DEPARTMENT OF CO-OPERATIVES AND FRIENDLY SOCIETIES

Ministry of Industry, Commerce, Agriculture and Fisheries

FIT AND PROPER QUESTIONNAIRE

INSTRUCTIONS: To be completed by each Director(s) / Special Committee Member(s)

and Senior Manager(s) of Agricultural Loan Societies or Approved Organisations and in keeping with the Agricultural Loan Societies and

Approved Organisations Act, 2017 sections 3.3, 4a and 4c.

Nam	Name of Agricultural Loan Societies or Approved Organisation					
Bran	ch of Society_				_	
I	Board	Committ	ee St	taff		
SEC '		ERAL INFORM gal Name (No I				
	Surname		First	Middle		
2.	Other Name	used (Trade Nar	me/ Alias/ Maid	en)		
3.	Gender:	Male	Female			
4.	Date of Birth	[dd/mm/yyyy]:		5. Place of Birth:		
6.	Nationality:					
7.				ralization and Certificate No.		
8.	Complete Ad	dress and other	contact informa	ition:		
	8.1 Home:			Phone:	_	
	_			Cellular: E-Mail:		
	8.2 Business:	·		Phone:	_	
	0.2 2 domests					

	8.3 Mailing Address and if different from above:				
9.	Occupation/ Job Title:				
10.	Tax Payer Registration Number:				
11.	IF YOU ARE NOT JAMAICAN, complete the following:				
	Visa Type No.:				
	IF YOU ARE EXEMPT FROM VISA, STATE WHY:				
	Passport Type No.:				
	Alien Identification No.:				
12.	Marital Status: Married Divorce Separated				
	Widowed Single Common-law				
Сомр	LETE 13 – 21 IN REGARDS TO YOUR SPOUSE				
13.	Spouse Complete Legal Name (No Initials):				
	Surname First Middle(s)				
14.	Other Name used (Trade Name/ Alias/ Maiden)				
15.	Gender: Male Female				
16.	Date of Birth [dd/mm/yyyy]: 17. Place of Birth:				
18.	Nationality:				
19.	If Naturalized Citizen, indicate date of Naturalization and Certificate No.:				

20.	Complete Address a	and other co	ontact information:				
20	.1 Home:		Phone	Phone:			
				ular:			
			E-N	/Iail:			
20	2 Dusinassi		Dha	200			
20				one: ılar:			
				ail:			
20	.3 Mailing Address if						
21.	Occupation/Job Titl	e:					
22.	Tax Payer Registrat	ion Numbe	r:				
23.	IF YOU ARE NOT	Γ JAMAIC	CAN , complete the following:				
	Visa Type No.:						
	Passport Type No.:						
24.	Dependents (Include	e Children	and Parents)				
	NAME	AGE	RELATIONSHIP	OCCUPATION			
25.	25. Other connected parties (Brothers, Sisters, Aunts and Uncles)						
	NAME	AGE	RELATIONSHIP	OCCUPATION			

26.	Current Health Status: Excellent Good Fair Poor					
27.	State any known physical/ mental illness which renders you incapacitated:					
28.	EMERGENCY CONTACT:					
	Name: M					
	Address:					
	Telephone(s):					
	NIS No.: TRN:					
SECT 29.	Have you ever personally filed for bankruptcy or has bankruptcy proceedings been filed against you? Yes No					
30. If yes, state date(s), place(s), if pending, give details of the circumstance pending, how the matter was resolved:						
31.	Have you at any time been charged with or convicted of an offence involving dishonesty whether in Jamaica or elsewhere? Yes No					
	a. If charged provide details:					
	b. If convicted provide details: [date of conviction, full particulars of the offence and the penalty imposed]					

ł	bankruptcy or have bankruptcy proceedings ever been filed against any organisation under your leadership. Yes No No
	If yes, state date(s), place(s), if pending, give details of the circumstances and if no pending, how the matter was resolved:
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	Have you ever been in the leadership of any organization ordered to cease and desist operations? Yes No
]	If yes, then state date(s), place(s) and reason(s).
_	
_	
(Have you ever been sued in your personal capacity or against any organization, or another business undertaking to which you are connected as a partner, director or manager? Yes No
	If pending, give details of the circumstances, and if not pending, state how the matter waresolved.
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ł	Have you ever been the subject of investigation/disciplinary procedures, censured disciplined or publicly criticised by any professional body to which you belong or have belonged whether in Jamaica or elsewhere? Yes No If yes, give particulars
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١	Have you ever been dismissed or requested to resign from any office or employment whether in Jamaica or elsewhere? Yes No If yes, give particulars
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37.	Have you ever been refused entry to any profession or vocation or been the subject of an investigation/ disciplinary procedures by any professional body?
	Yes No If yes, give particulars
38.	Have you ever been disqualified by a court or by virtue of any statutory enactment from being a director or acting in the management or conduct of the affairs of any organization?
	Yes No If yes, give particulars
39.	In connection with the formation or management of any partnership, business undertaking or corporation, have you been adjudged by the court civilly or criminally liable for any fraud, misconduct towards any corporation, member or customer thereof
	whether in Jamaica or elsewhere?
	Yes No If yes, give particulars
FFII	JATED ORGANISATION(S)

40. State organizations in which you have been affiliated with over the last five years (excluding Political)

NAME OF GROUP	NATURE OF MAIN	DOCUTION HELD	DATE		
NAME OF GROUP	ME OF GROUP BUSINESS POSITION HELD		FROM	то	

41. Commercial or other organization(s) in which you or your immediate family have a business association or interest.

NAME OF COMPANY / ORGANIZATION	ADDRESS	NATURE OF MAIN BUSINESS	NATURE OF INTEREST [Position/ Shares%]	DATE JOINED

SECTION III: LEGAL

42.	Have you ever been convicted of an offence under any Tax Laws in Jamaica or elsewhere? Yes No If yes, give particulars
43.	Is the organization within which you hold a governance position tax compliant? Yes No If yes, give particulars
SECT	ION IV : CONFLICT OF INTEREST
44.	Do you, at all times while acting in your capacity as a Director/ Senior Manager of the organization undertake to: a. Act in good faith towards the organization? Yes No
	 b. Avoid conflict of interest between your other interests and the interests of the organization? Yes No
	c. Place the interests of the organization and its clients above all other interests? Yes No

45.	. Have you acquainted yourself with and do you understand the rights and powers, as we as your responsibilities and duties?					, as well	
46.		•	No censured or discipl r elsewhere, at the in	•	le the subject of a Cour	t Order,	
	a.	Any regulatory	authority?	Yes	No		
	b.	Any officially	appointed enquiry?	Yes	No		
	c.	•	blished body concer e Glossary at the end		egulation of relevant act	ivity (as	
SECT	TION V	: FINANCIAI	L BACKGROUND				
47.	-	ou currently harution?	ve outstanding loan Yes	obligations to	financial institutions or	lending	
	-	If yes, give particulars of loan obligations state the institution, and list the outstanding amount/s due to each creditor.					
						_ _ _	
48.		Have you maintained your credit obligations to all the financial institutions or lending institutions in a consistent and satisfactory manner? Yes No					
	If no,	state particulars	s – creditors, amount	, circumstances	or reasons.	-	
49.	Have your bankers, or other financial institution with which you do business ever threatened or commenced court proceedings or declined doing any further business with you as a result of outstanding debts owed by you or you not honouring other facilities afforded to you (example Guarantee, etc.) by these institutions? Yes No						
	If no,	If no, state particulars – creditors, amounts, circumstances and reasons.					

	Has any organization in which you held shareholding, directorship or management position been the subject of any administrative censure or penalty by the Regulator with responsibility for such industry (during your tenure as director or manager or period as shareholder, or within the 3 years immediately after your departure or disposal of shares)? Yes No				
	If yes, give particulars:				
51.	Have you been or are you currently a shareholder, Manager, Director of any Limited Companies or other corporations or bodies engaged in relevant activities. Yes No				
	If yes, state the name of the company(s) or corporation(s), the nature of its business, your position (including details of shareholdings where applicable) and date of appointment and resignation or termination and the reasons therefore.				
SECT 52.	TION IV: EDUCATIONAL AND PROFESSIONAL DETAIL Give details of your education and professional qualifications and affiliations, if any, including relevant dates:				
	DECLARATION				

questionnaire is being completed, I will notify the Registrar of any material changes to or affecting the completeness and/ or accuracy of the information herein by me as soon as possible, but in no event later than fourteen (14) days from the day that the changes come to my attention. I make this solemn declaration believing the same to be true under virtue of the Voluntary Declaration Act. I hereby give permission for the regulation to do the necessary verifications.

Dated the	_ day of	
(date)	(month)	(year)
Signed by the said)))	
Signature	JUST	Presence of: FICE OF THE PEACE / ORNEY —AT-LA