



**FIT AND PROPER QUESTIONNAIRE
FOR COMPLIANCE OFFICERS**

Please answer every question, writing “not applicable” if appropriate. If the space is insufficient, please continue on a separate sheet, identifying, on the separate sheet, the question for which the additional information is supplied.

Name of applicant: (Please give the name of the Member Firm)

Name, Address and capacity of the person submitting this form: (Please note that this form shall be submitted by the Compliance Officer)

Current Registered Office Address: (Please give the full physical address and the Postal address)

Please answer “Yes” or “No” to each of the following questions.

		Yes	No
a)	Do you have any previous convictions in criminal proceedings or relevant (i.e. where there is an impact on the reputation of you as a professional) civil or administrative proceedings (including convictions under appeal)? If yes, include details below		
b)	Do you have any pending criminal proceedings or relevant civil or administrative proceedings (including any formal notification of investigation or committal for trial)? If yes, include details below		
c)	Do you have any previous disciplinary measures or pending disciplinary actions by any Institute or body to which you are a member? If yes, include details below		

d)	Do you have any previous or pending bankruptcy, insolvency or similar procedures? If yes, please provide details below (including whether the bankruptcy or insolvency was voluntary or not)		
e)	Have you ever been sanctioned by any public authorities or professional bodies or are you the subject of any pending investigations or past investigations or enforcement proceedings? If yes, include details below		
f)	Do you have any professional or commercial relationship or have you had such relationship with any of your clients? If yes, provide how conflict of interest risks were mitigated below		
g)	Have you ever provided a service to an entity that was, during your period of engagement, been convicted of an offence? If yes, include details below		
h)	Have you ever been dismissed or compelled to resign from any office of employment (as an individual or as a firm)? If yes, include details below		
i)	Have you ever received any AML/CFT or compliance training? If yes, provide details of date and facilitator body below		

Declaration statement

I certify that the above information and all information supplied with this application is complete and correct to the best of my knowledge. I undertake to advise the Institute of any material change that occurs at any time after this form is submitted and until such time as the applicant ceases to conduct permitted activity.

I authorise the Institute to contact any person named herein to verify the contents of this form. In so doing the Institute may refer to the Application.

Signed _____

Date _____

Name _____

Capacity _____