**Personal Questionnaire**

**For the assessment of Suitability of the Members of the Management Body («MB») and Key Function Holders of Non Credit Institutions («NCI»)**

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| **Name of person completing the Questionnaire:** ………………………………….. |
| **Proposed position:**  Executive member of the MB:  Non-Executive, non-independent member of the MB:  Independent member of the MB:  Key Function Holder:  for the position …………………………………………… |
| **Name of NCI:** |

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| **Please read the following carefully before completing the Questionnaire:**  **A. General**  The Central Bank assesses the fitness and probity of members of the Non-Credit Institution's management body, proportionately applying the Directive on the Assessment of Suitability of the Members of the Management Body and Key Function Holders of Authorised Credit Institutions of 2020[[1]](#footnote-1) (“the Directive”).  The candidate and the NCI are jointly responsible for providing the Central Bank of Cyprus (“the CBC”) with complete and accurate information regarding the proposed appointment. If inaccurate or incomplete information is provided, this will lead to delays in the assessment or may make it impossible to take a positive decision. In addition to the specified information, both the candidate and the NCI have a responsibility to disclose to the CBC all matters that may be relevant to the assessment. |

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| **B. The Questionnaire shall be completed by the candidates for the appointment:**  (a) to the position of a member of the management body (“MMB”) of a NCI incorporated in the Republic of Cyprus (‘the Republic’);  (b) as a Key Function Holder (“KFH”) of a NCI incorporated in the Republic, including the heads of the risk management function, compliance function, internal audit function and information security function and any other key function holder identified on a risk-based approach by the NCI. |

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| **C. Instructions on filling in the questionnaire**  (a) The Questionnaire must be duly completed and signed by the candidate, and where indicated, by the NCI as well.  (b) The space provided after each question in the Questionnaire, is not indicative of the extent of the expected answer. Where deemed necessary, a separate sheet of paper may be used, stating the number of the question on the top left part of the sheet of paper.  (c) All questions should be answered/filled in. If a question is not applicable, please insert “N/A” instead of leaving an empty space and indicate why it is not applicable.  (d) Certified true copies of all documents required in this questionnaire must be attached (e.g. university degree(s), certificates, passport copies, etc).  (e) The Questionnaire must be firstly submitted by the candidate to the NCI, which must conduct an internal assessment based on the provisions of the Directive. After the internal assessment is completed and the NCI is satisfied that all relevant criteria are adhered to, the Questionnaire must be submitted by the NCI to the CBC in order to assess the proposed appointment.  (f) If false or misleading information is provided or material information is knowingly not disclosed, the integrity and, consequently, the suitability for appointment of the candidate in the proposed post may be placed into jeopardy. |

1. **Identification of NCI and candidate**

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| **a)** | | **Institutional information** | | | | | | | |
|  | | Identification of the requesting NCI | | | Name: | | | | |
|  | | Contact person within the NCI | | | Name:  Email:  Telephone: | | | | |
| **b)** | | **Personal information** | | | | | | | |
|  | | **Name** | | | | | | | |
|  | | Title (Mr/Mrs/Ms) | | |  | | | | |
|  | | Family name | | |  | | | | |
|  | | First name | | |  | | | | |
|  | | Middle name(s) | | |  | | | | |
|  | | Variation of first name(s) | | |  | | | | |
|  | | **Previous Name** | | | | | | | |
|  | | Title | | |  | | | | |
|  | | Family name | | |  | | | | |
|  | | First name | | |  | | | | |
|  | | Middle name(s) | | |  | | | | |
|  | | Date and reason for change | | |  | | | | |
|  | | **Current Residence** | | | | | | | |
|  | | Address | | |  | | | | |
|  | | City | | |  | | | | |
|  | | Country | | |  | | | | |
|  | | Start date of residence at this address: | | |  | | | | |
|  | | **Permanent residence (if different from the current residence)** | | | | | | | |
|  | | Address | | |  | | | | |
|  | | City | | |  | | | | |
|  | | Country | | |  | | | | |
|  | | Start date of residence at this address: | | |  | | | | |
|  | | **Other details** | | | | | | | |
|  | | Date of birth | | |  | | | | |
|  | | Place of birth | | |  | | | | |
|  | | Nationality | | |  | | | | |
|  | | Gender | | |  | | | | |
|  | | Current valid ID/passport number | | |  | | | | |
|  | | Country where current valid ID/passport was issued | | |  | | | | |
|  | | Date of current valid ID/passport expiry | | |  | | | | |
|  | | Contact phone number (including country code) | | |  | | | | |
|  | | Email address | | |  | | | | |
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| **c)** | | **Previous/current regulatory approvals/non- approvals in the financial sector** | | | | | | | | |
|  | | **Competent Authority involved**  **(country)** | | **Institution involved** | **Function involved** | | **Start date** | **End date** | **Date of assessment decision** | **Conclusion of the assessment (in the case of non-approval or** if approval is no longer valid, please **provide an**  **explanation in section d.)** |
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| **d) Please explain the reasons for the non-approvals or lapse of approvals indicated above, if** , any: | | | | | | | | | | |
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1. **Position for which questionnaire is submitted**

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| **a)** | **Please state below the position which the candidate wishes to hold within the NCI (as far as known at the time of the submission).** |
|  | Name of the position: |
|  | Check all boxes which apply.  ☐ Executive member of the Management Body  ☐ Non-executive, non-independent member of the Management Body  ☐ Independent member of the Management Body  ☐ Chairperson of the Management Body  ☐ Chairperson of the audit committee  ☐ Chairperson of the risk committee  ☐ Chief Executive Officer (CEO)  ☐ Other executive member of the Management Body holding the position of:…………………………………………………………..  ………………………………………………………………………………………………………………………………………………..  ☐ Head of the compliance function  ☐ Head of the internal audit function  ☐ Head of the risk management function  ☐ Head of the information security function  ☐ Chief Financial Officer (CFO)  ☐ Other Key Function Holder – Please provide details: ……………………………………………………………………………………. |
| **b)** | **Please provide below as detailed a description as possible of the main duties, responsibilities and number of subordinates relating to the function in question.** In case you are proposed as a member of the management body, specify on which sub-committees of the management body or other (management) committees you anticipate that you will participate. |
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| **c)** | **Please provide below additional details about the planned start date and the length of the term of office.** | |
|  | (Planned) start date for the appointment |  |
|  | (Planned) term of office (as applicable) |  |
|  | State if you are replacing somebody else, and if so whom and why: | ☐ YES  ☐ NO |
| **d)** | **Nature of the arrangement between the candidate and the NCI.** |  |
|  | ☐ Contract for services  ☐ Employee  ☐ Other – please explain: |  |

1. **Reputation**

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| **a)** | **Do you**[[2]](#footnote-2) **have any previous convictions in criminal proceedings or relevant (i.e. where there is an impact on the reputation or significant impact on your financial soundness) civil or administrative proceedings (including convictions under appeal)?** | | ☐ YES  ☐ NO |
|  | If YES, please provide details below, in particular: nature of charge; length of time since the alleged wrongdoing; likely penalty if conviction ensues; candidate’s conduct since offence; any professional insight shown by candidate; stage of proceedings; any other mitigating or aggravating factors | | |
| **b)** | **Do you have any pending criminal proceedings or relevant civil or administrative proceedings (including any formal notification of investigation or committal for trial)?** | | ☐ YES  ☐ NO |
|  | If YES, please provide details below, in particular: nature of charge; length of time since the alleged wrongdoing; likely penalty if conviction ensues; stage of proceedings; any other mitigating or aggravating factors | | |
| **c)** | **Do you have any previous disciplinary measures or pending disciplinary actions (including disqualification as a company director, discharge from a position of trust)?** | | ☐ YES  ☐ NO |
|  | If YES, please provide details below | | |
| **d)** | **Do you have any previous or pending bankruptcy, insolvency or similar procedures?** | | ☐ YES  ☐ NO |
|  | If YES, please provide details below (including whether the bankruptcy or insolvency was voluntary or not) | | |
| **e)** | **Have any of the proceedings referred to above been settled out of court or within the framework of alternative dispute resolution (e.g. mediation)?** | | ☐ YES  ☐ NO |
|  | If YES, please provide details below | | |
| **f)** | | **Have you ever been included in a list of unreliable debtors, including the Central Information Register for issuers of dishonoured cheques held by the Central Bank,** **or do you have a negative record on a list established by a recognised credit bureau or have you received an enforcement measure for any such debt?** | ☐ YES  ☐ NO |
|  | | If YES, please provide details below |  |
| **g)** | | **Have you ever been the subject of a refusal of registration, authorisation, membership or licence to carry out a trade, business or profession, or have you had such withdrawn, revoked or terminated?** | ☐ YES  ☐ NO |
|  | | If YES, please provide details below |  |
| **h)** | | **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?** | ☐ YES  ☐ NO |
|  | | If YES, please provide details below |  |
| **i)** | | **Has the management body of the NCI engaged in any specific deliberations regarding any aspects of your reputation?** | ☐ YES  ☐ NO |
|  | | If YES, please provide details on the content and outcome of this deliberation |  |
| **j)** | | **Have you ever been assessed in relation to your reputation as an acquirer or a person who directs the business of an institution has already been conducted by another competent authority?** | ☐ YES  ☐ NO |
|  | | If YES, please provide details on the identity of that authority, the date of the assessment, and evidence of the outcome of this assessment. |  |
| **(k)** | | **Criminal Record is attached to this questionnaire.**  **Please provide a recent and original certificate of criminal record from the competent authorities of the country in which you are a resident. In case where you have changed your country of residence in the past 5 years, please also provide an original certificate of criminal record from the competent authority of your previous country of residence.**  **In case the said criminal record is not in the Greek or English language, please provide a certified translation.**  **In case a criminal record cannot be provided because of the regulations of the country concerned the candidate should give full explanations which will be evaluated by the CBC.** | ☐ YES  ☐ NO |
| **l)** | | **References attached to this questionnaire.**  **Please attach two reference letters from persons who know you personally and are aware of your business activities, from recent employers preferably in the banking or financial sector, including full name, institution, position, telephone number, email address, nature of the professional relationship and whether or not any non-professional relationship exists.**  **The reference letters should be written either in Greek or in English. In case the letters are in any other language, please provide a certified translation.** | ☐ YES  ☐ NO |

1. **Experience \***

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| **a)** | **Qualification** | **Field of study** | **Duration**  **of study** | **Date obtained** | **Educational organisation**  **(university, centre of studies...)** |
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| **b)** | **Practical experience related to banking/financial field[[3]](#footnote-3)** | | | | |  |  |  |  |
|  | **Position** | **Main**  **responsibilities** | **Organisation, company, etc.** | **Size (in terms of total assets)** | **Number of subordinates** | **Duties relevant to the position proposed** | **From** | **To** | **Reason for termination** |
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\* (i) Where a degree or a course/training has not been completed please state so.

1. Copies of the degrees/certificates referred to in 4(a) to be provided, duly certified as true copies of the original.

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| **c)** | **Other relevant experience in senior management**[[4]](#footnote-4) **position outside financial sector** | | | | | | | | |
|  | **Position** | **Main**  **responsibilities** | **Organisation, company, country, industry, etc.** | **Size**  **(total asset, No. of employees)** | **Number of subordinates** | **Spread of areas covered** | **From** | **To** | **Reason for termination** |
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| **d)** | **Other relevant experience outside financial sector** | | | | | | | | |
|  | **Position** | **Main**  **responsibilities** | **Organisation, company, country, industry, etc.** | **Size**  **(total asset, No. of employees)** | **Number of subordinates** | **Spread of areas covered** | **From** | **To** | **Reason for termination** |
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| **e)** | **Please note when filling out the above fields that the following criteria are relevant to the level of experience and should be mentioned where necessary: nature of the management position held and its hierarchical level; nature and complexity of the business where the position was held, including its organisational structure; scope of competencies, decision-making powers and responsibilities, and number of subordinates. Additional information may be provided below if necessary.** |
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| **f)** | **If the candidate does not have relevant experience, then please list below any potential compensating factors (e.g. size of entity; other compensating experience; degree/academic experience; proven ability to challenge; overall suitability; specialised knowledge; other special cases)** |
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| **g)** | **General experience, relevant to the banking/financial sector** | **Assessment (high, medium-high, medium-low, low)** |
|  | a) financial markets, in particular knowledge and practical experience in the area of granting and restructuring credit facilities (financial analysis, credit analysis of the borrower etc); |  |
| b) regulatory framework and requirements; |  |
| c) strategic planning, and understanding of a NCI’s business strategy or business plan and accomplishment thereof; |  |
| d) risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of a NCI, including the responsibilities of the member); |  |
| e) assessing the effectiveness of a NCI’s arrangements, creating effective governance, oversight and controls; |  |
| f) Property market knowledge; |  |
| g) accounting and auditing. |  |

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| **h)** | **Other specialised experience (please describe)** |
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1. **Conflicts of interest**

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| **a)** | | **Do you**[[5]](#footnote-5) **have any close personal relationship with other members of the management body and/or key function holders of:**  **- the NCI?**  **- the parent undertaking or its subsidiaries?**  **- a person that has a qualifying holding in the NCI?**  **- a person that has a qualifying holding in the parent undertaking or its subsidiaries?** | | | | | | | | | | ☐ YES  ☐ NO |
|  | | If YES, please provide details below | | | | | | | | | | |
| **b)** | | **Do you conduct business (in private or through a company) with the NCI, the parent undertaking or its subsidiaries?** | | | | | | | | | | ☐ YES  ☐ NO |
|  | | If YES, please provide the following information:  - a description of the type and content of the business and the obligations of both parties;  - if relevant, the name of the company;  - the relevant period of this relationship. | | | | | | | | | | |
| **c)** | | **Are you currently involved in any legal proceedings against the NCI, the parent undertaking or its subsidiaries, or another financial institution either directly or indirectly?** | | | | | | | | | | ☐ YES  ☐ NO |
|  | | If YES, please provide information on the content and status of the legal proceedings and the entity involved | | | | | | | | | | |
| **d)** | | **Do you have any professional**[[6]](#footnote-6) **or commercial relationship or have you had such relationship over the past 2 years with**  **the NCI, the parent undertaking or its subsidiaries?** | | | | | | | | | | ☐ YES  ☐ NO |
|  | | If YES, please provide details below (where a commercial relationship exists, directly as a partner or shareholder or as director or senior officer of an entity which maintains such a relationship, please provide information as to what (financial) value it represents to the business of the member or his/her close personal or business relationships) | | | | | | | | | | |
| **e)** | **Do you, either personally or through a company you are closely connected with, have any substantial financial interest (such as ownership over 5%) in the NCI, the parent undertaking or its subsidiaries, or in other financial institution or clients of the NCI,? If yes, please provide the following information:** | | | | | | | | | | | |
|  | **Name of the entity** | | | **Main activities of entity** | | **Relationship between the entity and the NCI** | | **Relevant period** | | **Size of the financial interest (% of the capital and voting rights, or value of investment)** | | |
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| **f)** | **Do you, in any way, represent a shareholder of the NCI, the parent undertaking or its subsidiaries?** | | | | | | | | | ☐ YES  ☐ NO | | |
|  | If YES, please provide the following information:  1. name of the shareholder;  2. % participation (in % of the capital and voting rights);  3. nature of the representation. | | | | | | | | | | | |
| **g)** | **Do you have any financial obligation to the NCI, the parent undertaking or its subsidiaries?** | | | | | | | | | ☐ YES  ☐ NO | | |
|  | If YES, please provide the following information:  - name of the obligor;  - relationship with the obligor;  - the type of obligation (i.e.loan, overdraft, etc);  - date of granting;  - original amount on loans and limits on credit cards and overdraft amounts (€);  - the value of the obligation (outstanding balance);  - relevant period of this obligation;  - - performing or not | | | | | | | | | | | |
| **h)** | **Do you have or have you had a position with high political influence (either nationally or locally)?[[7]](#footnote-7)\*** | | | | | | | | | ☐ YES  ☐ NO | | |
|  | If YES, please provide the following information:  1. the nature of the position;  2. the specific powers related to or the obligations of this position;  3. whether this position may create conflicts of interest with the functions of the proposed appointment. | | | | | | | | | | | |
| **i)** | **Do you have any other relationships, positions or involvement that are not addressed in the questions above, which could adversely affect the interests of the NCI?** | | | | | | | | | ☐ YES  ☐ NO | | |
|  | If YES, please provide all necessary information (e.g. nature, content, period and, if relevant, the relation to/relationship with the  NCI, the parent undertaking or its subsidiaries) | | | | | | | | | | | |
| **j)** | **Do you have or have you had (in the last 10 years) direct or indirect participations of 20% or more in any entity?** | | | | | | | | | ☐ YES  ☐ NO | | |
| If YES, please provide the information below | | | | | | | | | | | | |
| **Name of the entity** | | | **Brief description of the entity (e.g. principal activities, turnover, number of employees)** | | **Country and date of establishment** | | **Share of participation (direct or indirect)** | | **Period of participation** | | | |
| **From** | | **To** | |
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| To be completed by the NCI | | | | | | | | | | | | |
| **k)** | | **If any conflicts of interest have been identified , please indicate how a potential conflict of interest resulting from the candidate’s statements above, whether or not it is considered material, is proposed to be mitigated? Please include relevant documentation if needed (e.g. bylaws, rules of procedure).** | | | | | | | | | | |
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1. **Time commitment (to be completed by candidates - members of the MB only)**

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| **a)** | **What time commitment is required for the function involved?** | |
|  |  | |
| **b)** | **Does an additional non-executive directorship needs to be authorised (under paragraph 13 (3) (d) of the Directive)?** | ☐ YES  ☐ No |
|  | If YES, please provide information on remedial measures/actions to be taken, if any (i.e. divestment from a position). | |

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| **c)** | **List of executive and non-executive directorships and other professional activities. Please list the directorship for which this form is being completed first and then all other directorships and other professional activities held by the candidate.** | | | | | | | | | | |
|  | a. Entity (please mark listed companies  with\*) | b. Country /Date of establishment | c.  Description of the  company’s  activity | d. Size of entity[[8]](#footnote-8) | e. Function within the entity:  executive director/non- executive director/ other | f. Privileged counting or no counting | g. Additional responsibilities such as membership of committees,  chair functions, etc. | h. Time commitment per week (hours) and per year (days) (to include additional responsibilities) | i. Term of  mandate (as  of – until) | j. Number of meetings per year | k. Additional comments / information |
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| **d)** | **Total number of executive directorships if privileged counting and exceptions (no counting) are applied.** |  |
| **e)** | **Total number of non-executive directorships if privileged counting and exceptions (no counting) are applied.** |  |
| **f)** | **If privileged counting applies please provide details of whether any synergies exist between the companies, such that there is a legitimate overlap in terms of time commitment within those companies.** |  |
| **g)** | **Total hours per week of time committed to all directorships outside the function for which submission is made.** |  |
| **h)** | **Total days per year of time committed to all directorships outside the function for which submission is made.** |  |

1. **Independence Criteria (to be completed by the candidates for the position of the independent member of the MB only)\***

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| **a)** | **Do you have or have you had a mandate as an executive member of the management body within an entity within the scope of prudential consolidation at any point in time during the past five years?** | ☐ YES  ☐ NO |
| **b)** | **Do you have a qualifying holding in the NCI or do you represent the interests of a shareholder who has a qualifying holding, including where the shareholder is the Republic or other public body?** | ☐ YES  ☐ NO |
| **c)** | **Do you have a material financial or business relationship (as defined in the Directive) with the NCI?** | ☐ YES  ☐ NO |
| **d)** | **Are you an employee of, or otherwise associated with a shareholder who has a qualifying holding in the NCI?** | ☐ YES  ☐ NO |
| **e)** | **Are you currently employed by any entity within the scope of consolidation?**  **If yes, please specify whether the following conditions are met:** | ☐ YES  ☐ NO |
|  | 1. **(a) You hold a position to the entity’s highest hierarchical level, which is directly accountable to the management body.** | ☐ YES  ☐ NO |
|  | 1. **(b) You have been elected to participate in the management body of the entity in the context of a system of employees’ representation.** | ☐ YES  ☐ NO |
| **f)** | **Have you previously been employed in a position at the highest hierarchical level of the NCI or in another entity within its scope of prudential consolidation, being directly accountable only to the management body, and there has not been a period of at least 3 years, between ceasing such employment and serving on the management body?** | ☐ YES  ☐ NO |
| **g)** | **Have you been, at any point in time over the past 3 years, a senior officer of a material professional adviser, an external auditor or a material consultant to the NCI or another entity within the scope of prudential consolidation, or otherwise an employee materially associated with the service provided?** | ☐ YES  ☐ NO |
| **h)** | **Have you been, within the last year, a material supplier or material customer of the NCI or another entity within the scope of prudential consolidation or had another material business relationship, or are you a senior officer of or are you otherwise associated directly or indirectly with a material supplier, customer or commercial entity that has a material business relationship?** | ☐ YES  ☐ NO |
| **i)** | **Do you receive in addition to remuneration for your role and remuneration for employment in line with point (e) significant fees or other benefits from the NCI or another entity within its scope of prudential consolidation?** | ☐ YES  ☐ NO |
| **j)** | **Have you ever served before as a member of the management body within the NCI for 9 consecutive years?**  **If yes give details including dates and number of years.** | ☐ YES  ☐ NO |
| **k)** | **Do you have a close family or personal relationship with a member of the management body of the NCI or another entity in the scope of prudential consolidation or a person in a situation referred to under points (a) to (h)?** | ☐ YES  ☐ NO |
| **Ι)** | **Do you have any other annual income from employment, apart from your fee from your role as a member of the management body of the NCI?** | ☐ YES  ☐ NO |

\* If any of the above is answered in the affirmative, please provide further information and explanations as well as any other mitigating factors that should be taken into account during the assessment of your independence.

1. **Collective suitability \***

**To be completed by the NCI**

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| **a)** | **How is the candidate to be situated in the collective suitability of the NCI? Please explain why the (proposed) appointment complements the NCI’s collective suitability and refer where relevant to the outcome of the most recent self-assessment of the collective suitability of the management body.** |
|  |  |
| **b)** | **Explain in general the weaknesses that have been identified in the overall composition of the management body.** |
|  |  |
| **c)** | **How will the candidate help to solve some or all of the weaknesses referred to in your answer to the previous question?** |
|  |  |

\* Please attach an updated table with the composition of the management body

1. **Additional information and Annexes**

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| --- | --- |
| **a)** | **If there is any other information the candidate or the NCI considers to be relevant to the assessment, it must be included here.** |
|  |  |
| **b)** | **Please tick the boxes as proof of completeness of the attached information** |
|  | ☐ Declaration of the candidate  ☐ Declaration of the NCI  ☐ CV signed by the candidate, containing details of education and professional experience (including professional experience, academic qualifications and other relevant training), including the name and nature of all organisations for which the individual has worked and the nature and duration of the functions performed, in particular highlighting any activities within the scope of the position sought (banking and/or management experience)  ☐ Copies of academic degrees/professional certificates (certified as true copies)  ☐ Original certificate of criminal record  ☐ Two reference letters  ☐ Non bankruptcy certificate  ☐ Board minutes regarding the appointment (if any)  ☐ Copy of ID card/passport (certified as true copy)  ☐ Letter of appointment, contract, offer of employment or drafts thereof (as applicable)  ☐ Suitability Assessment report (as carried out by the NCI and/or, in as far as applicable, by external consultants), the following details should be provided: (a) details of the result of any assessment of the suitability of the individual performed by the NCI, such as relevant board minutes or suitability assessment report/document; and (b) the contact person within the institution.  ☐ Organisational chart  ☐ Overview of the board composition (for MB members only)  ☐ Other: |

**DECLARATION OF THE CANDIDATE**

***TO BE COMPLETED BY A PERSON TO BE APPOINTED AS A MEMBER OF THE MANAGEMENT BODY OR A KEY FUNCTION HOLDER OF THE NCI)***

* I, the undersigned ………………………………………………………… (full name) declare that:
* I, hereby submit, in accordance with the provisions of the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data Law of 2018 (Law 125(I)/2018 to the Central Bank of Cyprus (“CBC”) all requested information and documentation.
* I am proposed for the position of: …………………………………………………………………………...
* I represent the following shareholder: ………………………………………………………………………
* The NCI has explained to me in sufficient detail:
  + 1. the duties, responsibilities and obligations stemming from the proposed appointment under the Law and the companies’ legislation and therefore I am fully aware of these duties, responsibilities and obligations,
    2. my expected contribution, and
    3. the time expected to be dedicated for this purpose.
* I confirm that I can fulfill the above and that I have the necessary time to carry out such tasks.
* I confirm that I am aware of responsibilities arising from the European and national legislation and international standards, including regulations, codes of practice, guidance notes, guidelines and any other rules or directives issued by the Central Bank of Cyprus (CBC) and by the European Banking Authority (EBA), which are of relevance to the function for which a positive assessment is sought, and also confirm the intention to ensure continued compliance with them.
* I, also, hereby declare and confirm that:

1. The information supplied in this questionnaire and any supporting documentation is accurate and complete to the best of my knowledge and belief and I agree to provide the CBC, with any supplementary information and / or clarifications, it may require, in connection with the completion of this questionnaire.
2. I will, promptly, notify the CBC of any changes in the information which I have provided and provide, in writing, the details of such changes and any other relevant material information of which I may become aware at any time after the date of this declaration.
3. I understand that it is an offence knowingly or recklessly to give the CBC information that is false, misleading or deceptive.
4. I, hereby, irrevocably authorise the CBC as well as its officers or employees to make such enquiries and to seek further information as they think appropriate and / or exchange such information, as deemed necessary by them, with any third parties including but not limited to any foreign banking or financial / investment or insurance supervisory / regulatory authorities etc., for the purpose of verifying the information given on this questionnaire, or in any supporting documents.
5. In addition, I irrevocably authorise the CBC to require from the appropriate organs any information deemed necessary for purposes of confirmation of any information, and data, included in this questionnaire or in any supporting documents.
6. I understand that any personal data provided to the CBC will be used to discharge its statutory duties under the law and may be disclosed to third parties for those purposes.
7. I confirm that I am not involved or have never been engaged, directly or indirectly in any criminal actions or in any activities which might be used in the promotion, advancement, assistance, instigation of economic crime or that could be considered that they might be used in the promotion, advancement, assistance or instigation of economic crime.

* I, hereby, irrevocably authorise and freely give my explicit consent to the CBC, with the present declaration and with complete conscience, to treat my personal data, sensitive or not, according to the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data Law of 2018, as may amended from time to time.
* I understand that all my personal data will be considered as confidential, as per the provisions of the above Laws, and will enjoy confidential treatment by the CBC and its duly authorised and suitably trained for handling such data employees and that any information which concerns me will not be divulged to any third person, except in the cases listed below:
* Upon my request or my consent.
* When I have been declared bankrupt.
* When it is required by Law or a Court Order.
* When it is divulged in the context of a judicial process between us.
* When it is divulged for reasons of public of interest or for the protection of the interests of the CBC.
* When it is divulged for the purposes of maintaining the “Central Information Register for Issuers of Dishonoured Cheques and Other Related Matters” administered by the Central Bank of Cyprus.
* When it is divulged to business associates of the CBC who provide services concerning its computerised system(s).
* I also, hereby, give my explicit consent for the interconnection and cross-correlation of files which hold my personal data which are maintained by the CBC as well as for divulging the data in question, subject to the cases listed above, to other Member States of the European Union or to other non-member States.

I understand that, according to the General Data Protection Regulation (EU 2016/679), I have the right of information and access, the right of requesting corrections and erasure of the data in question as well as the right of objection, and the right to withdraw my consent at any time, all of which should be expressed in writing. I understand that whenever I am required and/or it is deemed appropriate by the Central Bank of Cyprus, I will offer my assistance and cooperation in order to achieve compliance with the above. I, finally, understand that the Central Bank of Cyprus will be responsible for the processing of my personal data.

This declaration applies to both current as well as to any future data and information related to me. In this document, the singular includes the plural and the male gender includes the female.

|  |  |
| --- | --- |
| Name: |  |
| I.D. Number: |  |
| Signature: |  |
| Date: |  |

**DECLARATION OF THE NCI**

The undersigned:

☐ confirms that the information provided in this questionnaire is accurate and complete to the best of his/her knowledge;

☐ confirms that this Questionnaire is pursuant to the relevant Directive of the Central Bank, and supports his/her view that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname) fulfils all the criteria for the appointment as[[9]](#footnote-9):

1. an executive member.
2. a non-executive, non-independent member.
3. an independent member, who fulfils all the independence criteria of the Directive.
4. a Key Function Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe the exact organisational position).

☐ confirms that the NCI will notify the CBC immediately if there is a material change in the information provided;

☐ confirms that the NCI has requested the full information necessary to assess the candidate’s suitability and that it has given due consideration to that information in determining the candidate to be a suitable person;

☐ confirms that the description of the function for which a positive assessment is sought accurately reflects the aspects of the activities of the NCI which it is intended that the appointee will be responsible for;

☐ confirms that the supervised entity believes, on the basis of due and diligent enquiry and by reference to the fit and proper criteria, that the candidate is a suitable person to perform the function as described in this questionnaire;

☐ confirms that the candidate has been assessed as having the requisite experience or, if not, provides details of the training plan imposed, including the content, the provider and the date by which the training plan will be completed;

☐ confirms that the NCI has made the candidate aware of the regulatory responsibilities associated with the function as described in this questionnaire;

☐ confirms that he/she has authority to make this notification/application and provide the declarations given by, and sign this questionnaire on behalf of, the NCI

Name of NCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. That replaced the Directive on the Assessment of the Fitness and Probity of Members of the Management Body and Managers of Authorised Credit Institutions of 2014, referred to in Paragraph 13 of the Non-Credit Institutions and Credit Intermediaries Directive. [↑](#footnote-ref-1)
2. **“You” throughout section 3 should be understood as “you personally”, but also includes any body corporate, partnership or unincorporated entity with which you are or have been associated as board member, controller, manager, or qualifying shareholder.**  [↑](#footnote-ref-2)
3. In particular, education in the areas of banking and finance, economics, law, accounting, auditing, administration, financial regulation, information technology, and quantitative methods can in general be considered to be relevant for the financial services sector. Relevant experience includes the areas of: banking, finance, economics, law, financial regulation, administration or academic. The scope is broader for non-executive members. [↑](#footnote-ref-3)
4. On the board or 1-2 levels below the board [↑](#footnote-ref-4)
5. “You” throughout section 5 should be understood as “you personally”, but also includes your close personal and family relationships ( as defined in the Directive) and any legal entity of which you are or were a board member at the relevant time. [↑](#footnote-ref-5)
6. 5 Such as holding management or senior position(s). [↑](#footnote-ref-6)
7. As provided by paragraph 14(4) of the Directive [↑](#footnote-ref-7)
8. E.g. total assets, year-end data for financial establishment, total turnover and international presence for other companies [↑](#footnote-ref-8)
9. Delete as appropriate. [↑](#footnote-ref-9)