

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

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

SECTION (2): YOUR PERSONAL DETAILS

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

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

HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS?	Yes No	PLEASE DESCRIBE YOUR CURRENT STATE OF HEALTH:	GOOD FAIR POOR
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If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:	EMAIL ADDRESS: Please provide a confidential email address
<input type="text"/>	<input type="text"/>

SECTION (3): YOUR RESUMÉ - ABOUT YOUR PROFESSION & EXPERIENCE

ARE YOU A UNIVERSITY GRADUATE?	Yes No	YEAR OF GRADUATION:		NAME OF INSTITUTION: PLACE:	
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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:	
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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:

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: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No
Company or Entity Name:	<input style="width: 95%;" type="text"/>	Country of Incorporation:	<input style="width: 95%;" type="text"/>	Position Held:	<input style="width: 95%;" type="text"/>	Shareholder	Yes No

Have you:

(a) Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?	Yes	No
(b) Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?	Yes	No
(c) Ever been banned from acting as a Company Director?	Yes	No
(d) Been convicted of a criminal offence for anything other than motoring offences?	Yes	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?	Yes	No

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

SECTION (5): PERSONAL ASSET & LIABILITY STATEMENT

Assets	State Currency		Liabilities	State Currency	
	CHF	GBP (£)		CHF	GBP (£)
	Euro (€)	Other		Euro (€)	Other
Value of Private Primary Residence:	<input type="text"/>		Residential Loans and Mortgages:	<input type="text"/>	
Real Estate Property:	<input type="text"/>		Other Loans and Mortgages:	<input type="text"/>	
Liquid or Cash Accounts:	<input type="text"/>		Bank Loans / Overdrafts:	<input type="text"/>	
Investments: <i>(Quoted Stocks & Bonds)</i>	<input type="text"/>		Other Credit or Loans:	<input type="text"/>	
Other: <i>(please specify)</i>	<input type="text"/>		Other: <i>(please specify)</i>	<input type="text"/>	
Value of Shareholdings within the Applicant and other entities declared in Section (4): <i>(if applicable)</i>	<input type="text"/>				
Cars / Boats / Aircraft:	<input type="text"/>		Hire Purchase of Lease Contracts:	<input type="text"/>	
TOTAL PERSONAL ASSETS:	<input type="text"/>		TOTAL PERSONAL LIABILITIES:	<input type="text"/>	

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: