|  |  |
| --- | --- |
| MALTA FINANCIAL SERVICES AUTHORITY |  |
| **The Entity’s Assessment Form** |  |
|  |  |
| **The Entity’s Assessment on a proposed individual** | |
|  | |
| The Entity’s Assessment Form is to be completed by the Entity in relation to an applicant who submitted a Personal Questionnaire to hold a position which requires the MFSA’s prior approval. In case the Entity is still in formation, this may either be completed by any one of the proposed Directors or by any one of the Shareholders. | |

| **Assessment Form** | | | | | |
| --- | --- | --- | --- | --- | --- |
| All questions in this form should be answered and any questions which are not relevant to the application at hand should be left blank. | | | | | |
| 1.1 | Name of the proposed individual | | Enter text | | |
| 1.2 | Surname of the proposed individual | | Enter text | | |
| 1.3 | MFSA Personal Questionnaire Code in relation to which this is form is being submitted | | Enter text | | |
| 1.4 | Will the proposed individual be replacing someone else? If yes, who? | | Select: Yes or No   |  |  | | --- | --- | | Name | Enter text | | Surname | Enter text | | ID Card Number | Enter text | | Passport Number | Enter text | | | |
| 1.5 | Please provide an evaluation of the competence (qualifications and work experience) of the proposed individual and how these are relevant to the duties assigned to the proposed role, taking into account the nature, scale, and complexity of the Entity, its business model and any specific risks associated with its licensable activities | | Enter text | | |
| 1.6 | Please provide an evaluation of the character of the proposed individual ensuring his/her good repute | | Enter text | | |
| 1.7 | Please identify any potential conflicts of interest and provide an explanation as to how these will be managed and mitigated, also taking into consideration the Entity’s Conflict of Interest Policy | | Enter text | | |
| 1.8 | Please provide an indication of the time that needs to be dedicated (weekly) to the proposed role in order to be carried out in an effective manner | | Enter text | | |
| 1.9 | Please provide details of any support arrangements that will be put in place to support the proposed individual in the execution of his/her duties | | Enter text | | |
| 1.10 | Please provide details of how the proposed individual will complement the Entity’s collective suitability where applicable, such as inter alia in the case of the Board of Directors, or executive committees | | Enter text | | |
| **2** | **Documents to be submitted** | | | | |
| 2.1 | * Please submit an updated organisation chart clearly indicating the proposed individual’s position within the Entity and reporting lines | | | | |
| **3** | **Declaration** | | | | |
| 3.1 | I confirm that the information given in this form is true, complete and accurate. | | | | |
|  | Full name of the assessor: | Enter text | | Position held by the assessor: | Enter text |
|  | Signature of the assessor: |  | | Entity where assessor works: | Enter text |
|  |  |  | | Completion Date: | DD / MM / YYYY |