**COMPLIANCE OFFICER FORM**

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| **PART A GENERAL INFORMATION** |
| 1. **Name of Financial Institution or person engaged in other business activity:**

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| **PART B PERSONAL DETAILS OF COMPLIANCE OFFICER** |
| 1. **First Name:**

 | 1. **Middle Name:**

 | 1. **Surname:**

 |
| 1. **Have you ever had a change of name? (If yes, give details and attach deed poll, etc.)**

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| 1. **Country of Birth:**

 | 1. **Identification Number/Passport Number/ Driver’s Licence Number (List any two (2) and attach copies)**

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| 1. **Citizenship:**

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| 1. **Date of Birth:**

 | 1. **Email Address:**

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| 1. **Residential Address:**

 | 1. **Telephone #: Work:**

 **Home:**  **Mobile:**  |
| 1. **Level of Education: Secondary, Tertiary, Postgraduate, etc. Kindly state any professional qualifications/memberships: e.g., CAMS (Attach copy of qualifications)**

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| 1. **How long have you been acting in the role of Compliance Officer?**

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| 1. **Have you ever received any AML/CFT or compliance training?**
 | **Yes ☐** | **No ☐** |
| 1. **Other position held within the entity (Attach job description or organization chart)**
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| **PART C FIT AND PROPER REQUIREMENTS** |
| 1. **Have you ever been charged in Saint Lucia or elsewhere for any criminal offence, regulatory offence or criminal misconduct?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you ever been convicted in Saint Lucia, or elsewhere, for any offence?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you ever been a principal officer of an entity that was, during your period of association, charged or convicted of an offence or sanctioned by a Regulatory Body or Supervisor?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you at any time, in Saint Lucia or anywhere else been declared bankrupt or are you the subject of any bankruptcy proceedings?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you at any time, failed to satisfy a judgment debt under a Court Order made in Saint Lucia or elsewhere?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you ever been disqualified or restricted in Saint Lucia or elsewhere by a court from acting as a director of a company?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you ever been refused entry to any profession?**
 | **Yes ☐** | **No ☐** |
| 1. **Have you ever been dismissed or compelled to resign from any office or employment?**
 | **Yes ☐** | **No ☐** |
| **PART D DECLARATION** |
| I am authorized to file this form on behalf of the Financial Institution or person engaged in other business activity. I declare that the information provided is true, correct and complete***The Signature of the Authorised Person is Mandatory.*****Name:** **Signature:** **Position:** **Date:**  |