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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Annex AX12: SICAVs Questionnaire** |
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| **High Level Guidelines** |
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| 1. General   This form, **Annex AX12:** **SICAVs Questionnaire** (‘Annex’), shall be duly filled in by persons wishing to obtain authorisation from the MFSA to carry out financial services activities. This Annex shall be submitted as part of and in conjunction with the relevant Authorisation Application Form, as indicated therein.  This Annex primarily aims to capture additional information where the proposed Personal / Occupational Retirement Scheme will be established in the form of a SICAV.  In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.  The Applicant is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The Applicant shall not tamper with, or modify in any manner, this Annex or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request from the Applicant further information/ documentation.   1. Definitions   Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the respective Application.   1. Instructions   In order for this Annex to be considered complete, the Applicant is required to complete all the respective sections under this Annex. It is noted that the information provided should reflect the Applicant’s structure and method of operations at time of authorisation.   1. Privacy Notice   The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>. |

| **PART 1**   1. Applicant Details | | | | | |
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|  | Applicant – Identification Details | | | | |
|  | Registered Name  *(if not yet Formed, provide proposed name)* | Enter text | | | |
|  | Registered Number (*if applicable)* | Enter text | | | |
|  | LEI Code  (*if applicable)* | Enter text | | | |
|  | **Addresses** | | | | |
|  | **Registered Address**  *If Formed, indicate registered address as indicated on the Registration Document.*  *If not yet Formed, indicate proposed registered address.* | | | | |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State  *(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Primary Business Address** | | | | |
|  | Is the Primary Business Address different than the Registered Address?  *If ‘Yes’, indicate the Primary Business Address:* | | | | Select item |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State  *(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Other Names and Logos** | | | | |
|  | Does / did the Applicant have / intend to have different names/aliases/trade names *(‘Other Names’)*? | | | | Select item |
|  | |  |  | | --- | --- | |  |  | | Other Name | Enter text | | State | Select item | | If ‘C*urrent’ or ‘Proposed’:* Explain why the Applicant is utilising or intends to utilise this Other Name | Enter text | | If ‘*Past*’: Explain why the Applicant was utilising this Other Name and why was it discontinued | Enter text | |  |  | |  | |   *(Add multiple as applicable)* | | | | |
|  | **Attachment | Logo/s**  Provide the proposed logo/s that the Applicant intends to utilise, if available | | | | |

| **PART 1**   1. Applicant Structure and Regulatory History | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Constitutional Documentation** | | | | |
|  | **Attachment | Constitutional Document - Applicant**  *Provide a copy of the Applicant’s Constitutional Document. If the Applicant is still in formation, provide a draft version of the document.* | | | | |
|  | **Group Structure** | | | | |
|  | **Confirmation** | | | | |
|  | Is the Applicant part of, or will the Applicant be part of a group structure? | | | Select item | |
|  | **Group Strategy**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.2.1.1.* | | | | |
|  | Provide a high-level description of the significant activities of the Group | | | Enter text | |
|  | Explain how the establishment of the Applicant aligns with the group's strategy | | | Enter text | |
|  | **Group Complexity and Interconnectedness**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.2.1.1.* | | | | |
|  | Provide a description of the complexity, interdependency and interconnectedness that exist between the Applicant and other Legal Persons within the Group Structure | | | Enter text | |
|  | **Group Structure** | | | | |
|  | **Attachment | Group Structure Diagram**  Provide a diagram illustrating:   * 1. The Share Holding Structure of the Applicant   2. The direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest held by the Applicant in other Legal Persons. | | | | |
|  | **Share Holding Structure** | | | | |
|  | **Publicly Traded and Listed Share Holding**  This sub-section is only applicable where the Applicant has any of its Share Holding publicly listed and traded on a trading venue locally and/or abroad. | | | | |
|  | Is any of the Applicant's Share Holding publicly listed and traded on one or more trading venues? | | | | Select item |
|  | If ‘*Yes*’: Indicate the Trading Venue/s where the Applicants Share Holding is publicly listed and traded. | | | |  |  |  |  | | --- | --- | --- | --- | | Name of Trading Venue | | Country of Trading Venue | LEI Code  *(if Applicable)* | | Enter text | | Select country | Enter text | |  |  | | | | *(Add multiple as applicable)* | | | | | |
|  | If ‘*No*’: Does the Applicant intend to publicly offer and/or list and trade its Share Holding in the future? | | | | Select item |
|  | **Qualifying Shareholders Identification**  Provide details on the Applicant’s Qualifying Shareholders, within the respective section applicable to either Natural Persons or Legal Persons | | | | |
|  | **Qualifying Shareholders - Natural Persons** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Natural Person | | | | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | Date of Birth | Enter date | | | | Identification Document (‘ID’) Type | Select item | ID Number | Enter text | | ID Expiry Date | Enter date | Country of Issuance | Select country | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | | Does the person qualify as a Beneficial Owner? | Select item | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | Select item | | Explain the nature of the involvement | Enter text | | | | MFSA PQ Code | Enter text | | | |  | | | | |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Qualifying Shareholders – Legal Persons** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Legal Person | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | Registered Number | Enter text | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | Select item | | Explain the nature of the involvement | Enter text | | | | |  | | --- | | **Attachment | MFSA Annex - AX01 Corporate Questionnaire**  Applicable to Direct and Ultimate Parent Qualifying Shareholders only | | | | | |  |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Shareholders – Persons having an aggregate holding or control between 9% and 9.99%**  Provide details on the Applicant’s Shareholder/s which have an aggregate holding or control between 9% and 9.99%, within the respective section applicable to either Natural Persons or Legal Persons. | | | | |
|  | Does the Applicant have Shareholders having an aggregate percentage holding and/or control in the Applicant amounting to between 9% and 9.99%? | | | | Select item |
|  | **Shareholders – Natural Persons** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Shareholders – Natural Person | | | | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | Date of Birth | Enter date | | | | Identification Document (‘ID’) Type | Select item | ID Number | Enter text | | ID Expiry Date | Enter date | Country of Issuance | Select country | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Shareholders – Legal Persons** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Shareholders – Legal Person | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | Nature of Activities | Enter text | | | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Other Controllers** | | | | |
|  | Does the Applicant have (i) persons who can exercise control through means other than having a qualifying shareholding; (ii) persons falling within the definition of ‘*Close Links’*; and/or (iii) persons falling within the definition of *‘Acting in Concert’*? | | | | Select item |
|  | **Other Controllers – Natural Persons** | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Other Controller– Natural Person | | | | | | Title | | Select item | | | | Name | | Enter text | Surname | Enter text | | Date of Birth | | Enter date | | | | Identification Document (‘ID’) Type | | Select item | ID Number | Enter text | | ID Expiry Date | | Enter date | Country of Issuance | Select country | | MFSA PQ Code | | Enter text | | | | Aggregate Percentage Control | | Enter text | | | | Indicate whether the person is (i) exercising control through means other than having a qualifying shareholding, (ii) a Close Link, or (iii) Acting in Concert | Select item | | | | | Provide an explanation indicating how the person is acting as an Other Controller | Enter text | | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | | Select item | | Explain the nature of the involvement | | Enter text | | | |  | |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Other Controllers – Legal Persons** | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Other Controller– Legal Person | | | | | | Legal Person Form | Select item | | If ‘*Other’*:  Type of Form | Enter text | | Registered Name | Enter text | | | | | Registered Number | Enter text | | Date of Registration | Enter date | | Name of Registry | Enter text | | Country of Registration | Select country | | Nature of Activities | Enter text | | | | | Aggregate Percentage Control | Enter text | | | | | Indicate whether the person is (i) exercising control through means other than having a qualifying shareholding, (ii) a Close Link, or (iii) Acting in Concert | Select item | | | | | Provide an explanation indicating how the person is acting as an Other Controller | Enter text | | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | | Select item | | Explain the nature of the involvement | | Enter text | | | |  |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Applicant’s Interest in Other Persons**  *This sub-section is only applicable if the Applicant is already Formed.* | | | | |
|  | **Confirmation** | | | | |
|  | Does the Applicant have direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest in other entities? | | | | Select item |
|  | **Direct or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest Held by the Applicant** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Legal Person | | | | | *Identification & Holding Details* | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | Type of Holding | Select item | | | | Principal activities of Legal Person | Enter text | | | | *Nature of Involvement* | | | | | Will the Applicant be involved in the day-to-day running of the person? | | | Select item | | Explain the nature of the involvement | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Other Beneficial Ownership by the Applicant** | | | | |
|  | Does the Applicant qualify as a Qualifying Shareholder in other legal persons, or can exercise control over such legal persons, through means other than direct or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest? | | | | Select item |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | | | | | * 1. Legal Person | | | | | *Identification & Holding Details* | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Legal Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | Principal activities of Legal Person | Enter text | | | | *Nature of Involvement* | | | | | Will the Applicant be involved in the day-to-day running of the person? | | | Select item | | Explain the nature of the involvement | Enter text | | | |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Regulatory History**  *Note – For the purposes of this Section, Authorisation as Type of Regulatory History shall mean: “any type of official recognition (such as Licensing, Registration, Recognition, etc) by a Regulatory Body”. (An indicative list of Regulatory Bodies is provided)* | | | | |
|  | **Applicant Regulatory History**  This sub-section relates to Applications submitted to, and/or Authorisations held with, the MFSA and/or any other Regulatory Authority by the Applicant | | | | |
|  | Does the Applicant hold an authorisation or did the Applicant ever apply to be authorised by the MFSA or any other Regulatory Authority for any activity? | | | | Select item |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Applicant – Regulatory History | | | | | Type of Regulatory History | Select item | | | | Type of Activity | Select item | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | *If ‘Application’, provide respective details:* | | | | | Status of Application | Select item | | | | Application Submission Date | Enter date | | | | Application Withdrawal / Refusal Date | Enter date | | | | Reason for Withdrawal / Refusal | Enter text | | | | *If ‘Authorisation’, provide respective details:* | | | | | Status of Authorisation | Select item | | | | Authorisation Date | Enter date | | | | Authorisation Suspension / Surrender / Revocation Date | Enter date | | | | Reason for Suspension / Surrender / Revocation | Enter text | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | |
|  | **Associations to Other Entities which submitted Applications, and/or hold Authorisations with, the MFSA and/or any other Regulatory Authority** | | | | |
|  | Does the Applicant have any association with any other entity within its Group, except for its Qualifying Share Holding, that is authorised, or has ever applied to be authorised, by the MFSA or any other Regulatory Authority for any activity? | | | | Select item |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Association – Regulatory History | | | | | Association Details | | | | | Type of Association | Select item | If ‘*Other*’:  Specify type | Enter text | | If ‘*Other*’:  Provide an explanation into the nature of association | Enter text | | | | *Legal Person Identification* | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | *Regulatory History of the Association* | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Regulatory History | | | | | Type of Regulatory History | Select item | | | | Type of Activity | Select item | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | *If Application, provide respective details:* | | | | | Status of Application | Select item | | | | Application Submission Date | Enter date | | | | Application Withdrawal / Refusal Date | Enter date | | | | Reason for Withdrawal / Refusal | Enter text | | | | *If Authorisation, provide respective details:* | | | | | Status of Authorisation | Select item | | | | Authorisation Date | Enter date | | | | Authorisation Suspension / Surrender / Revocation Date | Enter date | | | | Reason for Suspension / Surrender / Revocation | Enter text | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | |  | | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | |
|  | **Significant Events & Integrity Confirmations** | | | | |
|  | Has the Applicant, if already Formed, or any of its subsidiaries, ever: | | | | |
|  | Case A | been investigated, in the process of being investigated or is aware of investigations that will be initiated at some point in time by any Authority, regulatory, judicial or professional body whether in Malta or abroad?  *(This includes Court Orders and excluding investigations conducted in the course of normal monitoring and surveillance procedures which had no adverse findings)* | | | Select item |
|  | Case B | been subject to criticism, censures, disciplinary actions, suspension, expulsion or administrative breaches by any Authority, regulatory, judiciary or professional body whether in Malta or abroad? | | | Select item |
|  | Case C | been subject to any other formal complaints made against it by its clients or former clients which have been resolved in favour of the complainant by a non-judicial third party? | | | Select item |
|  | Case D | been subject to any criminal conviction or civil penalty:   * + - in respect of carrying out any authorised/ unauthorised regulated activity (if applicable);     - in respect of any natural person in the process of application; and/or     - in respect of any legal person in the process of application? | | | Select item |
|  | Case E | have any books and records requisitioned or seized by any court, Authority, regulatory, judicial or professional body whether in Malta or abroad? | | | Select item |
|  | Case F | been subject to any unsatisfied judgments or awards outstanding? | | | Select item |
|  | Case G | been assessed as not of going concern or subject to a declaration of a moratorium of any indebtedness, to a restructuring or reorganisation process affecting its creditors, including measures involving the possibility of a suspension of payments, suspension of enforcement measures or reduction of claims, to a dissolution, to winding-up proceedings, or to administration or other insolvency or similar proceedings? | | | Select item |
|  | Case H | have any out-of-court settlements reached with any other legal or natural person, having regard to the monetary terms of the settlements or/and the circumstances in which they have been reached? | | | Select item |
|  | If any of the above apply, provide details and evidence as necessary for each respective case | | |  |  |  | | --- | --- | --- | | Case | Select item | | | Person Involved | Select item | | | If ’*Subsidiary’:* Name of Person Involved | Enter text | | | Status of Case | Select item | | | Name of the relevant criminal court, civil or administrative authority | Enter text | | | Country of the relevant criminal court, civil or administrative authority | Select country | | | Date of the event | Enter date | | | An explanation of the circumstances surrounding the Case | Enter text | | | | If ‘*Concluded’*: Case Outcome | Enter text | | | The amount involved and Respective Currency *(if applicable)* | Select item | Enter text | | **Attachment | Case Evidence**  *Provide case evidence as applicable* | | | |  |  | | |   *(Add multiple as applicable)* | | |
|  | **Sanctions and Restrictive Measures** | | | | |
|  | Has the Applicant, if already formed, or any Natural or Legal Persons with whom it has ties, whether in Malta or abroad, been placed under a list of sanctions or restrictive measures of any nature?  *Note - not applicable for Natural or Legal Persons who are required to submit a Personal Questionnaire or a Corporate Questionnaire* | | | | Select item |
|  | If ‘Yes’: Provide the following detail for each respective case: | | |  |  |  | | --- | --- | --- | | Person Involved | | Select item | | If ‘*Natural Person’* or ‘*Legal Person’:* | Full Name | Enter text | | Relationship with Applicant | Enter text | | Sanctioning Body | | Enter text | | Resolution Number | | Enter text | | Reason | | Enter text | | Mitigating Rationale | | Enter text | |  | |  |   *(Add multiple as applicable)* | | |

| **PART 2**   1. Business Model, Strategy and Activity | |
| --- | --- |
|  | **Rationale** |
|  | If ‘*Formed*’: Provide: |
|  | * 1. an explanation indicating the reasons behind the Applicant’s existence prior to this Application |
|  | Enter text |
|  | * 1. a description of the past history of the book of business |
|  | Enter text |
|  | **Business Strategy** |
|  | **Organisational Structure** |
|  | **Attachment | Organigram**  Provide an organigram of the Applicant for the first 3 years of operations |
|  | What are the staffing intentions and operational set up of the Applicant at start up stage versus the first 3 years of operations? *(with reference to volume and nature of anticipated business)* |
|  | Enter text |

| **PART 2**   1. Governance | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Management Body** | | | | |
|  | **Management Body Structure**  *The responses provided in this sub-section should be in accordance with the document establishing and governing the Applicant’s Management Body* | | | | |
|  | Provide an assessment indicating how the Applicant’s Management Body has the required diversity of knowledge, judgement, and experience to effectively carry out its function/s. | | | | |
|  | Enter text | | | | |
|  | Provide an assessment indicating how the mix of executives, non-executives and independent persons proposed on this Management Body is adequate taking into account the nature, scale and complexity of the business. | | | | |
|  | Enter text | | | | |
|  | Total Number of Members on the Management Body | Enter text | | | |
|  | Minimum Number of Members on the Management Body | Enter text | | | |
|  | Number of Members required to constitute a quorum | Enter text | | | |
|  | In the case of a deadlock, who can exercise a casting vote? | | Enter text | | | |
|  | **Proposed Members of the Management Body** | | | | |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | * 1. Proposed Member of the Management Body | | | | | | | | | *Role within Management Body* | | | | | | | | | Type | Select item | | If ‘*Formed*’: Status | Select item | | | | | | *Identification* | | | | | | | | | Title | Select item | | | | | | | | Name | Enter text | | Surname | Enter text | | | | | Date of Birth | Enter date | | | | | | | | ID Type | Select item | | ID Number | Enter text | | | | | ID Expiry Date | Enter date | | Country of Issuance | Select country | | | | | MFSA PQ Code | Enter text | | | | | | | | **Attachment | MFSA Annex – AX02** | | | | | | | | | *Area of Responsibility/ies* | | | | | | | | | |  |  | | --- | --- | | Governance Responsibilities | Specify on what basis and the way the person will carry out this/these responsibility/ies. | | Select item | Enter text | |  | | | *(Add multiple as applicable)* | | | | | | | | | | | |  |  | | --- | --- | | Risk management, Compliance and Audit Responsibilities | Specify on what basis and the way the person will carry out this/these responsibility/ies. | | Select item | Enter text | |  | | | *(Add multiple as applicable)* | | | | | | | | | | | |  |  | | --- | --- | | Management, Strategy and Decision-making Responsibilities | Specify on what basis and the way the person will carry out this/these responsibility/ies. | | Select item | Enter text | |  | | | *(Add multiple as applicable)* | | | | | | | | | | | Will the proposed person have other responsibilities, apart from those mentioned above? | | | | | | Select item | | | |  |  | | --- | --- | | Explain the Other Responsibilities | Specify on what basis and the way the person will carry out this/these responsibility/ies. | | Enter text | Enter text | |  | | | *(Add multiple as applicable)* | | | | | | | | | | | *Other involvement/s within the Applicant* | | | | | | | | | Will the person be directly involved in any of the Applicant’s key functions? | | | | | | | Select item | | Type of function carried out | Enter text | | | | | | | | Will the person be directly involved in the provision of the services identified under Section P2-1.3 of this Application? | | | | | | | Select item | | Specify the role of the person in the provision of these services | Enter text | | | | | | | | *Legal Representation* | | | | | | | | | Will the proposed individual be vested with legal representation of the Applicant? | | | | | Select item | | | | *Base of Operations* | | | | | | | | | Will the proposed individual be based in Malta? | Select item | If ‘*No*’: Specify the country where the proposed individual is based | | | Select country | | | |  |  | | | | | | |   *(Add multiple as applicable)* | | | | |
|  | **Prior Members of the Management Body**  *This sub-section is only applicable if the Applicant is already Formed.* | | | | |
|  | Has any person/s forming part of the management body of the Applicant, over the past 10 years, been (i) dismissed, ii) resigned, or (iii) not sought re-appointment? | | | | Select item |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Management Body | | | | | | Type | Select item | | | | | Title | Select item | | | | | Name | Enter text | Surname | Enter text | | | Indicate the areas of Responsibility | Governance | | | Select item | | Risk management, Compliance and Audit | | | Select item | | Management, Strategy and Decision-making | | | Select item | | Type of Termination | Select item | | | | | Date of resignation / dismissal/end of term | Enter date | | | | | Provide an explanation behind, (i) the dismissal, (ii) the resignation, or (iii) the non-re-appointment. | Enter text | | | | |  |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Committees** | | | | |
|  | **Committees Reporting to the Management Body**  *The responses provided in this sub-section should be in accordance with the established terms of reference of the Applicant’s Committee/s.* | | | | |
|  | Does the Applicant intend to appoint any internal committees? | | | Select item | |
|  | If ‘*No*’: Explain how the internal decision making will occur within the Applicant | | | | |
|  | Enter text | | | | |
|  | If ‘*Yes*’: Identify the Committee/s and provide the respective details | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Committee Details | | | | | | *Type and Mandate of Committee* | | | | | | Type of Committee | Select item | If ‘*Other*’:  Committee Type | | Enter text | | Outline the mandate, functions, and duties of the Committee | Enter text | | | | | *Committee Chairperson* | | | | | | *Chairperson* Name | Enter text | *Chairperson* Surname | | Enter text | | Position of *Chairperson* in Applicant | Enter text | MFSA PQ Code  *(if applicable)* | | Enter text | | If the Chairperson holds other position/s within the Applicant which do not require the submission of a PQ, outline the respective functions and duties | Enter text | | | | | *Committee Members* | | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Committee Member | | | | | Member Name | Enter text | Member Surname | Enter text | | Member Position in Applicant | Enter text | | | | Is the individual a voting member or a non-voting member? | Select item | | | | MFSA PQ Code | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | | | *Committee Structure* | | | | | | Frequency of Meetings | Select item | | If ‘*Other*’: Specify Frequency of Meetings | Enter text | | Frequency of Reporting to the Management Body | Select item | | If ‘*Other*’: Specify frequency | Enter text | | Provide a description of the admission criteria and the election mechanism for the members of the committee | Enter text | | | | | What is the applicable minimum number of members for the Committee? | | | | Enter text | | Number of members required to constitute a quorum | | | | Enter text | | *Delegation to Third-Parties* | | | | | | Will the Applicant delegate any of the Committee’s functions and duties to a Third-Party Service Provider? | | | | Select item | | If ‘*Yes*’: Outline the functions and duties that will be outsourced and identify the third party to whom these will be outsourced. | Enter text | | | | |  | | | | |   *(Add multiple as applicable)* | | | | |
|  | **Other Committees** | | | | |
|  | Does the Applicant intend to appoint any other internal committees? | | | Select item | |
|  | If ‘*Yes’*: Provide the respective detail for each other internal committee: | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Other Committee Details | | | | | *Type and Mandate of Committee* | | | | | Type of Committee | Enter text | | | | Outline the mandate, functions, and duties of the Committee | Enter text | | | | *Committee Structure* | | | | | Frequency of Meetings | Select item | If ‘*Other*’: Specify Frequency of Meetings | Enter text | | To whom does the Committee report | Enter text | | | | Frequency of Reporting | Select item | If ‘*Other*’: Specify frequency | Enter text | |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Past External Auditor/s**  *This sub-section is only applicable if the Applicant is already Formed.* | | | | |
|  | Did the Applicant have other external auditor/s in the past 5 years? | | | | Select item |
|  | If ‘*Yes*’: Identify the past external auditor/s and provide the reason behind the change. | | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | * 1. External Auditor | | | Name of External Auditor | Enter text | | Reason for change | Enter text | |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Principal Credit Institutions** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Principal Credit Institution | | | | | *Identification* | | | | | Status | Select item | | | | LEI Code *(if applicable)* | Enter text | | | | Name of Credit Institution | Enter text | | | | *Address* | | | | | Number/Name | Enter text | Street/Road | Enter text | | City/Town/Village | Enter text | Region/State  *(if applicable)* | Enter text | | Post Code | Enter text | Country | Select country | | Will the Principle Credit Institution also act as a Custodian? | Select item | | | | *Type of Account* | | | | | Type of Account | Select item | | | |  | | | |   *(Add multiple as applicable)* | | | | |
|  | **Past Principal Credit Institutions**  *This sub-section is only applicable if the Applicant is already Formed.* | | | | |
|  | Did the Applicant have other Principal Banks over the past 3 years? | | | | Select item |
|  | If ‘*Yes*’: Identify the past Principal Credit Institution/s and provide the reason behind the change. | | | | |
|  | |  |  | | --- | --- | | * 1. Prior Credit Institution | | | Name of Credit Institution | Enter text | | Country of Authorisation | Select country | | Reason for change | Enter text | |  |  |   *(Add multiple as applicable)* | | | | |

| **PART 2**   1. Prudential | | | |
| --- | --- | --- | --- |
|  | **Initial Capital** | | |
|  | Authorised Share Capital | € Enter text | |
|  | Issued Share Capital | € Enter text | |
|  | Paid Up Share Capital | € Enter text | |
|  | Specify the types and amounts of own funds corresponding to the initial capital | | |
|  | Enter text | | |
|  | If the initial capital has not been paid-up in full at the time of submission of this application: Provide an outline of the envisaged plan and implementation deadline for ensuring that the initial capital is paid up in full, or as per minimum applicable, before authorisation to commence the activity. | | |
|  | Enter text | | |
|  | **Attachment | Own Funds**  Provide an explanation of the available funding sources for own funds and, where available, evidence of the availability of those funding sources. | | |
|  | *This Attachment should include:*   * 1. a summary of the use of private financial resources, including their availability and source;   2. a summary of access to financial markets, including details of financial instruments issued or to be issued;   3. a summary of any agreements and contracts entered into in respect of own funds, including, in relation to borrowed funds or to funds expected to be borrowed, the name of the lenders and the details of the facilities granted, the use of proceeds and, where the lender is not a supervised financial institution, information on the origin of the borrowed funds or on the funds expected to be borrowed. | | |
|  | **Statutory Information** | | |
|  | **Attachment | Statutory Financial Statements**  *If 'Formed':* Provide the statutory financial statements of the Applicant, for at least the last three financial years where the Applicant has been in operation, before the application, for that period of time (or such shorter period of time during which the Applicant has been in operation before the application and in respect of which financial statements were prepared), indicating, in the case of statements prepared on a consolidated or sub-consolidated basis, the share represented by the Applicant, such statements being approved by the statutory auditor or audit firm. | | |
|  | *This Attachment should include:*   * 1. Statement of Financial Position;   2. Statement of Profit or Loss and Other Comprehensive Income;   3. Statement of Changes in Equity;   4. Statement of Cash Flows; and   5. the annual reports and financial annexes and any other documents filed with the competent registry or authority and, where applicable, a report by the company’s auditor of the last three years or since the beginning of the activity if shorter. | | |
|  | **Insurance Arrangements** | | |
|  | **Money Insurance**  *Provide information related to the Applicant's insurance arrangements in relation to Money Insurance (theft or other loss of shares, certificates or other property belonging to the Applicant / customers)* | | |
|  | Status | Select item | |
|  | Cover *(limit of indemnity per claim)* | € Enter text | |
|  | Cover *(limit of indemnity in aggregate)* | € Enter text | |
|  | Excess *(overall annual limit)* | € Enter text | |
|  | Will the Money Insurance Policy cover loss of money or loss or damage to any other asset or property belonging to the Applicant or which are in the care, custody or control of the Applicant or for which the Applicant is responsible? | | Select item |
|  | If ‘*No*’: Please explain | Enter text | |
|  | Will the Money Insurance Policy be governed by Maltese Law? | | Select item |
|  | If ‘*No*’: Please explain | Enter text | |
|  | **Professional Indemnity Insurance** | | |
|  | Has the Applicant issued, or does the Applicant propose to issue, a professional indemnity insurance covering the whole territory of the EU or some other comparable guarantee against liability arising from professional negligence? | | Select item |
|  | Professional Indemnity Insurance Status | Select item | |
|  | Amount of comparable guarantee *(if applicable)* | € Enter text | |
|  | Cover *(limit of indemnity per claim)* | € Enter text | |
|  | Cover *(limit of indemnity in aggregate)* | € Enter text | |
|  | Excess *(overall annual limit)* | € Enter text | |
|  | Will the Professional Indemnity Insurance Policy be governed by Maltese Law? | | Select item |
|  | If ‘*No*’: Indicate country governing law | Enter text | |
|  | **Other Insurance** | | |
|  | Has the Applicant issued, or does the Applicant propose to issue, other insurance cover apart from any professional indemnity insurance as specified in Sub-section P2-6.6.1? | | Select item |
|  | If ‘*Yes*’: Provide details of any other insurance cover that the Applicant has obtained / intends to obtain: | | |
|  | |  |  | | --- | --- | | * 1. Insurance Cover | | | Other Insurance Status | Select item | | Type of Insurance Arrangement | Enter text | | Cover  *(limit of indemnity per claim)* | € Enter text | | Excess  *(Overall annual limit)* | € Enter text | |  |  |   *(Add multiple as applicable)* | | |
|  | **Claims / Complaints history** | | |
|  | Has the Applicant ever filed any claims / complaints in relation to its Professional Indemnity Insurance or any other Insurance cover during the past 3 years? | | Select item |
|  | If ‘*Yes*’: Provide the respective case details and amount of claim: | | |
|  | |  |  |  | | --- | --- | --- | |  | | | | No. | Case Details | Amount of Claim | |  | Enter text | € Enter text | |  | | |   *(Add multiple as applicable)* | | |

| **PART 3**  **Checklist** |
| --- |
| Checklist of Documentation to be Submitted with the Annex:   |  |  |  | | --- | --- | --- | |  | Case Evidence (if applicable) | Enter number of submissions | |  | Constitutional Document - Applicant | Select item | |  | Group Structure Diagram | Select item | |  | Logo/s (if applicable) | Enter number of submissions | |  | MFSA Annex – AX01 | Enter number of submissions | |  | MFSA Annex – AX02 | Enter number of submissions | |  | Organigram | Select item | |  | Own Funds | Select item | |  | Personal Questionnaire/s | Enter number of submissions | |  | Statutory Financial Statements | Select item | |