# **Personal Declaration Sheet**

To be completed by incorporators, directors, principal officers and ten largest shareholders. It is essential to complete this form accurately and legibly. No section in the form may be left blank. Place "Not Applicable" or "None" as the case may be.

Section A	
Name:	Date of Birth:
Country of Birth:	Country of Citizenship:
Country of Residency:	Since: (Year)
Section B : Capacity of Pe	rson making Declaration
Position or capacity:	
Section C : Addresses	
Present Business Address:	Present Residential Address:
Country:	_ Country:
Business Phone:	Residential Phone:
Fax:	Fax:
E-mail:	E-mail:

Last two addresses in Fiji, over the past ten years, if any:

\_\_\_\_\_

### Section D

[1] Professional Qualifications

Academic Degree Awarded	Field of Study	Institution Awarded From	Year Obtained

If space allocated above is insufficient please attach details to this form. Please list in order of highest degree attained to lowest and include special awards or honours.

## [2] Membership in Professional Organisations

Organisation	Specialisation of Organisation	Year Membership Began

## Section E : Employment History

Most recent to least recent for the last ten years.

Employer Name	Business of Employer	Positions Held	Period of Employment

## Section F : Shareholders Stake

For completion only by shareholders.

Shares held in Pa Entity* (%)	arent Shares held Applicant <sup>*</sup> (%)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

\* Holdings as a percentage of total issued and paid-up capital.

\*\* Preferential or Ordinary Shares. Convertible bonds should not be included.

# Section G : Other Business Affiliates (Direct & Indirect)

Nature of Affiliation*	Period for

\*ie. Director, Officer, Shareholder, Incorporator.

### [1] Current Shareholding in Other Entities

Name of Entity	Percentage Holdings*	Type of Shares**	Type of Relationship***	Name of Person****

\*Holdings as a percentage of total issued and paid-up capital.

\*\*Preferential or Ordinary Shares. Convertible bonds should not be included. \*\*\* State type of any consanguinity or affinity relationships existing with other shareholders eg. mother, father, sister, brother etc.

\*\*\*\* Name of related person.

#### Involvement in Criminal and Civil Proceedings Section H :

Name of Investigative Body or Court	Country	Status*	Full Particulars

\* Already conducted, pending, or on-going.

#### Section I : **Documentary Requirements**

Docur	nents Required	Please tick box if doci	uments added.
1)	Sworn and certified financial statements for the pas	t four years.	
2)	Two letters of character reference certified and duly individuals other than relatives who have personally undersigned for at least ten years.		
3)	Detailed resumes. Must include qualifications for the employment history, major achievements and duties positions of employment.		
4)	Two letters, duly certified and notarised, from finan with which the undersigned has had dealings for the Special focus must be on the performance of past a	e past two years.	

## Section J : Certification and Undertaking

I, \_\_\_\_\_\_ of \_\_\_\_\_certify that all the above information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief and that I do not possess any of the characteristics outlined in Section 19 of the 1995 Banking Act.

I also undertake to inform the Reserve Bank of Fiji, within a period of fifteen days, of any material change to this Personal Declaration Sheet.

(Signature)		(Position)	
Sworn at	this	day of,,	
Before Me,			

A Commissioner of Oaths to Affidavits