

FINANCIAL SUPERVISORY COMMISSION



Cook Islands

PERSONAL AFFIDAVIT

[FSCForm INL-2]

**FOR APPLICANTS OR INDIVIDUALS WHO ARE OR WILL BE
SIGNIFICANT SHAREHOLDERS/ DIRECTORS/ OFFICERS**

**(As Required under Section 26 of the Insurance Act 2008 and Sections 5 and 7 of
Prudential Statement No. 10-2008)**

PERSONAL AFFIDAVIT

For Applicants or Individuals Who Are or Will be Significant Shareholders / Directors / Officer / Manager

(Name of Applicant)

1. Name of Person Completing this Form:

(First Name)

(Middle Name)

(Last Name)

2. Present/Proposed Designation or Role :*(Check whatever is applicable and for directors/officers or managers include brief description of duties and responsibilities)*

Applicant (Manager): _____ Significant Shareholder: _____ Director: _____ Officer

Duties and Responsibilities:

3. Present Home Address in: _____

Country of Residence

Present Citizenship: _____

Country of Citizenship

Since (indicate period): From Month _____ Year _____

Reason for Leaving: _____

List any licensed financial institution in the Cook Islands, other than the applicant in which you have been or are a significant shareholder, director or officer. Include percentage of ownership and in description of position.

7. Educational and Professional Credentials (Use additional Sheet if necessary):

(a) Include high (secondary) school and university (indicate name of institutions, dates attended, degrees/major field of study):

(b) List any professional qualifications or licence or similar certificates now held or have ever held i.e., attorney (solicitor), physician, CPA, teacher, etc (indicate type of licence/qualification/certificate, issuer, date issued, time currently being devoted to the profession and whether the licence/certificate has been revoked and the reasons for revocation if applicable).

(c) List training courses attended relevant to the position you are holding/will hold in applicant bank (Indicate title of training course, date, approximate period in terms of hours or days, i.e. 2 weeks full time, or 10 days full time or 10 days session of 2 hours or 20 hours, and institution conducting the training.)

8. Immediate family members (spouse, parents, children or other parties you consider immediate family)

(Full Name)

(Relationship)

9. Provide reference letter from at least one bank who would be in a position to know of your financial affairs over the last 3 years or more.

10. Provide 2 letters as character references from two professional people who are not immediate relatives, with whom you have been dealing with for at least 2 years and who know you personally.

11. Provide a copy of your Passport pages, certified by a Notary Public or Solicitor, showing personal details and dates of issue and expiry, and any other current National Identity Card.
12. Provide original copy of police² clearance, which should be dated within 6 months prior to the filing date of this form.
13. Law Enforcement or Disciplinary Proceedings:
 - a. Have you ever been in a position that required a fidelity bond? If any claims were made on the bond, give details?
 - b. Have you ever been refused a professional, occupational or vocational licence by any public or governmental licensing agency or regulatory authority, or has any such licence held by you ever been suspended or revoked? If so, give details.
 - c. Have you or any corporation, partnership, or other entity in which, at the time you were an officer, director, trustee, employees, significant shareholder, been named in any complaint, pleading, judgment, order, or decree filed in any court of law which cited violations or alleged violations of applicable laws? If so, give details.
 - d. Have you ever been an officer, director, trustee, employee, or significant shareholder of a financial institution, which became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship while you occupied any such position or within one year thereafter? If so, give details.
 - e. Has the certificate of incorporation or authority or licence to do business as a financial institution of which you were an officer or director ever been suspended or revoked while you occupied any such position or within one year thereafter? If so, give details.
 - f. Have you ever been requested, advised, ordered or told by any governmental regulatory authority, board, commission or agency to: (a) Divest any stock ownership or other ownership interest you have in any financial institution? If so, give details. (b) Leave or resign as an officer, director, agent, employee, consultant or representative of any financial institution? If so, give details.
 - g. Are you a named party in any ongoing or pending legal or administrative hearing, proceeding or investigation including in your capacity as a manager, director, trustee, employee or significant shareholder? If so, give details.
5. Are you aware of any other facts or circumstances which could reasonably be considered relevant to the assessment of your being a fit and proper person referred to in the Insurance Code and pertinent sections of the Insurance Act?

² Please be guided by FSC clarification on procedures for filing/seeking police clearances. In the case of trusts, the names of infant beneficiaries are needed for record purposes only. Police checks will not be necessary. However, information may be required on the "controlling minds".

CERTIFICATION

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a significant shareholder, director or officer of applicant I will notify the Financial Supervisory Commission of any material change affecting the completeness of the Personal DECLARATION within fifteen (15) days from the occurrence of the changes.

I ALSO HEREBY AUTHORISE the Financial Supervisory Commission to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal AFFIDAVIT or in any other documents submitted as part of this application for the purposes of performing its due diligence and background checks. I also understand that the results of these checks may be disclosed to the applicant or person who signed the Application form.

Dated and signed this _____ day of _____, 20_____.

(Signature)

(Print or type full name)

Declared to before me this _____ day of _____, 20_____.

(Seal)

(Notary Public Signature)

(Print or type full name)