

Personal Questionnaire Template

This document is for illustration purposes and should not be submitted to the MFSA. All Personal Questionnaires must be submitted online.

Please note: Any text in red are notes intended for the template only and will not be found on the actual form.

Please fill Section 1 before filling any other sections.

Section 1
Identification Details

Entity Details

Is the Entity already licensed by the MFSA? **No** *

Entity *

Sector *

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. *i*

+ Add a Name

First Name	Last Name	Email
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Identification Details

Title * Mr

Name * *i*

Surname * *i*

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 names				
	Name	Surname	Date of Change	Reason for Change	Reason For Change (Only fill if Reason For Change is 'Other')
	Click or tap here to enter text.	Click or tap here to enter text.	Date of Birth	Click to choose a reason.	Click or tap here to enter text.
Date of birth *	Date of Birth				
Place of birth *	Click here to enter text.		Click to choose a country.		
Nationality *	Choose a nationality.				
Citizenship(s) *	+ Add Citizenship				
	Citizenship	Acquisition Modes		Mode Of Acquisition (Only required if Acquisition Mode is 'Other')	
	Choose a country.	Choose an acquisition mode.		Click or tap here to enter text.	
Passport(s)/ID Details *	+ Add ID/Passport Details				
	Document Type	Passport/ID Number	Passport Country	Expiry Date	
	Choose a country.	Click or tap here to enter text.	Choose a country.	Expiry Date.	
Contact No. (including country code) *	Choose a country code.		Click here to enter text.		
Personal Email address * <i>i</i>	Click here to enter text.				

Current residential address(es) *

+ Add Address Details						
Address Line 1	Address Line 2	Postcode	City	Country	Start date of residence at this address	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	date	

Previous address(es) during the last ten(10) years

+ Add Previous Address Details							
Address Line 1	Address Line 2	Postcode	City	Country	Start date of residence at this address	End date of residence at this address	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	date	date	

Save Section 1

Section 2

The Purpose of this PQ

This section can only be completed upon completion of Section 1.

The Purpose of this PQ

Please specify the nature of employment arrangement. *

Choose the nature of employment arrangement.
If other, please explain

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"/>
Brokers Register	<input type="checkbox"/>
Chairperson	<input type="checkbox"/>
Chief Executive Officer	<input type="checkbox"/>
Chief Financial Officer	<input type="checkbox"/>
Chief Operations Officer	<input type="checkbox"/>
Committee Member	<input type="checkbox"/> Specify Committee.
Compliance Officer	<input type="checkbox"/>
Executive Director	<input type="checkbox"/>
General Manager	<input type="checkbox"/>
Internal Auditor	<input type="checkbox"/>
Investment Advisor	<input type="checkbox"/>
Managers Register	<input type="checkbox"/>
Managing Director	<input type="checkbox"/>

Money Laundering Reporting Officer	<input type="checkbox"/>
Non-Executive Director	<input type="checkbox"/>
Oversight of any other identified key functions in terms of Directive 2009/138/EC (Solvency II Directive)	<input type="checkbox"/>
Oversight of the Actuarial function	<input type="checkbox"/>
Oversight of the Compliance function	<input type="checkbox"/>
Oversight of the Internal Audit function	<input type="checkbox"/>
Oversight of the Risk Management function	<input type="checkbox"/>
Persons within the management structure of an undertaking responsible for the distribution in respect of insurance or reinsurance products	<input type="checkbox"/>
Portfolio Manager	<input type="checkbox"/>
Qualifying Shareholder	<input type="checkbox"/>
Risk Manager	<input type="checkbox"/>
Senior Manager	<input type="checkbox"/>
VFA Agent	<input type="checkbox"/>
Other Position	<input type="checkbox"/> Specify Position

When selecting a position, the applicant will need to click on the [Add Details for Role](#) button displayed in the same row. The button will not be display for the following positions:

- Any person exercising control over regulated entities through any other means
- Beneficial Owner
- Board Member responsible for the oversight of re/insurance distribution activities of an undertaking
- Committee Member
- ALL Oversight positions
- Qualifying Shareholder

The popup window will request the following information:

Add Proposed Role Details

Please provide details of the main duties, responsibilities in relation to your proposed position.	Click here to enter text.
Please indicate the number of subordinates that you will have under your management.	Click here to enter text.
Please state the number of hours per week which will be allocated to perform the proposed role.	Click here to enter text.
In carrying out your duties will you be receiving any directions or instructions from any other person within the Entity	Choose yes/no. Please clarify if yes.
Have you ever held the proposed role.	Choose yes/no.

If you have held the proposed role, please provide more details:

+ Add Proposed Role History

Company	Jurisdiction	Regulatory Authority	Period From	To	Description of the role	Was your role within the Company approved by the Regulatory Authority?
Click here to enter text.	Choose a country.	Choose a Regulatory Authority.	Choose a Period From Year.	Choose a Period To Year.	Click here to enter text.	<input type="checkbox"/>

Add Position Details
Close

Save Section 2

Section 3
The Suitability Assessment

Section 3.1

This section can only be completed upon completion of Section 2.

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		
Title of Qualification	Year Granted
Click here to enter text.	Choose a year.	For the full educational background form, please refer to Appendix 1.

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

+ Add a Membership / Associateship / Fellowship		
Type	Name of Professional Body
Choose a type.	Click here to enter text.	For the full membership form, please refer to Appendix 2.

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		
Title of Training/Course/Seminar	Year Attended
Click or tap here to enter text.	Choose a year.	For the full training form, please refer to Appendix 3.

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

Click here to enter text.

Prior the assumption of the proposed role, will you follow any specific training? Choose Yes/No.

If 'yes', please include details about the training to be undertaken:

+ Add Training to be undertaken				
Title of Training	Name of Organisation	Method of Assessment	Brief description of the training	No of hours
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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
Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	Click here to enter text.	For the full employment history form, please refer to Appendix 4.

Please explain any periods of unemployment exceeding three months within the last ten years.

(Required if there are gaps greater than ten years in the employment background)

Click here to enter text.

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

Click here to enter text.

The instruments section is only visible and required if the Entity Sector selected is Securities and the positions selected include "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): Click or tap here to enter text.	<input type="checkbox"/>

The General Banking Experience is visible and required if the Sector Name is 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	Choose assessment.
Regulatory framework and requirements	Choose assessment.
Strategic planning and understanding of a credit institution's business strategy or business plan and accomplishment thereof	Choose assessment.
Risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of a credit institution, including the responsibilities of the member)	Choose assessment.
Assessing the effectiveness of a credit institution's arrangements, creating effective governance, oversight and controls	Choose assessment.
Interpreting a credit institution's financial information, identifying key issues based on this information and appropriate controls and measures.	Choose assessment.

Save Section 3.1

Section 3
The Suitability Assessment

Section 3.2

This section can only be completed upon completion of Section 3.1.

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? *

--Select--

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? *

--Select--

Click or tap here to enter text.

Please fill more details about your ability to perform the relevant function within the entity. (Only required if Yes is selected)

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? *

--Select--

Please fill more details: (Only required if Yes is selected)

+ Add detail

Regulatory Authority	Role held	Name of Company	Reason
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

--Select--

Click here to enter text.

Please fill more details. (Only required if Yes is selected)

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? * --Select--

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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? * --Select--

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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? * --Select--

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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? * --Select--

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

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

[Click here to enter text.](#)
Please fill more details. (Only required if Yes is selected)

--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) *

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

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

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

--Select--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

- 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--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

- 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--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

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

--Select--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

- 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--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

- 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--

Please fill more details: (Only required if Yes is selected)

+ Add detail

The nature of the positions	The specific powers related to the obligations of this position
Click here to enter text.	Click here to enter text.

Financial Soundness

The source of wealth section is only visible if the position "Qualifying shareholder" or/and "Beneficial Owner" has been selected.

Source of Wealth

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

Click here to enter text.

Please attach an audited statement of wealth *

Upload

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**
 - Derives from Mining
 - Traded
- Other
- Non-contingent Liabilities

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

--Select--

Click here to enter text (if yes).

Is the source of wealth coming from legitimate sources? *

--Select--

Click here to enter text (if no).

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

--Select--

Click here to enter text (if no).

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

--Select--

Click here to enter text (if no).

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

--Select--

Click here to enter text.

Please fill more details. (Only required if Yes is selected)

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? *
- been included in a list of unreliable debtors? *
- had a negative record on a list established by a recognised credit bureau? *
- received enforcement measure for any such debt? *

--Select--
--Select--
--Select--
--Select--

[Click or here to enter text.](#)

Please fill more details. (Only required if any Yes has been selected)

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

--Select--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

Save Section 3.2

Section 3
The Suitability Assessment

Section 3.3

This section can only be completed upon completion of Section 3.2.

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 * --Select--

Please fill more details. (Only required if any Yes has been selected)
- Any of the other group entities (if applicable) * --Select--

Please fill more details. (Only required if any Yes has been selected)
- Any of its qualifying shareholders * --Select--

Please fill more details. (Only required if any Yes has been selected)
- The parent institution * --Select--

Please fill more details. (Only required if any Yes has been selected)
- Any other subsidiary Entity * --Select--

Please fill more details. (Only required if any Yes has been selected)
- Any third party service provider which services are material to the Entity * --Select--

Please fill more details. (Only required if any Yes has been selected)
- Competitors of the Entity, the parent institution or its subsidiaries * --Select--

Please fill more details. (Only required if any Yes has been selected)

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? * --Select--
- the competitors or clients of the Entity in questions, its shareholder or subsidiaries? --Select--

Please fill more details (Only required if any Yes has been selected):

+ Add detail				
Name of the Entity	The main activities of the Entity	Relationship between the Entity and the Entity in connection with which this PQ is being submitted	Duration of this relationship in years	Size of the financial interest (% of the capital and voting rights or value of investment)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Please provide the following details:

- a description of the type of the business and the obligations of both parties
- if relevant, the name of the un-corporated body
- the period of this relationship

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

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

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

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? * --Select--

[Click here to enter text.](#)

Please fill more details. (Only required if Yes is selected)

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. *

(Only required if any Yes is selected in Section 3.3)

[Click here to enter text.](#)

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 The Suitability Assessment

Section 3.4

- *This section is hidden if the positions selected in Section 2 are only Qualifying Shareholder, beneficial owner and/or Any person exercising control over regulated entities through any other means*

Time Commitment

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

If yes:

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 Positions

Company	Country Of Incorporation
Click here to enter text.	Choose a country.	For the full current regulated position form, please refer to Appendix 5.

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 Positions

Company	Country of Incorporation
Click here to enter text.	Choose a country.	For the full previous regulated position form, please refer to Appendix 6.

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
Click here to enter text.	Choose a country.	For the full directorship form, please refer to Appendix 7.

Part D is only displayed if sector selected is "Banking" and the position of Director has been selected.

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

Click here to enter text.

Total number of non-executive directorship if privileged counting and exceptions (no counting) are applied

Click here to enter text.

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

Click here to enter text.

Total hours per week of time committed to all directorships outside the function for which submission is made

Click here to enter text.

Total days per year of time committed to all directorships outside the function for which submission is made

Click here to enter text.

Save Section 3.4

Section 4
Additional Information

- *This section can only be completed upon completion of Section 3 in its entirety.*

Additional Information

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

Click or tap here to enter text.

Upload

Save Section 4

Section 5

Attachments

- *This section can only be completed upon completion of Section 4.*

Attachments to the PQ

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

	<i>Enclosed Yes/No</i>
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 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"/>
U Entity's Assessment	<input type="checkbox"/>
U Appendix 1: General Authorisation Letter. N.B: This document is also required by the Authority in original.	<input type="checkbox"/>
U Appendix 2: Special Authorisation Form (Maltese Nationals or residents only). N.B: This document is also required by the Authority in original.	<input type="checkbox"/>
U Appendix 3: The Authorisation letter to the Commission for the Administration of Justice (in the case of advocates practising in Malta only) N.B: This document is also required by the Authority in original.	<input type="checkbox"/>
Authenticated/apostilled (as applicable) copy of an identification document (ID card or passport in colour). N.B: This document is also required by the Authority in original.	<input type="checkbox"/>

All checkboxes are required except for Additional Documents, Certified true copies of the certificates and Appendix 2 & 3. For each checkbox ticked, the system will prompt to user to upload the relevant files.

Save Section 5

Section 6 Declaration

- *This section can only be completed upon completion of Section 5.*

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.

Declaration

I, the Applicant, hereby certify that:-	
(a) I have checked that all the questions have been completed correctly.	<input type="checkbox"/>
(b) I have checked that any additional information has been securely attached and properly referenced in respect of any of the answers given.	<input type="checkbox"/>
(c) I have read and understood the Guidelines to the Personal Questionnaire .	<input type="checkbox"/>
(d) I have read and understood the MFSA Data protection Privacy Notice .	<input type="checkbox"/>
(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.	<input type="checkbox"/>
(f) I certify that the information/documentation provided is complete and correct to the best of my knowledge and belief.	<input type="checkbox"/>
(g) I will notify the MFSA immediately if there is a material change in the information provided.	<input type="checkbox"/>
(h) I hereby declare that I am completing this PQ in my own name and I hereby acknowledge that the MFSA will decline processing a PQ application submitted by a third party.	<input type="checkbox"/>
(i) I have signed and uploaded the attached Declaration .	<input type="button" value="Upload Signed Declaration"/>

All checkboxes are required. The declaration can be downloaded here in point (i). For each checkbox ticked, the system will prompt to user to upload the relevant files.

Save Section 6

Appendices

Appendix 1 (Educational Background Form)

Educational Background	
Title of Qualification *	<input type="text" value="Click here to enter text."/>
Year Granted *	<input type="text" value="Choose a year."/>
Educational Organization	
Name of Organisation *	<input type="text" value="Click here to enter text."/>
Address Line 1 *	<input type="text" value="Click here to enter text."/>
Address Line 2	<input type="text" value="Click here to enter text."/>
Postcode *	<input type="text" value="Click here to enter text."/>
City *	<input type="text" value="Click here to enter text."/>
Country *	<input type="text" value="Choose a country."/>
Email *	<input type="text" value="Click here to enter text."/>
Contact No.	<input type="text" value="Click here to enter text."/>
Contact Persons *	<input type="text" value="Click here to enter text."/>

Appendix 2 (Membership/Associateships/Fellowships Form)

Membership / Associateship / Fellowship

Type *	<input type="text" value="Choose a type."/>
Name of Professional Body *	<input type="text" value="Click here to enter text."/>
Membership/Associateship/Fellowship Number	<input type="text" value="Click here to enter text."/>
Professional Body	
Address Line 1 *	<input type="text" value="Click here to enter text."/>
Address Line 2	<input type="text" value="Click here to enter text."/>
Postcode *	<input type="text" value="Click here to enter text."/>
City *	<input type="text" value="Click here to enter text."/>
Country *	<input type="text" value="Choose a country."/>
Email *	<input type="text" value="Click here to enter text."/>
Contact No.	<input type="text" value="Click here to enter text."/>
Contact Persons *	<input type="text" value="Click here to enter text."/>
Year of admission	<input type="text" value="Choose a year."/>
Year of Termination (if applicable)	<input type="text" value="Choose a year."/>
Reason for Termination (if applicable)	<input type="text" value="Click here to enter text."/>

Appendix 3 (Training / Course / Seminar Form)

Training/Course/Seminar	
Title of Training/Course/Seminar *	<input type="text" value="Click here to enter text."/>
Year Attended *	<input type="text" value="Choose a year."/>
Training Body	
Name of Organisation *	<input type="text" value="Click here to enter text."/>
Address Line 1 *	<input type="text" value="Click here to enter text."/>
Address Line 2	<input type="text" value="Click here to enter text."/>
Postcode *	<input type="text" value="Click here to enter text."/>
City *	<input type="text" value="Click here to enter text."/>
Country *	<input type="text" value="Choose a country."/>
Email *	<input type="text" value="Click here to enter text."/>
Contact No.	<input type="text" value="Click here to enter text."/>
Contact Persons *	<input type="text" value="Click here to enter text."/>
Method of Assessment *	<input type="text" value="Click here to enter text."/>
Brief description of the training/course contents *	<input type="text" value="Click here to enter text."/>
No of hours *	<input type="text" value="Click here to enter text."/>

Appendix 4 (Employment Background)

Employer Details	
Name *	<input type="text" value="Click here to enter text."/>
Is Company still in operation? *	<input type="checkbox"/>
Address Line 1 *(Only required is Company still in operation)	<input type="text" value="Click here to enter text."/>
Address Line 2	<input type="text" value="Click here to enter text."/>
Postcode *(Only required is Company still in operation)	<input type="text" value="Click here to enter text."/>
City *(Only required is Company still in operation)	<input type="text" value="Click here to enter text."/>
Country *(Only required is Company still in operation)	<input type="text" value="Choose a country."/>
Email *(Only required is Company still in operation)	<input type="text" value="Click here to enter text."/>
Contact No.	<input type="text" value="Click here to enter text."/>
Nature of business *	<input type="text" value="Click here to enter text."/>
Regulated *	<input type="checkbox"/>
Please state the name of the Regulatory Authority (Only displayed if Regulated above is ticked)	<input type="text" value="Choose a Regulatory Authority."/>
Dates of employment *	<input type="text" value="Click or tap to enter a start date."/>
Start Date	
End Date (Only required is job is not Ongoing)	<input type="text" value="Click or tap to enter a end date."/>
	<input type="checkbox"/> Ongoing
Position and the hierarchical level (to whom you report) *	<input type="text" value="Click here to enter text."/>
Main duties/responsibilities List each duty/responsibility in point form *	<input type="text" value="Click here to enter text."/>
Describe the decision-making powers and delegated powers *	<input type="text" value="Click here to enter text."/>
Indicate the areas of operation under control *	<input type="text" value="Click here to enter text."/>
Explain the technical knowledge gained through the employment *	<input type="text" value="Click here to enter text."/>
Was your position approved by the Regulatory Body? (Only displayed if Regulated above is ticked)	<input type="checkbox"/>
Reasons for leaving employment	<input type="text" value="Choose a reason."/>
Details for leaving employment (Only required if reason is "Other")	<input type="text" value="Click here to enter details."/>

Appendix 5 (Current Regulated Position Form)

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Current Regulated Position

Company *

Country of Incorporation *

Description of the company's activity *

Size of the company * *eg. total assets year-end data for financial establishment, total turnover, international presence for other companies or number of employees.*

Regulatory Authority

Position *

Additional responsibilities such as membership of committees, chair functions etc... *

Start date*

Time commitment to perform this role per week (hours)*

Number of meetings held per year

Appendix 6 (Previous Regulated Position Form)

Previous Regulated Position

Company *

Country of Incorporation *

Description of the company's activity *

Regulatory Authority

Position *

Start date*

End Date*

Reason for termination *

More details on reason for termination (only required if termination reason is 'Other')

Appendix 7 (Directorship Position with a non-regulated Entity Form)

Directorship Position with a non-regulated Entity

Company *

Country of Incorporation *

Description of the company's activity *

Size of the company * *eg. total assets year-end data for financial establishment, total turnover, international presence for other companies or number of employees.*

Executive or Non-Executive Position *

Additional responsibilities such as membership of committees, chair functions etc... *

Start date*

Time commitment to perform this role per week (hours)*

Number of meetings per year*