

## MANAGEMENT & DIRECTORS QUESTIONNAIRE (MDQ) (NATURAL PERSON)

**This information is being requested as you have been stated as a Director or Senior Management / Officer of an Applicant (or Recipient) of services being provided or facilitated by ourselves.**

### SECTION (1): MAIN PRINCIPAL APPLICANT

<b>NAME OF CORPORATION / APPLICANT:</b>		<b>Reference Number (If You Have One)</b>
<b>YOUR POSITION WITHIN THE APPLICANT:</b>		<b>Position Held Since:</b>
		<b>Shareholder?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>If YES, Percentage?</b>
		%

### SECTION (2): YOUR PERSONAL DETAILS

<b>FAMILY NAME:</b>		<b>FORENAME(S):</b>	
<b>DATE OF BIRTH:</b>		<b>NATIONALITY:</b>	
<b>PLACE OF BIRTH:</b>		<b>PASSPORT NUMBER:</b>	
<b>ETHNICITY:</b>		<b>PASSPORT EXPIRY DATE:</b>	
<b>OCCUPATION OR PROFESSION:</b>		<b>PLACE OF ISSUE:</b>	
		<b>DO YOU OWN A SECOND PASSPORT OR HOLD DUAL CITIZENSHIP? INCLUDING A UNITED STATES GREEN CARD:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>YOUR RESIDENTIAL ADDRESS:</b>		<i>Please include international dialling codes.</i>
<b>Town:</b>		<b>MOBILE NUMBER:</b>
<b>Postal / Zip Code:</b>		
<b>COUNTRY:</b>		<b>HOME TELEPHONE:</b>
		<b>OFFICE TELEPHONE:</b>

<b>HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PLEASE DESCRIBE YOUR CURRENT STATE OF HEALTH:</b> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
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<b>If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:</b>	<b>EMAIL ADDRESS:</b> Please provide a confidential email address
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### SECTION (3): YOUR RESUMÉ - ABOUT YOUR PROFESSION & EXPERIENCE

ARE YOU A UNIVERSITY GRADUATE?

Yes  
 No

YEAR OF GRADUATION:

NAME OF INSTITUTION:

PLACE:

### PROFESSIONAL QUALIFICATIONS & MEMBERSHIPS

PLEASE GIVE DETAILS OF FURTHER EDUCATION OR PROFESSIONAL QUALIFICATIONS:

ARE YOU A MEMBER OF A PROFESSIONAL BODY OR ASSOCIATION?

Yes  
 No

YEAR JOINED:

NAME OF INSTITUTION:

PLACE:

PLEASE DETAIL ANY OTHER MEMBERSHIPS & ASSOCIATIONS:

### PROFESSIONAL HISTORY & EXPERIENCE

PLEASE GIVE BRIEF DETAILS OF YOUR PROFESSIONAL / EMPLOYMENT HISTORY:

DATE START:	DATE END:	JOB TITLE:	DESCRIBE DUTIES IN BRIEF:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION (4): OTHER DIRECTORSHIPS & CONTROLLING INTERESTS

Please provide information about any other Directorships and interests (other than within the Applicant) – Where you either;

(a) act as a Director, and/or;  
(b) hold a principal or management office, and/or;  
(c) own or hold a shareholding and/or have or hold a significant controlling interest.

**I HEREBY DECLARE MY INTERESTS IN THE FOLLOWING COMPANIES, ORGANISATIONS and/or ASSOCIATIONS:**

Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company or Entity Name:	<input style="width: 100%;" type="text"/>	Country of Incorporation:	<input style="width: 100%;" type="text"/>	Position Held:	<input style="width: 100%;" type="text"/>	Shareholder	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Have you:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Ever been banned from acting as a Company Director?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Been convicted of a criminal offence for anything other than motoring offences?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Owned or currently own a Work Permit or Residency Permit in any other Nation other than your current residency, including any United States Work Permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If 'YES' to any of the above, please provide details:

## SECTION (5): PERSONAL ASSET & LIABILITY STATEMENT

### Assets

State Currency

- CHF       GBP (£)  
 Euro (€)     Other

Value of Private Primary Residence:

Real Estate Property:

Liquid or Cash Accounts:

Investments: *(Quoted Stocks & Bonds)*

Other: *(please specify)*

Value of Shareholdings within the Applicant and other entities declared in Section (4): *(if applicable)*

Cars / Boats / Aircraft:

**TOTAL PERSONAL ASSETS:**

### Liabilities

State Currency

- CHF       GBP (£)  
 Euro (€)     Other

Residential Loans and Mortgages:

Other Loans and Mortgages:

Bank Loans / Overdrafts:

Other Credit or Loans:

Other: *(please specify)*

Hire Purchase of Lease Contracts:

**TOTAL PERSONAL LIABILITIES:**

The above information will remain confidential at all times

## SECTION (6): IDENTITY PROOFS REQUIRED

**IMPORTANT:**

Please provide the following documents when returning this document.

- Copy Of Passport (Clear Colour Copy)  
 Utility Bill for Proof of Residential Address  
 Copy of most recent Curriculum Vitae (or brief Resumé)

## SECTION (7): DECLARATION

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate and I note that I have provided this information in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.

Signed:

Dated: