

Information Form on Assessment of Fitness and Propriety (Fit and Proper Assessment)

The information in this form must be sent to the Danish FSA in connection with taking office as a member of the board of management and/or member of a board of directors and as an alternate member of the board of directors in the financial institution indicated and for the person responsible in a mortgage company or a company covered by the Payment Services and Electronic Money Act, etc.

A form must be filled in for **each person**

This form must be filled in **in English**

(This form is also available in Danish)

A **The undertaking**

Name of undertaking:

Business registration no. (CVR no):

B **Function**

Member of the Board of Management

Alternate member of the Board of Directors

Member of the Board of Directors

Person responsible

Liable member

(Only applicable to mortgage companies and companies covered by the Payment Services and Electronic Money Act)

(Liable partner in a partnership)

General agent

C **Type of undertaking**

Bank

Mortgage-credit institution

Investment company

Insurance company

Investment management company

Insurance and reinsurance broker undertaking

Investment advisor

Company pension fund

Danish UCITS et al.

Alternative investment fund managers

Financial holding company owning holdings in banks, mortgage-credit institutions, investment companies, investment management companies and insurance companies

Payment institution under the Payment Services Act

Electronic money institution

Company covered by section 7 of the Securities Trading, etc. Act

Mortgage company

Labour market supplementary pension scheme (ATP)

Labour Market Occupational Diseases Fund

LD Pensions

Other type of undertaking (please fill in the type):

D Personal information

Name:

Civil registration number (CPR): E-mail:

Address:

Post code: City:

Country:

Date of employment: dd-mm-yyyy

Persons who do not have a Danish civil registration number must state:

Date of birth: dd-mm-yyyy

Place of birth: City: Country:

Enclose copy of passport

E Declaration of previous fit and proper assessment

Has the person above previously been assessed fit and proper by the Danish FSA?	YES	NO
Has the person above been assessed fit and proper in another EU/EEA country?	YES	NO

If yes, please submit documentation for this.

F Employment

Current and previous employment in the last 10 years, including self-employment.

May be listed chronologically, indicating date, in a separate appendix

Job title/function:

Employment period: from: dd-mm-yyyy to: dd-mm-yyyy

Name of undertaking:

CVR No./business registration No.:

G Memberships of boards of directors

Current and previous memberships of boards of directors and other duties/commissions within the last 10 years:

May be listed chronologically, indicating date, in a separate appendix

Name of undertaking:

Job title (function):

Period: from: dd-mm-yyyy to: dd-mm-yyyy

CVR No./business registration No.:

H Suspension of payments, etc.

Are/have you ever been subject to suspension of payments (receivership) or bankruptcy, or are/have you ever requested debt rescheduling or been involved in financial restructuring?

YES

NO

If YES, please indicate type chronologically, indicating date: *(Possibly using separate appendix)*

Suspension of payments: from: dd-mm-yyyy to: dd-mm-yyyy

Bankruptcy proceedings: date: dd-mm-yyyy

Debt restructuring: from: dd-mm-yyyy to: dd-mm-yyyy

Financial restructuring: dd-mm-yyyy

Are/have undertakings of which you have been a member of the Board of Directors/management (been) subject to suspension of payments or bankruptcy, or are/have such undertakings (been) involved in financial restructuring?

YES

NO

If YES, please indicate type chronologically, indicating date: *(Possibly using separate appendix)*

Name of undertaking:

CVR no./business registration no.:

Type: Suspension of payments/receivership Bankruptcy Financial restructuring

Period: from: dd-mm-yyyy to: dd-mm-yyyy

I Close links

Are there any close links (see definition below) between you and the undertaking for which the application has been submitted, or between you and other undertakings or persons closely linked to the undertaking?

Yes

No

If YES, please provide the information below for the person and/or undertaking in question: *May be listed chronologically, indicating date, in a separate appendix*

Name:

Civil registration number (CPR No.):

CVR No./business registration No.:

Address:

Post code:

City:

According to section 5(1), no. 17 of the Financial Business Act, "close links" means:

- direct or indirect links of the nature described in section 5(1), no. 9 (group companies)
- participating interests such that an undertaking is in direct or indirect ownership of 20 per cent or more of the voting rights or capital of another undertaking, or
- the joint links with an undertaking of several undertakings or persons, cf. a).

J Supplementary Information

If you have any additional information which may be of importance to the Danish FSA when processing the application, such information must be provided. The information can be provided below or using a separate appendix:

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K Judicial record

A judicial record is to be submitted with the application. The judicial record may not have been issued more than six months prior to submission of the information form to the Danish FSA

L Digital signature/Signature: Confirmation of the correctness of the information stated

By signing this document, I confirm that I have an obligation to report to the Danish FSA on matters that may influence the assessment of my fitness and propriety, including if I receive a sentence or fine for violation of the Criminal Code or financial legislation.

Name:	<input type="text"/>
Date:	<input type="text" value="dd-mm-yyyy"/>

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This information form with appendices is to be sent to:

The Danish FSA (Finanstilsynet)
finanstilsynet@ftnet.dk