

APPLICATION FOR THE APPROVAL OF COMPLIANCE OFFICERS



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

First Name	Middle Name	Surname	FOR TTSEC OFFICIAL USE ONLY
Country of Birth	Identification No. Please provide at least two forms		
Country of Citizenship	Other: Country: Type:		
Date of Birth	Email		
Residential Address	Contact Work: Home: Mobile:		
	Fax:		
	Highest Level Of Education (Eg. Secondary, tertiary, undergraduate etc.)		
Mailing Address (If different from above)	Professional Qualification or Membership		
Have you ever had a change of name? (If yes, please give details)			
Are you known by any other name? (If yes please give details)			
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:			
1. Is your employer registered with another regulator? If yes please state the name of the regulator(s) and the category of registration(s) held with that regulator.			
2. Does your employer have five (5) or fewer employees? If yes, please give particulars.			
3. Is your employer a member of a financial group? If yes, please give particulars.			
4. Have you ever been convicted of an offence in Trinidad and Tobago or elsewhere? If yes, please give particulars.			
5. Are there any criminal proceedings pending against you in Trinidad and Tobago or elsewhere? If yes, please give particulars.			
6. Have any civil or administrative fines or sanctions been imposed upon you? If yes, please give particulars.			
7. Have you at any time failed to satisfy a judgment debt under a Court Order made in Trinidad and Tobago or anywhere else? If yes, please give particulars.			
8. Have you at any time, in Trinidad and Tobago or anywhere else been declared bankrupt or are you the subject of any bankruptcy proceedings? If yes, please give particulars.			
9. Are you currently a Director of any company? If yes, provide the name of the company, date and place of incorporation and the date of your appointment.			
10. Have you held a senior position in a company that has gone into liquidation/ receivership within the past five (5) years? If yes, please give particulars.			
11. 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? If yes, please give particulars.			
12. Have you been approved as a Compliance Officer by any other regulator? If yes, please give particulars			
13. Have you held or do you currently hold the position of Compliance Officer in any other entity? If yes, please give particulars			

14. Have you ever been disqualified or restricted in Trinidad and Tobago or elsewhere by a court from acting as a director of a company? If yes, please give particulars.		
15. Have you ever been dismissed or compelled to resign from any office or employment? If yes, please give particulars.		
16. Have you ever been refused entry to a professional membership/institution? If yes, please give particulars inclusive of the duration of involvement		
17. Have you ever received or been exposed to any AML/CFT or compliance training? If yes, please give particulars.		
18. Does your previous work experience encompass elements of compliance or risk management? If yes, please give particulars inclusive of the duration of involvement		
19. Have you ever been registered in any capacity under the securities laws of Trinidad and Tobago or another jurisdiction? If yes, please give particulars inclusive of the duration of involvement		
20. Has any registration identified at item 16 above been suspended, revoked, or allowed to expire? If yes, please give particulars.		
21. Do you receive performance bonuses as part of your compensation package? If yes, please give particulars.		
22. Does your job involve responsibility for any other functional areas in your company? If yes, please give particulars.		
23. As Compliance Officer, will you be reporting directly to the Board of Directors of your employer? If not, please give particulars.		
24. Is there any other information that you consider relevant to this application? If yes, please give particular.		

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

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.