Application for ‘Approved Individual’ status

in an IBU to exercise a Controlled Function

Banking Company

Name of Individual for whom ‘Approved Individual’ status is sought

Date of Application

**For IFSCA use:**

**Ref No:**

**Date Received**

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contents

1. Declaration by the Applicant Individual
2. Declaration by the Banking Company
3. General information about the Banking Company and IBU
4. General information about the Applicant Individual
5. Controlled Function
6. Education and professional qualifications
7. Employment History
8. Other Positions/ Holdings
9. Professional Memberships
10. Fit and Proper Questionnaire

**1. Declaration by the Applicant Individual**

* 1. I declare that, to the best of my knowledge and belief, having made due inquiry, the information given in this form, the supplements and documents attached, as well as any applicable supporting documents, is complete and correct
  2. I declare that I am fit and proper to perform the function of Approved Individual to which this application relates and, in the event of a failure to remain fit and proper, I shall notify the IFSCA of such fact as reasonably practical.
  3. I declare my understanding that the IFSCA may request more detailed information (including but not limited to, personal educational, employment and financial information) should it be deemed necessary to adequately assess the fitness and propriety of the firm or any person connected to the firm. I consent to the IFSCA contacting any previous employers, educational institutions, professional organisations or any other organisations, to verify any information contained in this form.
  4. I understand that any personal data provided to the IFSCA will be used to discharge its regulatory functions under the IFSCA Act, 2019, and other relevant legislation and may be disclosed to third parties for those purposes.
  5. I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the IFSCA.

Signature of the Applicant Date

Printed name of the above signed individual:

Proposed position or title of the Controlled Function:

**2. Declaration by the Banking Company**

* 1. We declare that the Applicant’s competence has been assessed in accordance with the requirements of the IFSCA Banking Handbook and I declare that the Applicant is fit and proper to perform the Controlled Functions to which this application relates.
  2. We declare that, to the best of my knowledge and belief, having made due inquiry, the information given in this form, the supplements and documents attached, as well as any applicable supporting documents, is complete and correct.
  3. We confirm that I have the authority to make this application, to declare as specified above and sign this form for, or on behalf of, the Banking Company. I also confirm that I have authority to give the consent specified above.
  4. We understand that any personal data provided to the IFSCA will be used to discharge its regulatory functions under the IFSCA Act, 2019 and other relevant legislation and may be disclosed to third parties for those purposes.
  5. We confirm that all documents submitted as part of this application, whether physical or electronic, become property of the IFSCA.

Signature of Authorized Signatory

Printed name of the above signed individual:

Position or title of the above signed individual

Date

**3. General information about the Banking Company and IBU**

|  |  |  |
| --- | --- | --- |
| 3.1 | Name of the Banking Company and the IBU |  |
| 3.2 | IFSCA License number (for an IBU) |  |
| 3.3 | The Banking Company/ IBU application contact person |  |
| 3.4 | Position or title of contact person |  |
| 3.5 | Contact telephone number |  |
| 3.6 | Contact e-mail address |  |
| 3.7 | Contact address |  |

|  |  |  |
| --- | --- | --- |
| **4. General information about the Applicant Individual** | | |
|  | | |
| 4.1 | Title (Mr., Ms, Mrs., Dr, etc.) |  |
| 4.2 | Full name as it appears in the Applicant’s Pan Card/ passport (if the person does not have a PAN card) |  |
| 4.8 | Date of birth |  |
| 4.10 | Pan Card or Passport number/numbers (only required if the Applicant does not have a PAN card) |  |
| 4.11 | Nationality |  |
| 4.13 | Please provide details of any previous individual registrations the Applicant has held with the IFSCA or any other financial services regulator in FATF compliant jurisdictions |  |
|  | Present Residential address |  |
| 4.14 | Contact details (please provide telephone, e-mail, and postal address) |  |

|  |  |
| --- | --- |
| **Controlled Functions:** | Controlled Function that are being applied for: |
| CEO |  |
| Compliance Officer: |  |
| Non- executive governance function |  |

**5. Controlled Function**

**The Applicant’s role and experience:**

* 1. Proposed Job title within the IBU:
  2. Commencement date of Controlled Function(s):
  3. Please attach a curriculum Vitae (CV) of the Applicant and detailed job description of the role (clearly state the responsibilities of the Controlled Function to be carried out) to be taken up by the Applicant with this application and confirm the same below.
  4. Indicate below if the role is full time. If not, detail how much of the Applicant’s time will be devoted to carrying out the Controlled Function role:

**6. Education and professional qualifications**

* 1. List all higher education degrees and diplomas held (Please attach attested copy of the degree/ certificate):

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates:* | | *Full name of institute and location:* | *Details of degree or diploma:* |
| *From:* | *To:* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. List any professional qualifications held (Please attach attested copy of the degree/ certificate):

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates:* | | *Full name of institute and location:* | *Full name of qualification:* |
| *From:* | *To:* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6.3 List any other qualifications held by the Applicant that are relevant to their role (Please attach attested copy of the degree/ certificate):

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates:* | | *Full name of institute and location:* | *Full name of qualification held:* |
| *From:* | *To:* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**7. Employment history**

* 1. Provide a full summary of career for the past 5 years. Any gaps between employment or education of more than one month must be included and relevant details provided. For example, career break, unemployment, etc.:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates: | | Employer’s name*:* | Position held*:* |
| From: | To: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**8. Other Positions/ Holdings**

8.1 Has the applicant for a Controlled Function, held or been granted, in a personal capacity, any license or registration by any Financial Services Regulator?

If answered “Yes”, provide the full details below:

Full name of the Financial Services Regulator:

Nature of the license, registration, or authorization held:

Scope of the activities permitted by license, registration, or authorization held:

Relevant dates, from when to when, of the license, registration, or authorization held:

8.2 Provide an explanation to demonstrate the competence and relevant experience, as the applicant for a Controlled Function adequately in light of any other employment commitments might have:

**9. Professional memberships**

9.1 List all current professional memberships that the Applicant holds:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of admission or membership: | Full name of the organisation: | Location of jurisdiction: | Brief outline of the organisation: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**10. Fit & Proper Questionnaire**

Please complete the following questionnaire in relation to the Controlled Function(s) that the Applicant will be responsible for. Answers must be provided to every question.

10.1 Has the Applicant been: Yes No

|  |  |  |
| --- | --- | --- |
| the subject of a Complaint in connection with a Financial Services or ancillary service which relates to his/her integrity, morality, ethical principles, competence, or financial soundness? |  |  |

10.2 Has the Applicant been: Yes No

|  |  |  |
| --- | --- | --- |
| subject of a concluded disciplinary proceeding by a regulatory body or the then employer leading to a disciplinary action (by whatever name called) in his current or previous employment |  |  |

10.3 Has the Applicant been: Yes No

|  |  |  |
| --- | --- | --- |
| dismissed/ suspended or requested to resign from any office of employment, position of Trust, fiduciary office due to lack of capability and competence to carry out the assigned function? |  |  |

10.4 Please confirm that the Applicant at the time of application is neither: Yes No

|  |  |  |
| --- | --- | --- |
| * Bankrupt; nor * Convicted of criminal offence in India or overseas. |  |  |

10.5 If have answered “Yes” to any of the above questions, provide appropriate details of the matter(s) below: