

# LEGAL PERSONS (LP) FIT AND PROPER (FAP) REQUIREMENTS QUESTIONNAIRE: LONG-TERM INSURANCE BROKERS & AGENCY FIRMS

**Date of submission to NAMFISA:** \_\_\_\_\_

**To be completed by an authorized representative of legal person who may be controlling or participating, directly or indirectly, in the directorship, management or operation of the applicant<sup>1</sup>.**

## **SECTION A: (COMPANY INFORMATION)**

A.1 Full registered name: \_\_\_\_\_

A.2 Previously registered name/s: \_\_\_\_\_

A.3 Trading name/s: \_\_\_\_\_

A.4 Company Registration No.: \_\_\_\_\_

A.5 Country of Registration: \_\_\_\_\_

A.6 If not incorporated in Namibia please provide description of the company: \_\_\_\_\_

A.7 Tax Reference No.: \_\_\_\_\_

<sup>1</sup> Beneficial ownership is determined by identifying the person(s) that satisfies any **one** element, or **any combination** of the following three elements:

- (a) Own 20% or more shareholding of the legal person;
- (b) Those with effective control of the same legal person; and
- (c) Persons on whose behalf a transaction is conducted.

A.8 Financial year end: \_\_\_\_\_

A.9 Nature of business: \_\_\_\_\_

A.10 Registered address: \_\_\_\_\_

A.11 Principal place of business: \_\_\_\_\_

A.12 Contact person: \_\_\_\_\_

A.13 Postal address: \_\_\_\_\_

A.14 Telephone number: \_\_\_\_\_

A.15 Fax number: \_\_\_\_\_

A.16 E-mail address: \_\_\_\_\_

A.17 Web site: \_\_\_\_\_

A.18 Mobile number: \_\_\_\_\_

A.19 Is the entity subject to regulation in a foreign country or financial services intermediary?: \_\_\_\_\_

\_\_\_\_\_

A.20 If yes, which jurisdiction?: \_\_\_\_\_

A.21 Name of foreign regulator/s?: \_\_\_\_\_

**SECTION B: (HONESTY AND INTEGRITY)**

If the answer to any of the questions is yes, provide full details on a separate page and attach certified documents to the form:

		YES	NO
1	Has an adverse finding been made against the company within a period of ten years preceding the date of application in any civil or criminal proceedings by a court of law (whether in Namibia or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the company, within a period of ten years preceding the date of application, been found guilty by any professional or financial services industry body (whether in Namibia or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the company, within a period of ten years preceding the date of application, been denied membership of anybody referred to in question 2 above on account of an act of dishonesty negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the company, within a period of ten years preceding the date of application, been found guilty by any regulatory or supervisory body (whether in Namibia or elsewhere) or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has the company been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in Namibia or elsewhere) or exchange, professional body or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has the company ever been refused authorization to carry on business by any regulatory body (whether in Namibia or elsewhere), or has such authorization ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the company ever been placed under judicial management, insolvency processes or any other processes of a similar nature?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the company ever been found to be liable under the Financial Intelligence Act, No. 13 of 2012 (FIA), and/or the Prevention of Organized Crime Act, No. 29 of 2004 and/or the Prevention and Combating of Terrorist and Proliferation Activities Act No.4 of 2014 and/or any other similar crime in any country?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation, by the Registrar of your good character and integrity?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C: DETAILS OF EACH MEMBER(S)/ SHAREHOLDER(S)/ PARTNERS/  
TRUSTEE(S) (IF MORE THAN ONE, PLEASE PROVIDE FULL DETAILS ON A SEPARATE  
PAGE)**

C.1 Full name(s)/ Full registered name: \_\_\_\_\_

C.2 Previous surname(s)/ Previously registered name/s: \_\_\_\_\_

C.3 Nationality/ Country of Registration.: \_\_\_\_\_

C.4 If not incorporated in Namibia please provide description of the company: \_\_\_\_\_  
\_\_\_\_\_

C.5 Identification No/Company Registration No.: \_\_\_\_\_

C.6 Date of Birth/Incorporation/registration: \_\_\_\_\_

C.7 Occupation/Nature of business:: \_\_\_\_\_

C.8 Date of ownership acquired: \_\_\_\_\_

C.9 Residential address: \_\_\_\_\_

C.10 Business address: \_\_\_\_\_

C.11 E-mail: \_\_\_\_\_

C.12 Website: \_\_\_\_\_

C.13 Telephone: \_\_\_\_\_

C.14 Cell No: \_\_\_\_\_

C.15 Fax number: \_\_\_\_\_

C.16 Percentage shareholding/interest: \_\_\_\_\_

C.17 Is the entity subject to regulation in a foreign country or financial services intermediary?: \_\_\_\_\_

\_\_\_\_\_

C.18 If yes, which jurisdiction?: \_\_\_\_\_

C.19 Name of foreign regulator/s?: \_\_\_\_\_

**SECTION D:** (DIRECTORS'/ TRUSTEE DETAILS) *to be provided for each director/trustee*

D.1 Full name(s): \_\_\_\_\_

D.2 Previous surname(s): \_\_\_\_\_

D.3 Nationality: \_\_\_\_\_

D.4 Identification No.: \_\_\_\_\_

D.5 Date of Birth.: \_\_\_\_\_

D.6 Occupation: \_\_\_\_\_

D.7 Date appointed: \_\_\_\_\_

D.8 Residential address: \_\_\_\_\_

D.9 Business address: \_\_\_\_\_

D.10 E-mail: \_\_\_\_\_

D.11 Telephone: \_\_\_\_\_

D.12 Cell No: \_\_\_\_\_

D.13 Fax No: \_\_\_\_\_

**DECLARATION (OATH)**

I, \_\_\_\_\_<sup>2</sup>(full names) in my capacity as \_\_\_\_\_ of the entity referred to herein.

Hereby declare the following:

This statement consists of \_\_\_\_\_pages, was completed by me. The contents of this statement are true to the best of my knowledge and belief.

I undertake that, as long as I continue to be a \_\_\_\_\_of the entity, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Registrar as soon as possible, but in any event no later than 30 days from the day that the changes come to my attention

I know and understand the content of this declaration. I do not have objections to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

\_\_\_\_\_  
**SIGNATURE OF DEPONENT**

I hereby declare that the deponent has sworn to and signed this statement in my presence at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on her conscience.

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

FULL NAMES \_\_\_\_\_

CAPACITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
<sup>2</sup> A formal letter authorizing the person to complete this LP FAP requirements questionnaire on behalf of the legal person should be submitted.