designated for that purpose in the contract	<input type="checkbox"/>
10 Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event) as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Schedule, which have the characteristics of other derivative instruments, having regard to whether, inter alia, they are traded on a regulated market within the meaning of the Financial Markets Act or a Multilateral Trading Facility within the meaning of Schedule 1 to the Act, are cleared and settled through recognized clearing houses or are subject to regular margin calls	<input type="checkbox"/>
11 Foreign exchange acquired or held for investment purpose	<input type="checkbox"/>
12 Emission allowances, consisting of any units recognised for compliance with the requirements of Directive 2003/87/EC (Emissions Trading Scheme).	<input type="checkbox"/>
13 Other (please specify): <input type="text"/>	<input type="checkbox"/>

**The General Banking Experience section will be required if the Entity Sector is either Banking or Financial Institutions:**

General Banking Experience	
This section is to be completed by Applicants being proposed as Directors or proposed to undertake any Executive role within credit or financial institutions:	
General Banking experience	Assessment (high, medium-high, medium-low, low)
Financial markets	Low
Regulatory framework and requirements	Low
Strategic planning and understanding of a credit institution's business strategy or business plan and accomplishment thereof	Low
Risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of a credit institution, including the responsibilities of the member)	Low
Assessing the effectiveness of a credit institution's arrangements, creating effective governance, oversight and controls	Low
Interpreting a credit institution's financial information, identifying key issues based on this information and appropriate controls and measures.	Low



## Section 3.2

Section 1 Identification Details ✓	Section 2 The Purpose of this PQ ✓	Section 3 The Suitability Assessment	Section 4 Additional Information	Section 5 Attachments	Section 6 Declaration
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The Applicant is expected to satisfy the fitness and propriety assessment applied by the MFSA. The onus of proof of satisfaction of the suitability criteria lies with the Applicant and hence it is important that the Applicant provides the MFSA with clear and comprehensive information in relation to the basis on which the applicable suitability criteria are satisfied. For further information please refer to the 'Guidelines to the Personal Questionnaire'.

Section 3.1 ✓	Section 3.2	Section 3.3	Section 3.4
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## Reputation

Please note that this section refers to the Applicant. When replying the Applicant should also refer to instances where he was involved in a body corporate, partnership or unincorporated body as board member, Controller or Qualifying Shareholder. **Please note that if any of the answers to Section 3.2 is marked as "Yes" kindly ensure that all the relevant details as contained in the Guidelines to the Personal Questionnaire are provided.**

An Applicant proposed as Qualifying Shareholder, Controller or nominated to occupy a position of trust with an Entity is required to be honest, ethical, act with integrity and be financially sound. In this regard, do you have any information to disclose regarding a material issue or any concerns about your ability to perform the relevant function within the Entity? \*

## Integrity Assessment

It is very important that all the necessary and relevant disclosures are made throughout this section. The Applicant is reminded that the provision of information or statements which s/he knows to be inaccurate, false or misleading in any material respect, may be guilty of an offence and may severely prejudice his or her fit and proper status.

a. Have you ever, in any jurisdiction, been dismissed or asked to resign and did resign from any profession, vocation, office or employment, or from any position of trust or fiduciary appointment, whether or not remunerated? \*

b. Have you ever had a registration, authorisation, membership which has been refused, revoked, withdrawn, terminated or expelled by a Regulatory Authority or government or by a professional body or association other than on a voluntary basis? \*

c. Have you ever been barred from entry to any profession or occupation? \*

d. Have you ever been sanctioned, censured, reprimanded, disciplined or publicly criticised by any Court of Law and/or Tribunal, regulatory authority, public authority, officially appointed enquiry, University or other educational institution or professional body or trade association? \*

e. Have you ever been subject to regulatory disciplinary measures/actions (including disqualification as a company director, discharge from a position of trust)? \*

f. Have you ever had a licence of authorisation which was revoked, restricted or suspended to carry on a business activity for which the licence was issued? \*

g. Have you ever been found guilty of conducting or been investigated for possible conduct of any licensable activities without the necessary licence, authorisation or permits? \*

h. Have you ever been subject to an investigation (whether current or previous) or are you aware of any action that might be taken against you by a governmental, public authority, professional or other regulatory body or have you resigned whilst under investigation? \*

i. Have any of the proceedings referred to in this section been settled out of court or within the framework of alternative dispute resolution? \*

j. Have you ever had an application with a Regulatory Authority which has been withdrawn? \*

--Select--

k. Have you at any time been found in breach of regulations or convicted of any offence, criminal or otherwise, by any Tribunal or court? (Including convictions under appeal, any formal notification of investigation or committal for trial) \*

NB: breaches of traffic regulations punishable by fines lower than €120 need not be reported.

--Select--

l. Have you been or are you the subject of any criminal/civil investigations and/or proceedings and/or litigation? \*

--Select--

m. Have you ever been adjudged by a court liable for any fraud, forgery or other misconduct by you towards any company in which you are/were involved? \*

--Select--

n. Have you ever been involved in an entity which was required to compulsory wind up; or had an administrator, receiver or liquidator appointed; or made a compromise or similar arrangement with creditors; or ceased trading in circumstances where the creditors did not receive (or have not yet received) full settlement of their claims? \*

--Select--

o. Were you ever subject to any specific deliberations regarding any aspects of your reputation? \*

--Select--

p. Are there any contractual impediments or restrictions through any previous occupation or employment which preclude you in any way from taking up the proposed position? \*

--Select--

q. Do you confirm your awareness of your responsibilities arising from the legislation, regulations, codes of practice, guidance notes, guidelines and any other rules or directives, which are applicable to your proposed position(s) and confirm your intention to ensure the Entity to which you are to perform a pre-approved control function will be operated in compliance with them? \*

--Select--

r. Are you a Politically Exposed Person? \*

--Select--

Financial Soundness

Do you have any previous or pending bankruptcy, insolvency or similar proceedings? \*

--Select--

Have you ever:

-failed to satisfy any debt adjudged due and payable by you as a judgement debtor under an order of a Court of Tribunal? \*

--Select--

-been included in a list of unreliable debtors? \*

--Select--

-had a negative record on a list established by a recognised credit bureau? \*

--Select--

-relieved enforcement measure for any such debt? \*

--Select--

Have you ever been asked to close a bank account or had a bank account closed by any bank? \*

--Select--

*In the case of 'Qualifying shareholder', 'Beneficial Owners' or 'Any Person exercising control over regulated entities through any other means', the following will also be required in Section 3.2*

### Source of Wealth

**Please provide an estimate of your total net assets and liabilities \***

**Please attach an audited statement of wealth \***

**Please indicate the origin of your wealth**

- Employment income
- Investment profits
- Investment sale
- Property sale
- Business / company sale
- Company profits / dividends
- Gift / inheritance
- Lottery / betting / casino winnings
- Digital Currencies
  - Derived from mining
  - Traded
- Other
- Non-contingent liabilities

**Required Documents:**

- Nature of employer's business
- Name and address of employer
- Annual salary and bonuses for the last couple of years
- Last month / recent payslip
- Confirmation of annual salary from employer
- Latest accounts or tax declaration (if self employed)

**Are you aware of any arising matters which may result in potential liabilities materialising during the next 3 years? \***

**Is the source of wealth coming from legitimate sources? \***

**Do the funds derive from the same sources of wealth specified above? \***

**Do you confirm your commitment to support the Entity financially on an ongoing basis and also to inject additional capital if and when required? \***

Section 3.3

Section 1 Identification Details	Section 2 The Purpose of this PQ	<b>Section 3 The Suitability Assessment</b>	Section 4 Additional Information	Section 5 Attachments	Section 6 Declaration
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The Applicant is expected to satisfy the fitness and propriety assessment applied by the MFSA. The onus of proof of satisfaction of the suitability criteria lies with the Applicant and hence it is important that the Applicant provides the MFSA with clear and comprehensive information in relation to the basis on which the applicable suitability criteria are satisfied. For further information please refer to the 'Guidelines to the Personal Questionnaire'.

Section 3.1	Section 3.2	Section 3.3	<b>Section 3.4</b>
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Conflicts of Interest

Are you a Close Relative or do you have any Close Connection or Close Links with:

- Other members of the Entity and/or people of a senior position and/or people who are already key function holders of the Entity in connection with which this PQ is being submitted \*
- Any of the other group entities (if applicable) \*
- Any of its qualifying shareholders: \*
- The parent institution \*
- Any other subsidiary Entity \*
- Any third party service provider which services are material to the Entity \*
- Competitors of the Entity, the parent institution or its subsidiaries \*

Please note that throughout this section the term "you" shall be deemed to include the Applicant and any "Close Relative" or "Close Connection" or "Close Links" as defined in the Glossary. For more information about this section, please refer to the 'Guidelines to the Personal Questionnaire'.

Do you have any financial interest (such as ownership, loans investments, or other arrangements) in:

- the Entity in connection with which this PQ is being submitted, any of its shareholders or subsidiaries? \*
- the competitors or clients of the Entity in questions, its shareholder or subsidiaries? \*

Do you conduct business (in private or through a company) with the Entity, the parent institution or its subsidiaries? \*

Are you currently involved in any legal proceedings against the Entity, the parent undertaking or its subsidiaries, either directly or indirectly? \*

Do you have any other relationships, positions or involvements that are not addressed in the questions above, which could adversely affect the interest of the Entity in connection with which this PQ is being submitted? \*

If any of the above is marked as Yes, please explain how the conflict will be addressed and what mitigating factors will be established to ensure that the conflict does not interfere with the necessary independence of judgement in carrying out the proposed role. \*

Please provide details

*NB: If the measure/s to be taken by the licenced Entity is/are not sufficient to adequately manage the risks posed by the conflict of interest, the MFSA could deem the Applicant as not suitable to hold the proposed role.*

SAVE SECTION 3.3

**Section 3.4 (Not required if the proposed position is that of Qualifying Shareholder or Beneficial Owner)**

Section 1 Identification Details ✓	Section 2 The Purpose of this PQ ✓	Section 3 The Suitability Assessment	Section 4 Additional Information	Section 5 Attachments	Section 6 Declaration
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Section 3.1 ✓	Section 3.2 ✓	Section 3.3 ✓	Section 3.4
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**Time Commitment**

Do you have any other Commitments (regulated/non-regulated)?

**A. Current Regulated Positions**

Please list all the current regulated positions in the financial sector starting with the most recent first. In case of Directorships, please distinguish between Executive and non-Executive positions. For further information please refer to the 'Guidelines to the Personal Questionnaire'.

+ Add Current Regulated Position

Company	Country Of Incorporation	Description of the company's activity	Size of the company	Regulatory Authority Involved	Position	Additional responsibilities such as membership of committees, chair functions etc...	Start date	Time commitment to perform this role per week (hours)	Num meet year

**B. Previous Regulated Positions**

Please list all the previous regulated positions in the financial sector starting with the most recent first. In case of Directorships, please distinguish between Executive and non-Executive positions.

+ Add Previous Regulated Position

Company	Country Of Incorporation	Description of the company's activity	Regulatory Authority Involved	Position	Start date	End date	Reason for termination

**C. Directorship Positions held with non-regulated entities**

Please list all the **current** Directorship positions (whether Executive or Non-Executive) held within non-regulated entities starting with the most recent first.

+ Add Directorship Position

Company	Country Of Incorporation	Description of the company's activity	Size of the company	Executive or Non-Executive position	Additional responsibilities such as membership of committees, chair functions etc...	Start Date	Time commitm... to perform this role per week (hours)	Number of meetings per year

SAVE SECTION 3.4

*If the Sector is Banking and the Proposed Position is 'Director', the following section is also required:*

D. Summary of directorship positions held

This section is to be completed by Applicant being proposed under the Banking Act 1994 .

Total number of executive directorships if privileged counting and exceptions (no counting) are applied	<input type="text" value="0"/>
Total number of non-executive directorship if privileged counting and exceptions (no counting) are applied	<input type="text" value="0"/>
If privileged counting applies please provide details of whether any synergies exist between companies, such that there is a legitimate overlap in terms of time commitment within those companies	<input type="text"/>

  

Total hours per week of time committed to all directorships outside the function for which submission is made	<input type="text" value="0.00"/>
Total days per year of time committed to all directorships outside the function for which submission is made	<input type="text" value="0"/>

Section 4

- Section 1  
Identification Details ✓
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**Additional Information**

Is there any further information of direct relevance for the MFSA to carry out its suitability assessment effectively?

SAVE SECTION 4

*Section 5 (Appendices are to be downloaded, filled and attached)*

- Section 1  
Identification Details ✓
- Section 2  
The Purpose of this PQ ✓
- Section 3  
The Suitability Assessment ✓
- Section 4  
Additional Information ✓
- Section 5  
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Declaration

**Attachments to the PQ**

Please ensure that the following documentation is attached to this PQ:

	Enclosed Yes/No
Authenticated/apostilled (as applicable) copy of an identification document (ID card or passport in colour)	<input type="checkbox"/>
Additional Documents (such as court judgements, etc)	<input type="checkbox"/>
A police conduct certificate not more than three months old. N.B. this document is also required by the Authority in original.	<input type="checkbox"/>
A recent copy of a utility bill confirming your residential address. If a Utility Bill is not available, please submit any other official document which verifies your residential address.	<input type="checkbox"/>
Certified true copies/ apostilled (as applicable) of the certificates of the qualification(s) held/ courses and training attended. N.B. the certified/apostilled document is also required to be submitted in hard copy to the Authority.	<input type="checkbox"/>
🔗 Appendix 1: The banker's authorisation letter/s	<input type="checkbox"/>
🔗 Appendix 2: The general authorisation letter	<input type="checkbox"/>
🔗 Appendix 3: The Authorisation letter to the Commission for the Administration of Justice (in the case of advocates practising in Malta only)	<input type="checkbox"/>

SAVE SECTION 5

## Section 6 (Declaration is to be downloaded, filled and attached)

Section 1 Identification Details ✓	Section 2 The Purpose of this PQ ✓	Section 3 The Suitability Assessment ✓	Section 4 Additional Information ✓	Section 5 Attachments ✓	Section 6 Declaration
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### Privacy Notice

The MFSA ensures that any processing of personal data is 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 Data Protection Privacy Notice available on the MFSA webpage [www.mfsa.com.mt](http://www.mfsa.com.mt).

### Declaration

I, the Applicant, hereby certify that:-

- (a) I have checked that all the questions have been completed correctly.
- (b) I have checked that any additional information has been securely attached and properly referenced in respect of any of the answers given.
- (c) I have read and understood the Guidelines to the Personal Questionnaire.
- (d) I have read and understood the MFSA Data protection Privacy Notice.
- (e) I am aware of my responsibilities arising from the legislation, regulations, codes of practices, guidance notes, guidelines and any other rules or directives, which are applicable to my proposed positions(s) and confirm my intention to ensure that the Entity in relation to which I will be performing a pre-approved control function will be operated in compliance with them.
- (f) I certify that the information/documentation provided is complete and correct to the best of my knowledge and belief.
- (g) I will notify the MFSA immediately if there is a material change in the information provided.
- (h) I have signed and uploaded the [attached Declaration](#).

Upload Signed Declaration

SAVE SECTION 6