

CHARITIES ACT “FIT AND PROPER” QUESTIONNAIRE FOR GOVERNING BOARD MEMBER

INSTRUCTIONS: To be completed by each Governing Board Member¹ of the entity seeking registration in keeping with Section 17 of the Charities Act 2013. Submit along with Application for registration in keeping with Section 15 under the Charities Act 2013. Each governing Board member must attach a recent passport-sized photograph, certified by a Justice of the Peace/Attorney at Law/Notary Public.

SECTION I – General Information

1. NAME OF CHARITABLE ORGANIZATION (In connection with which this questionnaire is being completed)

SECTION II

2. COMPLETE LEGAL NAME (NO INITIALS):

3. OTHER NAME USED (Alias)

4. GENDER: M [] F []

5. DATE OF BIRTH [dd/mm/yyyy]: _____

6. PLACE OF BIRTH: _____

7. NATIONALITY: _____

8. IF NATURALIZED CITIZEN, INDICATE DATE OF NATURALIZATION AND CERTIFICATE NO.

9. TELEPHONE: [H] _____ [C] _____ E-MAIL:

10. COMPLETE ADDRESS:

HOME: _____

¹ “Governing Board Member” mean (a) a trustee, director or other person who is a member of the governing body (by whatever name called) which is responsible for the management of the charitable organization, whether or not he is an employee of the charitable organization; and (b) the secretary of the charitable organization.

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16. NO. OF DEPENDENTS: _____

AGE(S)	RELATIONSHIP(S)

17. YOUR CURRENT HEALTH STATUS:

Excellent [] Good [] Fair [] Poor []

STATE ANY KNOWN PHYSICAL / MENTAL ILLNESS WHICH RENDERS YOU INCAPACITATED:

18. Have you ever been in the leadership of an organization that has or personally filed for bankruptcy?

Yes [] No [] If yes, state date(s), place(s), if pending, give details of the circumstances and if not pending, how the matter was resolved:

19. 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) & reason(s):

20. 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]

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21. Have you ever been sued in your personal capacity or against any Organization, or any other business undertaking to which you are connected as a partner, director or manager?

If pending, give details of the circumstances, and if not pending state how the matter was resolved.

22. 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 so, give particulars:

23. Have you ever been dismissed or requested to resign from any office or employment; as a result of engaging in any business practice appearing to be deceitful, oppressive or otherwise improper whether in Jamaica or elsewhere?

Yes [] No [] If so, give particulars:

24. 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:

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25. 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 for the protection of the public against financial loss or any other reason?

Yes [] No [] If yes, give particulars:

26. In connection with the formation or management of any partnership, business undertaking or corporation, have you been adjudged by the a Court civilly or criminally liable for any fraud, misfeasance or other misconduct towards that corporation, or any member or customer thereof whether in Jamaica or elsewhere?

Yes [] No [] If so, give particulars:

27. Have you ever been convicted of an offence under any Tax Laws in Jamaica or elsewhere?

Yes [] No [] If yes, give particulars:

28. Is the organization within which you hold a governance position tax compliant?

Yes [] No [] If no, give details:

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29. Organization(s) in which you gave voluntary service in last five years to include serving on the Board of any Charities (registered or otherwise):

DATE From To		NAME OF GROUP	NATURE OF MAIN BUSINESS	POSITION HELD

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

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

31. Do you, at all times while acting in your capacity as a Director or Trustee 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 []

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32. Have you acquainted yourself with and do you understand the rights and powers, as well as your responsibilities and duties as a Director / Trustee of the Organization as outlined in section 29 of the Charities Act, 2013?

Yes [] No []

33. EMERGENCY CONTACT:

Name _____ M [] F []

Address: _____

Telephone(s): _____

TRN: _____

DECLARATION: I _____ declare that the answers to the above questions are true and that I am fully aware that proceeding to act, knowing that I am not fit and proper or submitting false or misleading information or withholding information which if submitted would most likely render me unfit, will constitute a breach of the Charities Act 2013 and may result in my being disbarred from acting in the position indicated in relation to the organization with which this questionnaire is being completed. I further UNDERTAKE, that as long as I continue to be on the Governing Board for which this questionnaire is being completed, I will notify the Charities Authority 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 and by virtue of the Voluntary Declaration Act. I hereby give permission for the Charities Authority to do the necessary verifications.

Dated the _____ day of _____ (year)
(date) (month)

Signed by the said _____)
)
)
)
_____)

in the presence of: _____)
)
)
_____)

Justice of the Peace/Attorney-at-Law

Signature