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 **DIRECTOR’S QUESTIONNAIRE**

**STATEMENT BY INDIVIDUALS WHO ARE HOLDING, OR ARE**

**PROPOSING TO HOLD THE OFFICE OF A DIRECTOR OR AN EXECUTIVE OFFICER OF A PAYMENT SYSTEM /PAYMENTS SYSTEM BUSINESS**

Explanatory Notes

1. Please read these explanatory notes carefully before completing the form.

1. All questions must be answered. If a question is not applicable, please mark “N/A” in the space provided. If there is insufficient space for your answers, please attach annexes which should be identified as such and signed by the signatories to this application.

1. Please tick (√) in the relevant boxes where appropriate.

1. If there are any changes in the submitted information, Bank of Zambia should be notified within 14 days of the change.

1. This application form is to be completed and signed by the applicant.

1. The information provided shall be treated with the most confidence and shall not be available for public inspection.

1. For further guidance please contact:

The Director,

Payment Systems Department,

Bank of Zambia

1st Floor, Executive building

Bank square, Cairo Road

P.O Box 30080

Lusaka, Zambia 10101

 Telephone +260- 21-1-237040 or +260-21-1228888

 Fax +260-21-1-223637

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| **I. NAME OF PAYMENT SYSTEM OR PAYMENT SYSTEM BUSINESS**  |
| Position of applicant (Please tick in the appropriate box)  |   | Chief Executive Officer  |
|   | Director  |
|   |
| Full name of the organisation operating the system      |
|   |
| Full name of payment system/payment system business      |
| **II. PERSONAL PARTICULARS**  |
| 1. **Please provide below your personal particulars**:  |
| Name  | Sex (Please tick in the appropriate box)  |   | Male  |
|   | Female  |
|  Nationality  |   | Date of birth   |   | Place of birth  |   |
| District  |   | Village |    | Chief  |   |
| Marital status  |    | NRC/Passport No.  |   |
|   |   | Contact numbers  |
| Residential address  | Home  |   |
| Office  |   |
| Mobile  |   |
| Fax  |   |
| Email  |   |
|   |
| **2. For non-Zambian applicants, please provide the following additional details**  |
| Passport No  |   | Expiry date  |    |
| Nationality  |   | Country of residence   |   |
| Are you in possession of a work permit? (Please tick in the appropriate box)  |   | Yes  |   | No  |
| **3. If in possession of a work permit please provide the following details**  |
| Immigration Permit No   | Date of grant of work permit  | Expiry date of work permit  |
| If not in possession of a work permit please provide us with the following  |
| Have you applied for work permit? (Please tick in the appropriate box)  |   | Yes  |   | No  |
| If work permit applied for, please indicate the date of application for work permit  |    |
| If work permit has not been applied for, please indicate the reason(s) for not applying        |
| **III. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**  |
| **1. Please provide your highest academic and professional qualifications attained**  |
| Name and location of the institution  | Year obtained  | Certificate/diploma/degree awarded/professional qualification  |
|                               |               |         |

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| **IV. EMPLOYMENT HISTORY**  |
| **1. Please provide your employment history (including periods of part-time employment or unemployment), business and other activities during the past 10 years.**  |
| Name and address of employer (if self- employed, please indicate)  | Nature of business of employer  | Designation  | Period (mm/yy)  |
| From  | To |
|                                    |             |             |             |             |

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| **V. DIRECTORSHIP AND SHAREHOLDING**  |
| **1. Are you a director or shareholder in any other corporation? if you are, please provide the following details**  |
| Name of corporation and place of incorporation  | Nature of business   | Directorship (executive/nonexecutive)   | Date of appointment (mm/yy)   | Percentage shareholding in corporation (if any)  |
|         |                                         |         |         |         |

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| **VI. FIT AND PROPER CRITERIA**  |
| If the answer to any of the following questions is in the affirmative, please attach annexes and supporting documents, where appropriate, giving all relevant particulars.  |
| 1**. Within the past 10 years (Please tick in the appropriate box):**  |
| (a) Have you been involved in the operation of a similar or any other business?  |
|   | Yes |   |   | No |
| (b) Have you been refused the right or restricted to carry on any trade, business or profession for which a specific licence, registration or other authorization is required by law in any jurisdiction?  |
|   | Yes |   |   | No |
|   |
| (c) Has a prohibition order under any Act administered by the Bank of Zambia ever been issued against you or have you been prohibited from operating in other jurisdiction by any financial services regulatory authority?  |
|   | Yes |   |   | No |
|   |
| (d) Have you, in Zambia or elsewhere, been censured, disciplined, warned against some conduct, or made the subject of a court order at the instigation of regulatory authority or any professional body to which you belong or belonged, have you ever held a practicing certificate subject to conditions?  |
|   | Yes |   |   | No |
|   |
| (e) Have you been the subject of any proceedings of a disciplinary or criminal or civil nature or has been notified of any potential proceedings or of any investigation which might lead to those proceedings, under any law in any jurisdiction?  |
|   | Yes |   |   | No |
|   |
| (f) Have you been convicted of any offence, or been subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction?  |
|   | Yes |   |   | No |
|   |
| (g) Have you been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by the Bank of Zambia, any other regulatory authority, an operator of a payment system, professional body or government agency, in Zambia or elsewhere? |
|   | Yes |   |   | No |
|   |
| (h) Have you been denied any fidelity or surety bond in Zambia or elsewhere?  |
|   | Yes |   |   | No |
| (i) Has anybody corporate, partnership or unincorporated institution with which you were associated as a director or executive officer, in Zambia or elsewhere, been wound up, made subject to an administration order, otherwise made any compromise or arrangement with its creditors or ceased trading, either while you were associated with it or within one year after you ceased to be associated with it, or has anything analogous to any of these events occurred under the laws of any other jurisdiction during the period?  |
|   | Yes |   |   | No  |

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| (j) Have you, been dismissed from any office, employment, or subject to disciplinary proceedings by your employer or barred from entry to any profession or occupation, in Zambia or elsewhere?  |
|   | Yes  |   |   | No  |
|   |
| (k) Have you been disqualified from acting as a director or disqualified from acting in any managerial capacity, in Zambia or elsewhere?  |
|   | Yes |   |   | No |
|   |
| (l) Have you been an officer found liable for an offence committed by a body corporate as a result of the offence having proved to have been committed with the consent or connivance of, or neglect attributable to, the officer, in Zambia or elsewhere?  |
|   | Yes |   |   | No |
|   |
| (m) Have you been unable to settle any of your financial obligations in Zambia or elsewhere?  |
|   | Yes |   |   | No |
|   |
| (n) Have you rescheduled or restructured any of your debts in Zambia or elsewhere?  |
|  Yes No  |
|   |
| (o) Have you been subject to any judgment debt passed against you in Zambia or elsewhere?  |
|   | Yes  |   |   | No  |
|   |
| 2. Declaration by the applicant  |
|  I, ....................................................................... hereby declare the following:  This questionnaire consists of.......... pages, each signed by me.  The content of this declaration is true to the best of my knowledge and belief.  I am aware that should any information submitted herein be false, I may be liable to prosecution.  I undertake, that for as long as I continue to be a director or executive officer of the institution, I will notify the designation officer of any material changes to, or affecting the completeness or accuracy of, the information supplied by me as soon as possible, but in any event not later than 21 days from the day that the changes come to my attention.  I know and understand the content of this declaration.  I have/do not have\* objections to taking the prescribed oath.  I consider the prescribed oath to be binding /not binding\* on my conscience.    |

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|   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE OF APPLICANT**    I certify that the above statement was taken by me and that the deponent has acknowledged that he\*/she knows and understands the content of this statement. This statement was sworn to\*/affirmed before me and the deponent's signature was placed thereon in my presence at .............. On this ........Day of ................ Two thousand and ............     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMISSIONER OF OATHS  FULL NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **\* *Delete whichever is not applicable***   |
| Declaration by Chairman or Auditor of the Company represented  |
|  I, the undersigned ......................, being chairman of the board of directors\*/auditor\* of ........................., confirm that I have carefully studied all information supplied in this statement and, after discussion with the deponent ................ and all other members of the board, and after having taken into account any other information at my disposal or that has come to my attention, am of the opinion that the deponent ................... is fit and proper to take up office in this institution. In the case of the appointment of a director I confirm that the appropriate conditions of the articles of association of the company have been complied with. Similarly, in the case of the appointment of an executive officer, I confirm that company policy has been complied with.  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ***\* Delete whichever is not applicable***   |