

THE INSURANCE COMMISSION OF THE BAHAMAS

BIOGRAPHICAL AFFIDAVIT

(DETAILS OF SHAREHOLDERS AND INDIVIDUALS WHO HOLD OR ARE PROPOSING TO HOLD THE POSITION OF DIRECTOR, EXECUTIVE (SENIOR) OFFICER AND/OR PRINCIPAL REPRESENTATIVE OF AN INSURANCE COMPANY OR INTERMEDIARY LICENCED BY THE INSURANCE COMMISSION OF THE BAHAMAS)

(Print or Type)

Name of Company:

In connection with the above-named company, I herewith make representation and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

Please state if answer is "no" or "none" where appropriate

Full name and address of Applicant

1. Surname _____

Forename(s) _____

2. Have you ever had your name changed? _____

a. If yes, please give reason for the change

b. Other name(s) used at any time

3. Passport No./National Insurance No./or other similar identification No. applied to Government Record Systems.

Give details of I.D. _____

4. a. Date of Birth _____

b. Place of Birth _____

5. Nationality, including statement as to whether it was acquired by birth or naturalization

6. Business address

7. Telephone No. _____ Fax No. _____ E-mail _____

8. Current residential/private address

Street _____

City _____

Island/State/Province _____

Country _____

Telephone No. _____ Fax No. _____ E-mail _____

9. List your residential/private addresses for the last ten (10) years

DATE	STREET ADDRESS	CITY/ISLAND

10. Education:

	Dates	Names	Locations	Degrees
College				
Graduate Studies				
Others				

11. List memberships in Professional Societies and Associations _____

12. Present or proposed position with the applicant company _____

13. In carrying out your duties will you be acting on the directions or instructions of any other person? If so, please give particulars.

14. List complete employment record (up to and including present jobs, positions, directors or officers) for the past ten (10) years giving:

Date	Employer's Address	Title

15. Contact

- a. Present employer may be contacted. Yes No
- b. Former employers may be contacted. Yes No
- c. List three independent referees

Name	Address	Phone/Fax No.

16. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____

17. Have you ever been denied an individual or position schedule fidelity bond, had a bond cancelled or revoked? Yes No

If yes, please give details _____

18. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (State date licenses issued, issuer or license, date terminated, reasons for termination.) _____

19. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes No
If yes, give details. _____
20. Have you ever been censured, disciplined, warned as to future conduct, or made the subject of a court order at the instigation of any regulatory authority or any professional body to which you belonged, or have you ever held a practicing certificate subject to conditions? Yes No If yes, give details. _____

21. Have you ever been dismissed from any office or employment, or been subject to disciplinary proceeding by your company or been barred from entry to any profession or occupation? Yes No If yes, give details. _____

22. List any financial services businesses in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details.

23. Have you at any time failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a court in The Bahamas or elsewhere? If so, give particulars.

24. Have you, in connection with the formation or management of any body corporate, partnership or incorporated institution other than a partnership, been adjudged by a court in The Bahamas or elsewhere civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give particulars.

25. Has any body corporate, partnership or unincorporated institution other than a partnership with which you were associated as a director or officer in the past ten (10) years, in The

Bahamas or elsewhere, been compulsory wound up or made any compromise or arrangement with its creditors, or ceased trading in circumstances where its creditors did not receive or have yet to receive full settlement of their claims, either where you were associated with it within one year after you ceased to be associated with it? If so, give full particulars.

26. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates?

If any of the shares or stock are pledged or hypothecated in any way, give details?

27. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence or pardon for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanour involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any national or other regulatory agency?

Yes No If yes, give details. _____

b. Has any company been so charged allegedly as a result of any action or conduct on your part? Yes No If yes, give details.

28. Have you ever been adjudged a bankrupt? _____

29. Have you, or has any body corporate, partnership, or unincorporated institution with which you are, or have been associated as a director or executive officer, been the subject of an investigation, in The Bahamas or elsewhere, by or at the instigation of a government department or agency, professional association, or other regulatory body? If so, give particulars.

30. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any financial services business which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or receivership, rehabilitation, liquidation or conservatorship?

Yes No

If yes, give details including names and dates _____

31. Has the certificate of authority or license to do business of any financial services business of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? Yes No If yes, give details _____

DECLARARATION

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Dated and signed this _____ day of _____ 20 _____

District/State of _____

Island/Country of _____

I certify that the above named _____ personally appeared before me and being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____

Justice of the Peace/Notary Public

(Seal)

My Commission Expires _____