**COMPLIANCE OFFICER FORM**

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| **PART A GENERAL INFORMATION** | | | | |
| 1. **Name of Financial Institution or person engaged in other business activity:** | | | | |
| **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.)** | | | | |
| 1. **Country of Birth:** | 1. **Identification Number/Passport Number/ Driver’s Licence Number (List any two (2) and attach copies)** | | | |
| 1. **Citizenship:** |
| 1. **Date of Birth:** | 1. **Email Address:** | | | |
| 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)** | | | | |
| 1. **How long have you been acting in the role of Compliance Officer?** | | | | |
| 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)** | | | | |
| **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? (Submit a Police Certificate of Character)** | | | **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:** | | | | |