

COMPLIANCE OFFICER FIT AND PROPER QUESTIONNAIRE

PART I – PERSONAL DATA (COMPLETE ALL FIELDS).			FOR FIU OFFICIAL USE ONLY
1. First Name:	2. Middle Name:	3. Surname:	
4. Country of birth:		5. Number and Type of Valid Government Issued Picture Identification (DP, PP, ID, SS etc.) [Attach copy of ID]	
6. Citizenship:			
7. Date of birth:	8. Email:		
9. Residential Address:	10. Telephone: Work: Mobile: Home:		
	11. Level of education: <i>Secondary, degree, tertiary, doctorate etc.</i>		
12. Mailing Address (If different from above):	13. Professional qualification and membership: <i>E.g. CAMS, FIBA, ACPTT, BSc (Eng.) BA, BSc (Mgmt.) etc.</i>		
	14. Have you been trained in AML/CFT? (Provide details)*:		
15. Have you ever had a change of name? (If yes, please give details):			
16. Name of Legal Entity/Individual registered with the FIU:		17. FIU Registration#:	
18. Nature of Business:			
19. Position held with entity:			
PART II – DECLARATION (ANSWER ALL QUESTIONS).			
1. Have you ever been charged in Trinidad and Tobago, or elsewhere, for any offence? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Have you ever been convicted in Trinidad and Tobago, or elsewhere, for any offence? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Have you ever been a principal officer of an entity that was, during your period of association, charged or convicted of an offence? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Have you at any time, in Trinidad and Tobago or anywhere else been declared bankrupt or are you the subject of any bankruptcy proceedings? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Have you at any time failed to satisfy a judgment debt under a Court Order made in Trinidad and Tobago or anywhere else? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Have you ever been disqualified or restricted in Trinidad and Tobago or elsewhere by a court from acting as a director of a company? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7. Have you ever been refused entry to any profession? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8. Have you ever been dismissed or compelled to resign from any office or employment? <i>If yes, give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
9. Have you ever received any AML/CFT or compliance training? <i>If yes, provide details and attach evidence of training obtained.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 DATE

 PRINT NAME

 SIGNATURE

***NB.:** Details can be provided on an additional sheet.

Abbreviations: **DP:** Drivers Permit, **PP:** Passport, **SS:** Social Security number, **CAMS:** Certified Anti-Money Laundering Specialist, **FIBA:** Florida International Bankers Association, **ACPTT:** Association of Compliance Professionals of Trinidad & Tobago