

Personal Questionnaire

Effective: June 2025

NOTES ON COMPLETION

The requirement for a director or trader to provide the Authority with a Personal Questionnaire will be satisfied by either completing, signing and returning this form, or by providing a copy of a Personal Questionnaire, or similar document, submitted to their regulator or supervisor for countering financial crime.

Either form must be submitted to the Authority within 10 business days of the appointment of the Director or Trader. These should be sent only by email to: membership@tisegroup.com

Please answer all questions, do not leave any section blank.

If insufficient space is provided for completion of any paragraph, additional information may be provided on the [supplement pages](#). Please select which section and provide which question the additional information relates to at the top of each supplement page.

1. PERSONAL DETAILS

Surname:

Forename(s):

Former surname(s):

Former forename(s):

Alias (if any):

Date of Birth:

Place of birth (country and town):

Contact Address:

Nationality:

Former nationality, if any:

Position(s) at Member:

Telephone number:

Email address:

Current list of Directorships:

2. EMPLOYMENT HISTORY

Give details of your employment over the last ten years. Any gaps in employment over the period must be explained.

CURRENT EMPLOYMENT

Name of employer:

Address of employer:

Nature of employer's business:

Period of employment (mm/yy):

Job title:

Description of position and responsibilities:

2. EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT

Name and address of employer:

Nature of employer's business:

Period of employment (mm/yy):

Job title:

Description of position and responsibilities:

Reason for leaving (if dismissal or termination by employer please provide further information):

Name and address of employer:

Nature of employer's business:

Period of employment (mm/yy):

Job title:

Description of position and responsibilities:

Reason for leaving (if dismissal or termination by employer please provide further information):

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Job title:

Description of position and responsibilities:

Reason for leaving (if dismissal or termination by employer please provide further information):

3. PROFESSIONAL COMPETENCE

3.1 PROFESSIONAL QUALIFICATIONS

Please detail your professional qualifications, the body(ies) they were awarded by and the date.

3.2 PROFESSIONAL MEMBERSHIPS

Current professional memberships.

3.3 TRAINING AND EXPERIENCE

Relevant training and experience (including dates)

3.4 LICENCES, AUTHORISATIONS OR EQUIVALENT APPROVALS

List any licence or authorisation or equivalent approvals (whether personally or as a representative) held

4. FITNESS AND PROPRIETY

4.1. HAVE YOU BEEN DECLARED BANKRUPT, ADJUDGED BANKRUPT OR HAD YOUR ESTATE SEQUESTERED, OR HAD A PRELIMINARY VESTING ORDER DECLARED AGAINST YOU?

Yes ☐ No ☐ If yes, give full particulars (e.g. the court by which you were adjudged bankrupt and, if discharged, the date and conditions on which you were granted your discharge.)

4.2 HAVE YOU BEEN A PARTY TO A DEED OF ARRANGEMENT OR MADE ANY OTHER FORM OF COMPOSITION WITH YOUR CREDITORS?

Yes ☐ No ☐ If yes, give full particulars

4.3 ARE THERE ANY UNSATISFIED JUDGEMENTS OUTSTANDING AGAINST YOU?

Yes ☐ No ☐ If yes, give full particulars

4.4 TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, HAS ANY COMPANY BEEN PUT INTO LIQUIDATION (OTHERWISE THAN BY A MEMBERS' VOLUNTARY WINDING UP WHEN THE COMPANY WAS SOLVENT) OR HAD A RECEIVER APPOINTED DURING THE PERIOD WHEN YOU WERE A DIRECTOR OR THE FOLLOWING 12 MONTHS?

Yes ☐ No ☐ If yes, in each case state the company's name, nature of business, date of commencement of winding up or receivership and the amount involved together with an indication of the outcome or current position

4. FITNESS AND PROPRIETY

4.5 HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE INVOLVING FINANCIAL CRIME, FRAUD OR DISHONESTY?

Yes ☐ No ☐

If yes, state the court by which you were convicted, the date of conviction and give full particulars of any court judgments issued, the offence and the penalty imposed. Consideration will be given to any applicable rehabilitation of offenders legislation which provides circumstances which, if present, will result in certain convictions being considered as spent.

4.6 HAVE YOU, IN CONNECTION WITH THE FORMATION OR MANAGEMENT OF ANY COMPANY, PARTNERSHIP OR UNINCORPORATED INSTITUTION BEEN ADJUDGED BY A COURT CIVILLY LIABLE FOR ANY FRAUD, MISFEASANCE OR OTHER MISCONDUCT BY YOU TOWARDS SUCH A BODY, COMPANY, ITS MEMBERS OR CREDITORS?

Yes ☐ No ☐ If yes, give full particulars

4.7 HAVE YOU BEEN REFUSED ADMISSION TO MEMBERSHIP OF ANY PROFESSIONAL BODY OR BEEN CENSURED OR DISCIPLINED BY ANY SUCH BODY TO WHICH YOU BELONG OR BELONGED OR HAVE YOU HELD A PRACTISING CERTIFICATE SUBJECT TO ANY UNUSUAL CONDITIONS?

Yes ☐ No ☐ If yes, give full particulars

4. FITNESS AND PROPRIETY

4.8 HAVE YOU BEEN DISQUALIFIED FROM ACTING AS A DIRECTOR OF A COMPANY, OR FROM ACTING IN THE MANAGEMENT OR CONDUCT OF THE AFFAIRS OF ANY COMPANY, PARTNERSHIP, OR UNINCORPORATED INSTITUTION?

Yes ☐ No ☐ If yes, give full particulars

4.9 TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, HAS ANY COMPANY, PARTNERSHIP OR UNINCORPORATED INSTITUTION BEEN:

Yes ☐ No ☐

- i. investigated by an inspector appointed under companies legislation, or other securities enactments or by any other regulatory body; or
- ii. required to produce books and records to a government or regulatory inspector; or
- iii. censured and/or fined;

during the period in which you were responsible for the management or conduct of the affairs of that company, partnership or unincorporated institution or during the following 12 months?

[If the investigation is or was confidential, the question may be answered simply "yes". In such cases the Authority may seek additional information directly and in confidence from you.]

4.10 IS THERE ANY ONGOING LITIGATION AGAINST YOU AND ARE YOU CURRENTLY INVOLVED IN ANY PROCEEDINGS ISSUED BY YOU?

Yes ☐ No ☐ If yes, give full particulars

4. FITNESS AND PROPRIETY

4.11 HAVE YOU EVER BEEN REMOVED OR DISMISSED FROM ANY POSITION, OFFICE (INCLUDING ANY FIDUCIARY OFFICE) OR POSITION OF TRUST?

Yes ☐ No ☐ If yes, give full particulars

4.12 HAVE YOU ENTERED INTO A SETTLEMENT (INCLUDING INDIVIDUAL VOLUNTARY ARRANGEMENTS) IN THE LAST 10 YEARS IN RELATION TO ANY FINANCIAL SERVICES, COMPANIES, CONSUMER PROTECTION, MARKET ABUSE, INSIDER DEALING OR MONEY LAUNDERING MATTER?

Yes ☐ No ☐ If yes, give full particulars

4.13 IS THERE ANY OTHER INFORMATION MATERIAL TO YOUR POSITION AT THE MEMBER, THE OMISSION OF WHICH MIGHT AFFECT THE SIGNIFICANCE OF THE INFORMATION CONTAINED HEREIN?

Yes ☐ No ☐ If yes, give full particulars

4. FITNESS AND PROPRIETY

I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts material to the assessment of my fitness and propriety.

I undertake to inform the Authority, without delay, of any material changes to the information supplied in this form. I hereby authorise the Authority to disclose any information provided in this declaration to such other bodies as the Authority may, in its absolute discretion, deem necessary in accordance with its Privacy Statement which I have read and understood.

Name

Signature

Date

SUPPLEMENT PAGE

Supplement to:

Question:

SUPPLEMENT PAGE

Supplement to:

Question:

Personal Questionnaire

June 2025

Dublin. Guernsey. Isle of Man. Jersey. London.

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