

# APPLICATION FOR THE APPROVAL OF COMPLIANCE OFFICERS



***In accordance with Section 4(2) of the Financial Obligations Regulations, 2010.***

First Name:	Middle Name:	Surname:	<b>FOR TTSEC OFFICIAL USE ONLY</b>
Country of birth:	Identification No. (please provide at least 2 forms) <input type="checkbox"/> Passport _____ <input type="checkbox"/> National Identification _____ <input type="checkbox"/> Drivers Permit _____ <input type="checkbox"/> Other _____ Please Specify _____		
Country/Countries of Citizenship:			
Date of birth: DD/MM/YYYY	Email:		
Residential Address:	Contact #:	Fax:	
	Work: _____ Home: _____	Mobile: _____	
Highest Level of education: <i>Eg. Secondary, tertiary, undergraduate etc.</i>			
Mailing Address (If different from above):	Professional qualification or membership:		
Have you ever had a change of name? <i>(If yes, please give details)</i>			
Name of Employer :	Annual Renewal Date of Employer's Registration with TTSEC:		
Category of Registration(s) employer holds with TTSEC:			
Position held with above registered entity:			
<b>1.</b> Have you ever been convicted of an offence in Trinidad and Tobago or elsewhere? <i>If yes, please give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>2.</b> Are there any criminal proceedings pending against you in Trinidad and Tobago or elsewhere? <i>If yes, please give particulars</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>3.</b> Have any civil or administrative fines or sanctions been imposed upon you? <i>If yes, please give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>4.</b> Have you at anytime failed to satisfy a judgment debt under a Court Order made in Trinidad and Tobago or anywhere else? <i>If yes, please give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>5.</b> Have you at any time, in Trinidad and Tobago or anywhere else been declared bankrupt or are you the subject of any bankruptcy proceedings? <i>If yes, please give particulars.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<p><b>6.</b> Are you currently a Director of any company?  <i>If yes, provide the name of the company, date and place of incorporation and the date of your appointment.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>7.</b> Have you held a senior position in a company that has gone into liquidation/ receivership within the past five (5) years?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>8.</b> Have you ever been a senior officer of an entity in Trinidad and Tobago or elsewhere, that was, during your period of association, convicted of an offence?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>9.</b> Have you ever been disqualified or restricted in Trinidad and Tobago or elsewhere by a court from acting as a director of a company?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>10.</b> Have you ever been dismissed or compelled to resign from any office or Employment?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>11.</b> Have you ever been refused entry to any professional membership/institution?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>12.</b> Have you ever received or been exposed to any AML/CFT or compliance training?  <i>If yes, please give particulars.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>13.</b> Have you ever been registered in any capacity under the securities law of Trinidad and Tobago or another jurisdiction? <i>If yes, please give particulars</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>14.</b> Has any registration identified at item 13 above been suspended, revoked, or allowed to expire? <i>If yes, please give particulars</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	
<p><b>15.</b> Is there any other information that you consider relevant to this application?  <i>If yes, please give particular.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>	

*I hereby certify that the information contained in this application form and all appendices hereto attached are true and accurate to the best of my knowledge and belief.*

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF CEO**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF MANAGING DIRECTOR**

\_\_\_\_\_  
**PRINT NAME**

# APPLICATION FOR THE APPROVAL OF COMPLIANCE OFFICERS



***In accordance with Section 4(2) of the Financial Obligations Regulations, 2010.***

*Please submit the following together with this application form:*

- Certified copies of all academic certificates (Bachelor's degree or higher)*
- Certified copies of all professional qualifications or certifications*
- A current Curriculum Vitae detailing your employment history*
- Certified copies of two forms of identification*
- Two (2) passport size photos*
- Police Certificate of Character*

**NB.**

*-Details relevant to questions 1-15 can be provided on an additional sheet.*

*-For the purpose of this application, a 'Certified Copy' is a photocopy of a document that is signed and attested to as an accurate and a complete reproduction of the original document by a Notary Public or Commissioner of Affidavits. In the alternative, original documents together with photocopies can be brought to the Commission for certification by the Staff.*