



**PERSONAL QUESTIONNAIRE
of Persons intending
to act as Directors of SEZ
Companies**

IMPORTANT NOTICE: ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, PLEASE INSERT 'N/A'. THIS FORM CONSISTS OF 3 PARTS: PART 1 (A & B), PART 2 AND PART 3. PLEASE ANSWER ALL QUESTIONS.

Part 1A: PERSONAL DETAILS OF DIRECTOR(S)

Name of Special Economic Zone Company (SEZCO) for which the Director has been appointed:

.....

Director No. 1

Full Name (including any former names):

.....

Current Local Address (if applicable):

P.O. Box: Telephone:

Fax: Email:

Nationality:

Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more. YES NO

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

YES NO

If 'YES' provide details below:

.....

Have you been adjudicated bankrupt by a court in any jurisdiction? YES NO

If 'YES' provide details below:

.....

Director No. 2

Full Name (including any former names):

.....

Current permanent Home address:

P.O. Box: Telephone:

Fax: Email:

Nationality:

Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more. YES NO

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?
 YES NO

If 'YES' provide details below:

.....

Have you been adjudicated bankrupt by a court in any jurisdiction? YES NO

If 'YES' provide details below:

.....

Director No. 3

Full Name (including any former names):

.....

Current permanent Home address:

P.O. Box: Telephone:

Fax: Email:

Nationality:

Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more. YES NO

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?
 YES NO

If 'YES' provide details below:

.....

Have you been adjudicated bankrupt by a court in any jurisdiction? YES NO

If 'YES' provide details below:

.....

Director No. 4

Full Name (including any former names):

.....

Current permanent Home address:

P.O. Box: Telephone:

Fax: Email:

Nationality:

Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more. YES NO

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

YES NO

If 'YES' provide details below:

.....

Have you been adjudicated bankrupt by a court in any jurisdiction? YES NO

If 'YES' provide details below:

.....

Director No. 5

Full Name (including any former names):

.....

Current permanent Home address:

P.O. Box: Telephone:

Fax: Email:

Nationality:

Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more. YES NO

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

YES NO

If 'YES' provide details below:

.....

Have you been adjudicated bankrupt by a court in any jurisdiction? YES NO

If 'YES' provide details below:

.....

Part 1b: PERSONAL

Have you ever been subject to a change of name? YES NO

If 'yes' provide details below:

.....

*Information on all proposed directors for the company must be provided. Please use additional sheet(s) if necessary.

Part 2: KNOW YOUR CLIENT FORM

To be completed by each director as listed in the board resolution.

Personal Details:

Surname or family name as shown in passport:

First or given names as shown in passport:

.....

MR MRS MS MISS DR

Gender: MALE FEMALE

Date of Birth: ____ / ____ / ____
 dd mm yyyy

Country of Birth:

Passport Number:

Issue Date: ____ / ____ / ____
 dd mm yyyy

Expiry Date: ____ / ____ / ____
 dd mm yyyy

Please list all citizenship currently/previously held:

Marital Status: MARRIED DIVORCED SEPARATED

Occupation:

Your current office or work address:

Telephone Number: Mobile:

Fax: Email:

Your previous home address:

Telephone Number: Fax:

Email:

What is your preferred means of communication in relation to this KYC Form? EMAIL LETTER

*Please provide a notarized **colour copy** of your passport (unexpired), or voters registration card or national identification card for all directors.

Part 3. SIGNATURE AND ACKNOWLEDGEMENT

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director of an institution authorized under the above laws, I will notify the Special Economic Zone Authority (SEZA) of any material changes affecting the completeness of the answers provided within a period of twenty-one days.

I also hereby AUTHORISE the Special Economic Zone Authority to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. I understand that the results of these checks may be disclosed to the person who submitted this application.

Date: _____

Signed: _____