

NATURAL PERSONS (NP) FIT AND PROPER (FAP) REQUIREMENTS STATEMENT: SPECIAL PURPOSE VEHICLE

Date of submission to NAMFISA: _____

To be completed by all natural persons who may be controlling or participating, directly or indirectly¹, in the directorship, trusteeship, management or operation of the applicant.

SECTION A: (PERSONAL INFORMATION)

A.1 Full names: _____

A.2 Previous names: _____

A.3 Current Nationality: _____

A.4 Previous Nationality: _____

A.5 Identification number (national identification or Passport number): _____

A.6 Date of Birth: _____

A.7 In case of a Sole Trader - Certificate for Registration of Defensive Name date and number:

A.8 Place of Birth: _____

A.9 Residential address/ Principal Place of business:

A.10 Postal address: _____

¹All persons with the ability to control the legal person and/or dismiss or appoint those in senior management positions, those individuals holding more than 20% of the shares or voting rights and those individuals who hold senior management positions. This includes trustees and beneficiaries of trusts

A.11 Telephone number: _____

A.12 Fax number: _____

A.13 E-mail address: _____

A. 14 Mobile number: _____

A. 15 Occupation / Source of income: _____

A. 16 Nature and location of business (*where applicable*): _____

A.17 Relation to Applicant _____

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 (to be supported with certified copy of Certificate of Conduct issued not longer than 12 months prior to application):

		YES	NO
1	Has an adverse finding been made against you 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), in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonorably or in breach of a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you 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	Have you 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	Have you 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	Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>

6	Have you 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"/>
7	Have you 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"/>
8	Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are you subject to an order of a competent court holding you to be mentally unfit or disordered?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you within a period of ten years preceding the date of application been removed from office on account of misconduct relating to fraud or the misappropriation of money, whether in Namibia or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have you within a period of ten years preceding the date of application been a director or member of a governing body of an entity at the time that such entity has been de-registered in terms of any legislative instrument?	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you within a period of ten years preceding the date of application received a grant of amnesty or free pardon for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
13	Has your estate ever been sequestrated?	<input type="checkbox"/>	<input type="checkbox"/>
14	Have you ever been convicted of an offence or 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 (PACOTPA) and/or any other similar crime in any country?	<input type="checkbox"/>	<input type="checkbox"/>
15	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"/>
16	Have you ever been listed on a Credit Bureau during the past 10 years (whether in Namibia or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>
17	Have you been appointed as a Principal Officer previously? If yes, provide more information, i.e. duration, which company, etc.	<input type="checkbox"/>	<input type="checkbox"/>

18	Are you involved in other companies as a Director/Shareholder/Member?	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you ever been disqualified from being appointed or acting as a director of a company in terms of section 225 and section 226 of the Companies Act, 2004 (Act No. 28 of 2004)?	<input type="checkbox"/>	<input type="checkbox"/>
20	Are you a director or principal officer of a financial institution which is not in compliance with any law governing financial institutions?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: (COMPETENCE)

C.1 Qualifications and Training: Certified copies of the qualifications and training to be attached.

C.2 Experience:

Relevant employment history and/or experience in the industry: Certificates or letters of service from employers or letters from at least two clients confirming that the required period of two years relevant experience have been completed satisfactorily.

Enclose detailed Curriculum Vitae (CV).

DECLARATION

I, _____(full names) hereby declare the following:

This statement consists of _____pages, **each initialed by me**. The content of this statement is true and correct to the best of my knowledge and belief.

I undertake that, as long as I continue to be _____of the institution, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Registrar in this statement 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/affirmation. I consider the prescribed oath to be binding on my conscience.

SIGNATURE OF DEPONENT

I hereby declare that the deponent has sworn/affirm 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/affirmation; that he/she regards the oath as binding on her conscience.

_____ (To initial on each page as well)

COMMISSIONER OF OATHS

FULL NAMES _____

CAPACITY _____

ADDRESS _____