



SEYCHELLES INTERNATIONAL BUSINESS AUTHORITY

# Personal Questionnaire Form

FOR DIRECTORS, BENEFICIAL OWNERS AND SHAREHOLDERS  
APPLYING FOR A SPECIAL LICENSE UNDER  
THE COMPANIES (SPECIAL LICENSES) ACT, 2003

Seychelles International Business Authority  
P.O. Box 991,  
Victoria, Mahé,  
Seychelles

**Instruction for Completing the Personal Questionnaire Form**

- Answers to ALL questions should be written in **INK** in **BLOCK LETTERS** or **TYPED**.
- If there is insufficient space on the printed form which to answer a question, additional information may be provided on an attachment.
- Please identify the continuation of an answer by stating the question number.
- All dates should be completed in the form: Day / Month / Year
- Where the Applicant believes that a question does not apply, the Applicant should write "**Not Applicable**" or "**N/A**". **No question should be left unanswered.**
- This form is to be completed in English. Any documents required in any other language are to have a certified English translation appended.
- Please ensure that all answers and information are true and correct. Failure to do so constitutes a criminal offence and can lead the Authority to reject an application or revoke a license that has been granted on the basis of untrue or incorrect information.
- Please attach to this form all relevant documents requested to accompany the application form.

## Categories of Acceptable Certifiers

- i. A notary public
  - ii. A barrister / solicitor
  - iii. A judge
- The application signature on the application form should be witnessed by one of the above.

**NOTE: Failure to disclose and submit all necessary information may lead to the Authority rejecting the application.**

|   |  |
|---|--|
| 1. Name of the Company in connection with the application.  |  |
| 2. Surname.   |  |
| 3. Forename(s).   |  |
| 4. Maiden name (if applicable).   |  |
| 5. Have you been known by any previous name(s)?   |  |
| 6. Are there any names by which you are also known as?  |  |
| 7. Date of Birth. dd mm yyyy  |  |
| 8. Place of Birth.  |  |
| 9. Are you completing this questionnaire as a director / beneficial owner / shareholder / etc...?   |  |
| 11. National Identity Number and/or National Insurance number and/or Social Security number.  |  |
| 12. Nationality(ies). Please include how nationality(ies) was acquired, e.g. by birth, naturalization or marriage. If acquired by naturalization or marriage, indicate previous nationality.  |  |
| 13. Please attach a certified copy of your passport(s) or driving license.<br><br><i>(N.B. The identification should contain a photograph which must be certified by a suitable certifier, who has known the incumbent for at least two years. Certifiers should state on the identification document that it is a true copy of the original document, and sign at the back of two passport photos certifying that it is a true likeness of the individual. The certifier should sign under seal, state his/her name in block capitals, telephone number, profession, name and address of business or official stamp, and date on which the document is being certified.)</i> | Attached<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 15. Details of any bodies corporate of which you are a director, managerial staff, officer, and the countries in which they are registered. (Please provide this information on a separate sheet of paper).   |  |

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| 16. Details of any litigation in which you are now involved. |
|  |
| 17. Details of any judgment against you.                     |
|  |

**IF ANY OF THE ANSWERS TO QUESTIONS 21 TO 33 ARE "YES", PLEASE GIVE FULL PARTICULARS ON A SEPARATE SHEET OF PAPER CLEARLY STATING THE NUMBER OF THE QUESTION TO WHICH THE DETAILS RELATE. PLEASE NOTE THAT NO TIME RESTRICTIONS APPLY TO THE MATTERS YOU ARE ASKED TO DISCLOSE. ANY CONVICTIONS AND OTHER FACTS MUST BE STATED.**

|  |  |
|--|--|
| 21. Have you or any other body corporate, partnership or unincorporated institution to which you are, or have been associated with as a director, managerial staff, officer ever applied to any regulatory authority in any jurisdiction for a license or other authority to carry on this type of business or other similar activity, regardless of whether the application was successful. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.  |  |

|  |  |
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| 22. Have you or at any time been convicted of any criminal offence? If so, give full details of court by which you were convicted, the offence and the penalty imposed and the date of conviction. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.  |  |

|   |  |
|---|--|
| 23. Have you or any body corporate, partnership or unincorporated Institution to which you are, or have been associated with as a director, managerial staff, or officer been subject of an investigation by a government, professional or other regulatory body? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.   |  |

|   |  |
|---|--|
| 24. Have you ever been subject of a disciplinary enquiry? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.                                 |  |

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| 25. Have you ever been suspended from any office or asked to resign? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.  |  |

|   |  |
|---|--|
| 26. Have you been dismissed from any office of employment or barred from entry to any profession or occupation? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, give full details.   |  |

27. Have you ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of the company, partnership or unincorporated company?

YES  NO

If so, give full details.

28. Have you ever been adjudged bankrupt by a court or your estate sequestrated, or entered into any compromise with creditors, or are you currently the subject of bankruptcy proceedings or proceedings for the sequestration of your estate? Are you aware of any such proceedings pending?

YES  NO

If so, give full details.

29. Have you failed to satisfy any debt adjudged due and payable by you as a judgment debtor under an order of a court?

YES  NO

If so, give full details.

30. Have you in connection with the formation or management of any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

YES  NO

If so, give full details.

31. Has any body corporate, partnership or unincorporated Institution with which you were associated as a director, managerial staff or officer been compulsory wound up or made any compromise or arrangement with creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it?

YES  NO

32. In carrying out your duties, will you be acting on the directions or instruction of any other person?

YES  NO

If so, give details

**DECLARATION**

I, ..... (name of Individual)

Declare:

- a) that I have truthfully and fully answered the relevant questions in this Questionnaire and disclosed any information which might reasonably be considered relevant;
- b) that I will promptly notify the Seychelles International Business Authority of any changes in the information I have provided and supply and any other information that may arise:

and

- c) that I fully understand and acknowledge that a failure on my part to comply with the declaration will render the application liable to be refused and, if such failure is discovered after the application has been accepted, will render the application liable to be suspended or revoked.

I hereby understand and consent that the Seychelles International Business Authority (the "Authority") may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorize the bankers named in this Questionnaire, together with any other person, body or institution (including the Police) which the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment.

Signed \_\_\_\_\_

Date \_\_\_\_\_