



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

April 2025

Dear Member:

**Thank you for your interest in serving as an elected official of the Barbados Public Workers' Co-operative Credit Union Limited (hereinafter referred to as the Credit Union).**

The regulatory environment in which Credit Unions operate has become more complex and the obligations placed on individuals voluntarily serving on Credit Unions' elected committees have likewise become more complex and significant. Our aim at the Barbados Public Workers' Co-operative Credit Union Limited is to maintain the highest level of corporate governance standards in all that we do; a responsibility that has been further reinforced by our regulator, the Financial Services Commission, by way of issuance of a Corporate Governance Guideline which became effective on November 20, 2023 and a Fitness and Propriety Guideline which became effective on December 1, 2024.

These recently issued guidelines have several implications on the way we do business. One of the major changes that will impact you as a member seeking to volunteer to serve, is the requirement placed on us to establish a Nomination Committee.

As a result of this mandate, the Credit Union has established a Corporate Governance & Nomination Committee, which replaces the previous Credentials Committee. You are therefore asked to note that while mention is specifically made to a Credentials Committee in the Credit Union's by-laws, in keeping with the revised legislative requirement which has the force of law, the functions previously undertaken by that Committee have been subsumed into the more extensive duties now required of the Corporate Governance & Nomination Committee.

**You are also asked to note that in keeping with by-law 35, your nomination to the Board of Directors/Supervisory Committee/Credit Committee for the upcoming Annual General Meeting (AGM) will now be subject to the review and approval of the Corporate Governance & Nomination Committee.**

In accordance with By-Law 38, three (3) members of the Board of Directors and one (1) each from the Supervisory and Credit Committees shall retire each year and these positions are up for election at the upcoming Annual General Meeting. Additionally, By-Law 36 (1) states that persons who are seeking election to the Board of Directors, the Supervisory Committee and the Credit Committee must be nominated in writing by not less than four (4) members of the Credit Union. Subject to By Law 36 (2), the Secretary of the Board of Directors shall at the time of publishing the notice of the Annual General Meeting, include a statement that the nominated members offer themselves for election.

By seeking nomination to one of the elected Committees, you will be undertaking a serious commitment. A successful election will require much of your personal time and prior knowledge of the roles and responsibilities of the committee on which you are seeking election. Before submitting your nomination documents, you are encouraged to familiarize yourself with the following documents as these will give you a full appreciation and understanding of what is required should you be elected to serve on the Committee of your choice:

- As part of their education process, candidates are asked to avail themselves to attend any online, workshops or other information sessions organized by the Credit Union.
- The By-laws of the Barbados Public Workers' Co-operative Credit Union Ltd which can be viewed or downloaded from the Credit Union's website at [www.publicworkers.bb/by-laws/](http://www.publicworkers.bb/by-laws/)
- The Co-operative Societies Act and Regulations which can be found at <http://www.fsc.gov.bb>. These can also be found on our website.
- The Corporate Governance and Fitness and Propriety Guidelines issued by the Financial Services Commission relating to Credit Unions which can be found at <http://www.fsc.gov.bb>. These can also be found on our website.

Candidate nomination packages containing each of the documents listed below can be collected from the reception areas of any branch of the Credit Union or online at [www.publicworkers.bb/AGM\\_Docs/AGM\\_Candidate\\_Nomination\\_Package/](http://www.publicworkers.bb/AGM_Docs/AGM_Candidate_Nomination_Package/)

- |                                  |   |   |
|----------------------------------|---|---|
| 1. Candidate Introductory Letter | 5. Candidate Nomination Package for Elected Officials | 8. Financial Services Commission Fit & Proper Questionnaire |
| 2. Nomination Form               | 6. Nominee Letter of Consent                          | 9. BPWCCUL's Internal Fit & Proper Questionnaire            |
| 3. Affidavit of Fitness to Serve | 7. Nominee Checklist                                  | 10. General Information Form                                |
| 4. Nominee Biography Form        |   |   |



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

Please read the contents of the Candidate Nomination Package carefully and ensure that you fully complete and submit the required forms and supporting documentation in a sealed envelope addressed to The Corporate Governance & Nomination Committee, "Clarence Greenidge House", Keith Bourne Complex, Belmont Road, St. Michael **no later than 12:00 Noon on Saturday May 10, 2025**. These documents, placed in a sealed envelope are to be delivered in person to the Receptionist, at the above address, on or before the deadline date.

As part of the nomination and election process, comprehensive background searches will be conducted on all individuals nominated or potential nominee for election. On submission of your Candidate Nomination Package you consent to the performance of these background checks which include, but are not limited to, verification of criminal history and financial standing. The results will be made available to the relevant candidate upon request in compliance with the Barbados Data Protection Act.

**Note that late submissions and/or discrepancies in information submitted, i.e. forms missing required data, forms submitted without the required supporting documentation would render those nominations ineligible by the Corporate Governance & Nomination Committee.**

**Additionally, note that use of the Credit Union's intellectual property (e.g. logo, buildings, slogan, etc.) to promote nominees is strictly prohibited and will also render the related nominations ineligible by the Corporate Governance & Nomination Committee.**

We welcome your interest in serving on the elected committee of your choice and look forward to receiving your co-operation in the matters stated in this letter.

Co-operatively yours

Virginia I. Sandiford  
Secretary

*This is where you belong!*

CONSUMER LOANS | INVESTMENTS | MORTGAGES | SAVINGS

"Clarence Greenidge House", Keith Bourne Complex, Belmont Road, St. Michael, BB14000, Barbados, W. I.  
Tel: (246) 622-9000 | Fax: (246) 437-8745 | E-mail: [contact@bpwccul.bb](mailto:contact@bpwccul.bb) | [www.publicworkers.bb](http://www.publicworkers.bb)



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

## **AGM Nominee Election Order Consent**

(To be Completed Where Seeking Election to More Than One Office)

Corporate Governance & Nomination Committee  
Barbados Public Workers' Co-operative Credit Union Limited  
Clarence Greendige House  
Keith Bourne Complex  
Belmont Road  
St. Michael

Dear Committee,

This letter confirms that I,

\_\_\_\_\_  
(Name)

of \_\_\_\_\_

\_\_\_\_\_  
(Address)

consent to the below order of placement in the event that I successfully gain the required number of votes to be considered for appointment to multiple Offices on completion of voting:

- ☐ Board of Directors  
☐ Credit Committee  
☐ Supervisory Committee

(Insert options 1, 2, 3 to state preferred order of placement)

at the upcoming Annual General Meeting of the Barbados Public Workers' Co-operative Credit Union Limited to be held on Saturday, June 28th, 2025.

Name: \_\_\_\_\_  
(PRINT)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

## AGM Nominee Letter of Consent

Corporate Governance & Nominations Committee  
Barbados Public Workers' Co-operative Credit Union Limited  
Clarence Greendige House  
Keith Bourne Complex  
Belmont Road  
St. Michael

Dear Committee,

This letter confirms that I,

\_\_\_\_\_  
(Name)

of \_\_\_\_\_

\_\_\_\_\_  
(Address)

consent to my nomination to seek election to the:-

- ☐ Board of Directors  
☐ Credit Committee  
☐ Supervisory Committee

at the upcoming Annual General Meeting of the Barbados Public Workers' Co-operative Credit Union Limited to be held on Saturday, June 28th, 2025.

Name: \_\_\_\_\_  
(PRINT)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

## AGM Nominee Checklist

NO.	REQUIREMENT	COMMENT	DONE
1	Nomination Documents	Where an individual is seeking nomination to more than one elected Committee, separate documentation must be provided for each nomination and documents placed in separate envelopes.	<input type="checkbox"/>
2	Nominee Introductory Letter and AGM Nominee's Guidelines	Please read the contents of the nomination package carefully and ensure that you fully complete and submit the required forms with supporting documentation in a sealed envelope addressed to <b>The Corporate Governance &amp; Nomination Committee, "Clarence Greenidge House", Keith Bourne Complex, Belmont Road, St. Michael no later than 12.00 pm on Saturday May 10th, 2025.</b>	<input type="checkbox"/>
3	Letter of Consent	<ul style="list-style-type: none"><li>Name, address and signature of nominee and letter to be dated.</li></ul>	<input type="checkbox"/>
4	Nomination Form	<ul style="list-style-type: none"><li>Form fully completed, including nominee's account number, name and also signed and dated.</li><li>Correct names, contact numbers, account numbers and signatures of not less than four (4) nominators.</li></ul>	<input type="checkbox"/>
5	Affidavit of Fitness to Serve	<ul style="list-style-type: none"><li>Form fully completed, including full name and residential address of nominee.</li><li>Full name and address of Justice of the Peace (JP).</li><li>Affidavit signed and dated by a JP.</li><li>JP's stamp affixed, where available.</li></ul>	<input type="checkbox"/>
6	Nominee Biography Form (Brief profile)	<ul style="list-style-type: none"><li>Form fully completed, dated and signed.</li><li>Supply biography information and a digital passport-size photograph via e-mail to <b><a href="mailto:nominations@bpwccul.bb">nominations@bpwccul.bb</a></b>.</li><li>Tick 'I agree' or 'I do not agree' to the dissemination of your biographical information on the Credit Union's website (<b><a href="http://www.publicworkers.bb">www .publicworkers.bb</a></b>) and all other BPWCCUL communication channels to inform members of and introduce members to your nomination.</li></ul>	<input type="checkbox"/>
7	Financial Services Commission Fitness & Propriety (Fit & Proper) Questionnaire	<ul style="list-style-type: none"><li>Complete questionnaire fully, in BLOCK LETTERS.</li><li>A résumé and certified copy of the picture page of a valid passport must be submitted along with the completed questionnaire.</li><li>Police Certificate of Character to be submitted along with questionnaire.</li><li>Section 3 of questionnaire - Where "yes" is selected, additional details must be provided and relevant documentation attached.</li><li>Section 5 of questionnaire - insert name, date and signature.</li><li><b>Respond with 'N/A' to sections of the questionnaire that do not apply.</b></li></ul>	<input type="checkbox"/>
8	BPWCCUL Fitness & Propriety (Fit & Proper) Questionnaire	<ul style="list-style-type: none"><li>Questionnaire to be fully completed, dated and signed by nominee and witnessed.</li></ul>	<input type="checkbox"/>



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

NO.	REQUIREMENT	COMMENT	DONE
9	General Information Form	<ul style="list-style-type: none"><li>Fully completed, dated and signed.</li><li>Two valid (not expired) forms of government issued photo identification and proof of address not older than three months of the date on the form are to be submitted.</li><li>Acceptable forms of proof of address include utility bills, bank statements and insurance company statements.</li><li>Mobile(only) phone bills are not permitted.</li><li>Documents must be certified (e.g. JP).</li><li>NB: Kindly note that your account will be updated with the information submitted. Also note that the email address on file will be used to convey AGM information</li></ul>	<input type="checkbox"/>
10	Polling Agent	<ul style="list-style-type: none"><li>The Polling Agent's name should be stated on the <b>AGM Nominee Biography Form</b>.</li><li>Where a Polling Agent was not available and is subsequently obtained, the individual's name should be provided via email to <b>nominations@bpwccul.bb</b> or at the <b>Help Desk</b> on AGM day.</li><li>Polling Agent to collect badge from the <b>Help Desk</b>.</li><li>Polling Agent to be available to be identified where called upon by the Chairman of Elections.</li></ul>	<input type="checkbox"/>
11	Document Submission	<ul style="list-style-type: none"><li>Documents for submission are:<ol style="list-style-type: none"><li>1) Letter of Consent</li><li>2) General Member Information Form</li><li>3) Nomination Form</li><li>4) Affidavit of Fitness to Serve</li><li>5) Biography Form</li><li>6) FSC Fit &amp; Proper Questionnaire</li><li>7) BPWCCUL Fit &amp; Proper questionnaire</li></ol></li></ul> <p>Additional documents to accompany each form, where stated above.</p> <ul style="list-style-type: none"><li>Documentation for each nomination must be submitted in a separate, sealed envelope addressed to: The Corporate Governance and Nomination Committee, Barbados Public Workers Cooperative Credit Union Ltd, Clarence Greenidge House, Keith Bourne Complex, Belmont Road, St. Michael.</li><li>These documents placed in a sealed envelope should be delivered in person to the Receptionist at the above address on or before the deadline date.</li></ul>	<input type="checkbox"/>
12	Attendance at AGM	<ul style="list-style-type: none"><li>Nominees are required to be physically present at the AGM.</li><li>If unable to be present at the AGM, or may arrive after the start of the voting process, contact can be made by calling telephone nos – <b>232-3290/232-3291</b> or by emailing <b>nominations@bpwccul.bb</b>.</li></ul>	<input type="checkbox"/>
13	Miscellaneous	<ul style="list-style-type: none"><li>Nominees are reminded that discrepancies in information submitted, e.g. forms missing required data, forms submitted without the required supporting documentation, submissions after the deadline date and use of the Credit Union's intellectual property, (e.g. logo, buildings, slogan, etc) to promote nominees, shall render those nominations ineligible.</li></ul>	<input type="checkbox"/>

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BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED

## NOMINATION FORM FOR ELECTION TO THE SUPERVISORY COMMITTEE

THIS NOMINATION FORM MUST BE COMPLETED IN A FULL, ACCURATE AND LEGIBLE MANNER

In accordance with **By-Law 36** of the Barbados Public Workers' Co-operative Credit Union Limited (the Credit Union), which requires that not less than four existing members of the Credit Union nominate a person proposed for election to the Supervisory Committee of the Credit Union, we the undersigned hereby nominate:

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	LAST NAME:
FIRST NAME:	MIDDLE NAME(S):
PERMANENT ADDRESS: STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:

HOLDING CREDIT UNION ACCOUNT NO ..... as a nominee for election to the Supervisory Committee at the upcoming election to be held during the 2025 Annual General Meeting of members of the Credit Union.

	NAME	CONTACT NO.	ACCOUNT NO.	SIGNATURE
1.				
2.				
3.				
4.				

### DECLARATION OF CANDIDATE

I..... have given my consent to the above noted nomination and confirm my willingness to serve on the Supervisory Committee as prescribed by the By-Laws of the Credit Union if elected.

In accordance with **By-Laws 34 and 35**, I confirm that I am a citizen or resident of Barbados, I hold twenty-four (24) qualifying shares and I have been a member of the Credit Union for at least six (6) months. I have carefully read the nominee guidelines provided to me by the Credit Union before my acceptance of this nomination and have fully understood them.

SIGNATURE OF NOMINEE: .....	DATE (mm/dd/yyyy): .....
For Official Use Only	
Name of Secretary, Board of Directors: (PRINT) .....	
Signature of Secretary, Board of Directors .....	Date Received .....

This form must be returned in a sealed envelope addressed to The Corporate Governance and Nomination Committee, Barbados Public Workers' Co-operative Credit Union Ltd., **Clarence Greenidge House, Keith Bourne Complex, Belmont Road, St. Michael** no later than **12.00 p.m. on Saturday, May 10th, 2025.**



**Affidavit in the Matter of Declaration of Fitness for Qualification  
as a member of the Supervisory Committee of  
The Barbados Public Workers' Co-operative Credit Union Limited  
Pursuant to Section 57 of the Co-operative Societies Act, 2007-39, CAP.378A.**

I,

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[YOUR FULL NAME AS LEGALLY GIVEN ON YOUR VALID GOVERNMENT PHOTO IDENTIFICATION]

of

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[INSERT YOUR FULL RESIDENTIAL ADDRESS]

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HEREBY MAKE OATH AND STATE that:

1. I have agreed to be nominated for the position of Member of the Supervisory Committee of the Barbados Public Workers' Co-operative Credit Union Limited. (Hereinafter referred to as "the Credit Union")
2. I am aware that there are certain prerequisite qualifications which I must meet in order to serve in the position as a member of the Supervisory Committee of the Credit Union.
3. I am not less than eighteen (18) years old.
4. I am of sound mind and have not at any time been found to be of unsound mind by a court in Barbados.
5. I am a member in good financial standing of the Credit Union and in good financial standing in my general financial affairs.
6. I have never been convicted of an offence involving fraud or dishonesty.
7. I have not been convicted of any offence under sections 248 to 257 of the Co-operative Societies Act, CAP378A (hereinafter referred to as "the Act"), being offences relating to:
  - corrupt practices and bribery;
  - falsely obtaining property of the Credit Union;
  - failing to comply with any provisions of the Co-operative Societies Act;
  - offering myself as a candidate for election to the Supervisory Committee of the Credit Union and not being qualified as prescribed by the Act;
  - having been paid or having received any remuneration not fixed in the by-laws of the Credit Union or by its members by resolution in general meeting;
  - having assisted or been involved in the making of a report, return, notice or other document required to be sent in accordance with the Act or its Regulations to the Registrar of Co-operatives or the Financial Services Commission that contains an untrue statement of material fact or which omits to state a material fact required in any such report, to avoid any such statement being misleading.
8. I am not an Auditor of the Credit Union.



9. I have never been convicted on indictment of an offence in connection with the promotion, formation or management of a body corporate.
10. I do not have an arrangement with my creditors.
11. I have no judgements registered against me.
12. I am not now or have ever been bankrupt.
13. Where I am a member of another registered society as defined under the Co-operative Societies Act, CAP378A, that I am in good financial standing with that society.
14. I am a citizen or resident of Barbados qualify for membership under by-law 13 of the Credit Union's by-laws; hold twenty-four (24) fully paid qualifying membership shares in the Society and I have been a member for at least six (6) months.
15. I am aware that should any declaration I make in this affidavit subsequently prove to be untrue that by virtue of section 57 of the Co-operative Societies Act, 2007-39, CAP378A that I will be ineligible to continue to sit on the Supervisory Committee of the Credit Union.

Further, my appointment to the Supervisory Committee shall be revoked by the Board of Directors upon the Board of Directors becoming aware and having satisfied itself as to the particulars of my ineligibility and upon subsequent confirmation by the members of the Credit Union in general meeting.

16. The statements set out in this affidavit are true and correct to the best of my knowledge, information and belief.

I make this affidavit in support of my nomination seeking election to the Supervisory Committee of the Credit Union.

SWORN to by the deponent the said

---

[FULL NAME AS LEGALLY GIVEN]

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me:

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[FULL NAME AND ADDRESS OF JUSTICE OF THE PEACE]

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[SIGNATURE OF JUSTICE OF THE PEACE]

AFFIX OFFICIAL  
STAMP OF JUSTICE  
OF THE PEACE



BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED

## AGM NOMINEE BIOGRAPHY FORM

THIS BIOGRAPHY FORM MUST BE COMPLETED IN A FULL, ACCURATE AND LEGIBLE MANNER

<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	LAST NAME:
FIRST NAME:		MIDDLE NAME(S):	
PERMANENT ADDRESS: STREET/AVENUE:			
CITY/TOWN:		PARISH/STATE:	
ZIP/POSTAL CODE:		COUNTRY:	
NATIONAL REGISTRATION NO:			
OCCUPATION:			
SKILLS/QUALIFICATIONS:			
<hr/>			
<hr/>			
SPECIAL INTERESTS: (Comment briefly on your reason for wanting to serve)			
<hr/>			
<hr/>			

### CONTACT INFORMATION

HOME PHONE:	WORK PHONE:	CELLULAR PHONE:
E-MAIL ADDRESS:		
NAME OF POLLING AGENT:		

### CREDIT UNION INVOLVEMENT: (Give a short history of involvement in the following areas):

BOARD OF DIRECTORS:	<input type="checkbox"/>	<hr/>	(yrs)
SUPERVISORY COMMITTEE:	<input type="checkbox"/>	<hr/>	(yrs)
CREDIT COMMITTEE:	<input type="checkbox"/>	<hr/>	(yrs)
OTHER:	<input type="checkbox"/>	<hr/>	(yrs)

Where possible, please supply **biography information and a digital passport-size photograph** via e-mail. Send to **[nominations@bpwccul.bb](mailto:nominations@bpwccul.bb)**

NOTE: To allow you the widest possible exposure to the voting membership, we wish to provide the members with your biographical information on our website and other communication channels. Kindly indicate by ticking the appropriate box below if you agree to the dissemination of your biographical information **strictly** for the purpose stated above.

I AGREE: <input type="checkbox"/>	I DO NOT AGREE: <input type="checkbox"/>
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This biography form and required supporting documentation must be returned in a sealed envelope addressed to The Corporate Governance and Nomination Committee, Barbados Public Workers' Co-operative Credit Union Ltd., **Clarence Greenidge House, Keith Bourne Complex, Belmont Road St. Michael** no later than **12.00 p.m. on Saturday, May 10th, 2025.**



# **BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED**

## **INTERNAL FITNESS & PROPRIETY QUESTIONNAIRE** **FOR CANDIDATES**

### **FOREWORD**

Individuals (nominees) seeking election to a credit union's Board of Directors, Supervisory Committee and Credit Committee in Barbados are usually required to complete a fitness and propriety (fit and proper) questionnaire as part of the requirements of the regulatory body for credit unions, the Financial Services Commission (FSC).

Subsequent to a recently concluded consultation paper, the FSC is set to issue a Fitness and Proprietary Guideline (<http://fsc.gov.bb/index.php/en/>) for implementation by all credit unions.

As noted by the Commission, the aim of the Guideline is to establish the expectations of the FSC and it applies to all relevant persons and seeks to ensure that the importance of fitness and propriety is understood.

In addition to developing clear policies, procedures and systems to guide the recruitment of elected officials, officers and other relevant individuals, clear criteria must be established relevant to the fitness and propriety of individuals.

Moreover, the Barbados Public Workers' Cooperative Credit Union Limited (BPWCCUL) has been categorized as a systemically important financial institution (SIFI) and is therefore subject to robust corporate governance standards, including an effective fitness and propriety framework.

The below questionnaire seeks to satisfy the requirements of the Guideline.



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

### GENERAL INSTRUCTIONS

This internal questionnaire is to be completed by all candidates to the Board of Directors, Supervisory Committee and Credit Committee of the Barbados Public Workers' Co-operative Credit Union Limited (BPWCCUL) and/or its Group of companies.

- i. **Additional information to be submitted along with this questionnaire include:**
  - Certified copies of two (2) forms of valid government issued photo identification, one of which should be the photo page of your passport. In circumstances where an individual has never possessed a passport, two (2) other forms of valid government issued photo identification would suffice;
  - Residential proof of address in the form of a utility bill or statement from a financial institution (excluding<sup>1</sup> entities in the BPW Group of companies<sup>2</sup>) no older than three months;
  - Current, comprehensive curriculum vitae;
  - Certified copies of qualifications;
  - Police Certificate of Character.
- ii. The questionnaire must be legibly completed. All submitted information must be in English. Otherwise, information must be accompanied by an independently authenticated translation.
- iii. Questions are based in Barbados and any other jurisdictions as applicable.
- iv. Regulatory bodies include the FSC, the Central Bank of Barbados, the Eastern Caribbean Central Bank or any other regulatory entity in any jurisdiction as applicable.
- v. Dates are to be filled in the DD/MM/YYYY format.

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<sup>1</sup> Proof of address is required from an independent source.

<sup>2</sup> Group of Companies refers to the Barbados Public Workers' Co-operative Credit Union Limited; Capita Financial Services Inc. (Barbados and St. Lucia); Capita Insurance Brokers Inc; Legacy Foundation; and Allied Co-operators Inc.



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

**QUESTIONNAIRE**

**SECTION 1 – PERSONAL DETAILS**

1. TITLE    ☐ MS.   ☐ MRS.   ☐ MR.   ☐ DR.   ☐ OTHER: \_\_\_\_\_

2. FULL NAME OF INDIVIDUAL

\_\_\_\_\_

3. MAIDEN NAME (IF APPLICABLE)

\_\_\_\_\_

4. HAS NAME BEEN CHANGED OTHER THAN BY MARRIAGE?   ☐ YES   ☐ NO  
IF YES, PROVIDE DETAILS (supporting documentation is to be attached):

PREVIOUS NAME \_\_\_\_\_ DATE OF CHANGE \_\_\_\_\_

REASON FOR NAME CHANGE:

\_\_\_\_\_

5. PRIMARY ADDRESS

\_\_\_\_\_

\_\_\_\_\_

6. MAILING ADDRESS (IF DIFFERENT FROM PRIMARY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

7. DATE OF BIRTH \_\_\_\_\_

8. COUNTRY OF BIRTH \_\_\_\_\_



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

9. NATIONALITY(IES) (include dual nationality)

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10. IDENTIFICATION TYPE #1

☐ NATIONAL ID ☐ PASSPORT ☐ DRIVING LICENCE ☐ OTHER \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

11. IDENTIFICATION TYPE #2

☐ NATIONAL ID ☐ PASSPORT ☐ DRIVING LICENCE ☐ OTHER \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

12. HOME TELEPHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

13. ARE YOU A POLITICALLY EXPOSED PERSON<sup>3</sup>? ☐ YES ☐ NO

ARE YOU ASSOCIATED WITH A POLITICALLY EXPOSED PERSON? ☐ YES ☐ NO

IF YES TO EITHER QUESTION, PROVIDE DETAILS

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<sup>3</sup> A **Politically Exposed Person** refers to an individual who is or has been entrusted with a prominent function or an immediate relative or a person known to be a close associate of such a person. Persons who are or have been entrusted with a prominent function by an international organization refers to members of senior management, i.e. directors, deputy directors and members of the board or equivalent function. An **immediate relative** of a PEP includes a spouse, partner, child, step-child, parent, brother, sister, grandparent, grandchild and any spouse or partner of such child, step-child, parent, brother, sister, grandparent or grandchild. A **close associate** of a PEP is an individual who is closely connected to a PEP, either socially or professionally.



**BARBADOS PUBLIC WORKERS'  
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14. ARE YOU OR HAVE YOU BEEN A DIRECTOR, TRUSTEE, PRINCIPAL, OFFICER, SHAREHOLDER, OR ULTIMATE BENEFICIAL OWNER OF A BODY CORPORATE, FINANCIAL INSTITUTION, CHARITY OR ANY OTHER TYPE OF BUSINESS?

☐ YES ☐ NO

IF YES TO ITEM #14, PROVIDE DETAILS BELOW:

Position	Name of Entity	Country of Incorporation	Nature of Business	Date of Service (start and end dates)

15. PLEASE PROVIDE DETAILS OF YOUR CURRENT SHAREHOLDING INTEREST IN EXCESS OF 5%.

Name of Entity	Percentage of Shareholding Interest





**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

16. STATE WHETHER YOU HAVE ANY BUSINESS RELATIONSHIP(S)<sup>4</sup> WITH ANY OF THE COMPANIES, OR PERSONAL RELATIONSHIP WITH ANY DIRECTORS OR OTHER ELECTED OFFICIALS AND/OR STAFF WITHIN THE BPWCCUL GROUP OF COMPANIES.

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**SECTION 2 – PROFESSIONAL AND OTHER RELEVANT EXPERIENCE – *A current, detailed curriculum vitae is to be submitted.***

**Employment Status**

17. ☐ EMPLOYED    ☐ RETIRED    ☐ UNEMPLOYED    ☐ SELF-EMPLOYED<sup>5</sup>

☐ OTHER \_\_\_\_\_

18. CURRENT OCCUPATION

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19. LENGTH OF EMPLOYMENT AT CURRENT EMPLOYER

---

20. IF RETIRED, INDICATE PREVIOUS OCCUPATION

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21. NAME OF EMPLOYER

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22. EMPLOYER'S ADDRESS

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<sup>4</sup> Business relationship includes any contractual agreement for the provision of services.

<sup>5</sup> Certified copies of business registration documents are to be provided.



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

23. PRINCIPAL ACTIVITY OF BUSINESS ENTITY

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24. REASON FOR LEAVING (IF APPLICABLE)

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25. EMPLOYMENT HISTORY OVER THE LAST 5 – 10 YEARS (if applicable)

No.	Employer	Occupation	Period of Employment

26. ANY OTHER RELEVANT EMPLOYMENT OR EXPERIENCE

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## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

### SECTION 3 – HONESTY, INTEGRITY AND REPUTATION – *Where “yes” is selected, additional information is to be provided at the end of this section.*

27. An individual is required to be honest, ethical, act with integrity and be financially sound. In this regard, do you have any information to disclose regarding a material issue or do you have any concerns about your ability to perform the relevant function?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Have you ever been refused, prohibited, restricted or suspended from the right to carry on any trade, business or profession for which a specific licence, registration or other authorisation is required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Have you ever been issued a prohibition order under any Act administered by a regulatory authority or have been prohibited from operating by any financial services' regulatory authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you ever been censured, disciplined, suspended or refused membership or registration by any regulatory authority, an operator of a market, trade repository or clearing facility, any professional body or government agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Have you ever been the subject of any complaint to any regulatory authority, made reasonably and in good faith, relating to regulated activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Are you or have you ever been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by any regulatory authority, an operator of a market, trade repository or clearing facility, any professional body or government agency, even where a decision is pending or action has commenced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Are you or have you ever been convicted of any offence, or subject to any pending proceedings (particularly those involving dishonesty, fraud, breach of trust, money laundering, theft or other financial crime) which may lead to such a conviction under any law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Do you have or have had any judgment (in particular, that associated with a finding of fraud, misrepresentation or dishonesty) entered against you in any civil proceedings or have been a party to any pending proceedings which may lead to such a judgment under any law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Have you accepted civil liability for fraud or misrepresentation under any law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Have you had any civil penalty enforcement action taken against you by any regulatory authority under any law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Have you ever contravened or abetted another person in breach of any laws or regulations, business rules or codes of conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. In connection with the formation or management of any corporation, have you been disqualified by a court from being a director or from acting in the management or conduct of the affairs of any corporation?	<input type="checkbox"/> YES <input type="checkbox"/> NO



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

39. Have you ever been refused a fidelity or surety bond?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Have you ever demonstrated an unwillingness to comply with any regulatory requirement or to uphold any professional and ethical standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Are you showing, or have ever shown at any time, a strong objection or lack of willingness to maintain effective internal control systems and risk management practices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Have you ever been untruthful or provided false or misleading information to any regulatory authority or been uncooperative in any dealings with any regulatory authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Are you or have you ever been a Director, partner, substantial shareholder or concerned in the management of a business: <ul style="list-style-type: none"> <li>a. that has been censured, disciplined, prosecuted or convicted of a criminal offence, or been the subject of any disciplinary or criminal investigation or proceeding, in relation to any matter that took place while you were a Director, partner, substantial shareholder or concerned in the management of the business?</li> <li>b. that has been suspended, had its licence revoked, or refused membership or registration by any regulatory authority, an operator of a market, trade repository or clearing facility, any professional body or government agency?</li> <li>c. that was struck off the Register of Companies by the Companies Registration Office (or equivalent elsewhere) other than on a voluntary basis?</li> <li>d. that has gone into insolvency, liquidation or administration during the period when, or within a period of one year after, the relevant person was a Director, partner, substantial shareholder or concerned in the management of the business?</li> </ul>	a. <input type="checkbox"/> Yes <input type="checkbox"/> No  b. <input type="checkbox"/> Yes <input type="checkbox"/> No  c. <input type="checkbox"/> Yes <input type="checkbox"/> No  d. <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Have you ever been dismissed or asked to resign from: <ul style="list-style-type: none"> <li>a. Office;</li> <li>b. Employment;</li> <li>c. A position of trust; or,</li> <li>d. A fiduciary appointment or similar position;</li> </ul> due to questions about honesty, integrity or financial impropriety?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Are you or have you ever been involved in any business or other relationship which could materially pose a conflict of interest or interfere with the exercise of good judgment when exercising a regulated function which would be disadvantageous to the interests of the BPWCCUL and its group of companies or conversely advantageous to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

46. Have you ever been subject to disciplinary proceedings by your current or former employer(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you ever been disqualified from acting as a Director, or disqualified from acting in any managerial capacity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you ever been an officer found liable for an offence committed by a body corporate as a result of the offence having proved to have been committed with the consent or connivance of, or neglect attributable to, you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you ever been found by a regulatory or equivalent body to have perpetrated or participated in any negligent, deceitful or otherwise discreditable business or professional practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Where “yes” was selected in Section 3, please provide details below for the corresponding item number.**

Item No.	Details



# **BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED**

## **SECTION 4 – COMPETENCE AND CAPABILITY – *Where “yes” is selected, additional information is to be provided at the end of this section.***

50. Do you possess a satisfactory level of knowledge and expertise in your nature of business or duties which has been gained through experiences and past performances demonstrated through years of employment and positions held, that can be applied to the role of an elected official, as the case maybe?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Do you possess a high level of understanding in your professional area of expertise and other areas that might affect the business of BPWCCUL and its group of companies, including financial markets, the regulatory and legal environment, strategic and business planning, risk management practices, accounting and auditing, understanding financial statements and corporate governance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52. Will the assumption of concurrent responsibilities give rise to conflicts of interest or otherwise impair your ability to discharge your duties in relation to any activity regulated by the FSC under the relevant legislation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Do you have satisfactory educational qualification or experience, relevant skills and knowledge, having regard to the nature of the duties you will be required to perform?	<input type="checkbox"/> YES <input type="checkbox"/> NO
54. In carrying out your duties, will you be acting on the directions or instructions of any other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Where “yes” was selected in Section 4, please provide details below for the corresponding item number.**

Item No.	Details



## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

### SECTION 5 – FINANCIAL SOUNDNESS - *Where “yes” is selected, additional information is to be provided at the end of this section.*

55. Are you or have you ever been unable to fulfill your financial obligations, whether locally or otherwise?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Have you ever entered into a compromise or scheme of arrangement with your creditors or made an assignment for the benefit of your creditors, being a compromise or scheme of arrangement or assignment that is still in operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
57. Are you or have you ever been subject to a judgment debt which is unsatisfied, either in whole or in part, whether locally or elsewhere?	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Have you been the subject of a bankruptcy petition or other similar process?	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Are you or have you been adjudicated as bankrupt and the bankruptcy is undischarged, or other similar process, whether locally or elsewhere?	<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Has your spouse <sup>6</sup> (if applicable) ever been the subject of bankruptcy proceedings or has ever been adjudicated by a court in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Where “yes” was selected in Section 5, please provide details below for the corresponding item number.

Item No.	Details

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<sup>6</sup> Spouse is as defined by the laws of any jurisdiction as applicable.





## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

### SECTION 6 – PERSONAL STATEMENT

61. Do you at all times while acting in your capacity as an elected official of the institution undertake to:

a. Act in good faith towards the institution?

☐ YES ☐ NO

b. Avoid conflict between your interests and the interests of the institution?

☐ YES ☐ NO

c. Place the interest of the institution and its clients, customers and members above all other interests?

☐ YES ☐ NO

62. What do you understand to be your responsibilities and duties as an elected official of the proposed institution as contained in the applicable laws, regulations and guidelines?

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63. Please provide any further information relating to your application, which you wish to be considered.

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## BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

### SECTION 7 – DECLARATION AND CERTIFICATION

64. I will promptly notify the BPWCCUL of any material changes in the information which I have provided and confirm that I will inform the BPWCCUL in writing of the details of such changes and any other relevant/material/information of which I may become aware at any time after the date of this declaration. I am aware that it may be an offence and/or grounds for refusal of the application and/or grounds for revocation of an authorisation approval granted on the basis of information provided herein and/or grounds for the Financial Services Commission to commence an administrative sanctions procedure against myself for me to knowingly or recklessly:

- a. Provide false or misleading information and/or make a false or misleading statement (which I acknowledge, may include the withholding by me of relevant information) in this application for approval;
- b. Fail to inform and/or withhold from the BPWCCUL details of any material change in circumstances/new information which is relevant and/or material to my status as an approved person.

I hereby confirm my awareness of my responsibilities arising from the legislation, regulations, guidance notes, guidelines and any other rules or directives, which are of relevance to the proposed position(s) and I confirm my intention to ensure that the proposing entity of which I am to perform a function will be operated in compliance with them. I am fully aware of the obligations and duties of the Board of Directors, Supervisory Committee and Credit Committee of the BPWCCUL and/or its Group of companies under the laws of Barbados. I certify that the above information is complete and correct to the best of my knowledge and belief.

I further agree to the BPWCCUL, at its discretion, seeking, requesting, obtaining, including credit checks or otherwise confirming any information stated above.

**(NB: Sitting elected/selected officials or individuals or identified related parties should not be witnesses to this questionnaire.)**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (witness) \_\_\_\_\_

Signature (witness) \_\_\_\_\_ Date \_\_\_\_\_



## FINANCIAL SERVICES COMMISSION

### Individual Questionnaire – Instructions

General Instructions	<p><i>This Form must be completed clearly and in BLOCK CAPITALS</i></p> <p><i>Documents submitted in support of the application should be in English. Where this is not the case, the same must be accompanied by an independently authenticated translation.</i></p> <p><i>A résumé and certified copy of the passport picture page must be submitted along with the completed questionnaire by proposed directors/directors and relevant officers.</i></p> <p><i>Residents of Barbados must also submit a Certificate of Character from the Royal Barbados Police Force if they intend to act as directors/relevant officers/Principals/Promoters (Mutual Funds).</i></p> <p><i>Individuals who are not residents of Barbados must submit a valid original Police Certificate of Character (certificate) or an Affidavit where a certificate cannot be obtained from the country of residence (issued within the last three(3) months)</i></p>
Other Instructions	<ul style="list-style-type: none"> <li>• <i>Proposed Directors/ relevant Officers /Principals/ Promoters (Mutual Funds) must complete all Sections</i></li> <li>• <i>Shareholders and Ultimate Beneficial Owners who hold at least 10% or more of the entity's voting shares (10% Shareholder) are only required to complete section 1, nos. 31 to 34 and 41 to 44 of section 3, and section 5.</i></li> <li>• <i>Question 46 should only be completed by new key persons i.e. persons who have not held the relevant position for a currently registered entity.</i></li> </ul>
Section 1 , Questions 5 and 18 Section 1, Question 18	<p><i>Please select the appropriate box <input type="checkbox"/></i></p> <p><i>For the purposes of this section, a politically exposed person (PEP) is defined as “an individual who is or has been entrusted with a prominent public function.”</i></p> <p><i>Additional details must be provided and relevant documentation attached.</i></p>
Section 3	<p><i>Please select the appropriate box <input type="checkbox"/></i></p> <p><i>Where “yes” is selected, additional details must be provided and relevant documentation attached.</i></p>



## FINANCIAL SERVICES COMMISSION

### Individual Questionnaire

#### SECTION 1 - PERSONAL DETAILS

1. NAME OF PROPOSING ENTITY:

2. INDICATE WHETHER YOU ARE A DIRECTOR, PRINCIPAL, OFFICER, SHAREHOLDER, OR ULTIMATE BENEFICIAL OWNER OF THE PROPOSING ENTITY

3. STATE FULL NAME (INCLUDING TITLE):

4. MAIDEN NAME (IF APPLICABLE)

5. HAS NAME BEEN CHANGED OTHER THAN BY MARRIAGE ☐ YES ☐ NO

IF YES, PLEASE STATE DATE OF CHANGE AND PREVIOUS NAME:

6. REASON FOR CHANGE OF NAME:



## FINANCIAL SERVICES COMMISSION

7. PRIMARY ADDRESS:

8. MAILING ADDRESS (IF DIFFERENT FROM PRIMARY ADDRESS)

9. DATE OF BIRTH (DD/MM/YEAR):

10. PLACE AND COUNTRY OF BIRTH:

11. NATIONALITY

12. PASSPORT NUMBER

13. ISSUING COUNTRY

14. DATE ISSUED (DD/MM/YEAR):

15. EXPIRATION DATE

16. NUMBER AND TYPE OF SECOND PIECE OF IDENTIFICATION:

17. CONTACT TELEPHONE NUMBERS:



## FINANCIAL SERVICES COMMISSION

18. ARE YOU A POLITICALLY EXPOSED PERSON? IF YES, PROVIDE DETAILS: ☐ YES ☐ NO

IF YES, PROVIDE DETAILS

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### SECTION 2 - PROFESSIONAL AND OTHER RELEVANT EXPERIENCE (during the last 10 years) or detailed resume:

19. NAME OF EMPLOYER	
20. EMPLOYER'S ADDRESS	
21. PRINCIPAL ACTIVITY OF ENTITY	
22. REASON FOR LEAVING (IF APPLICABLE)	
23. ANY OTHER RELEVANT EMPLOYMENT OR EXPERIENCE <i>(outside of ten (10) years)</i>	

### SECTION 3 - REPUTATION AND CHARACTER (during the last 10 years)

24. A person is required to be honest, ethical, act with integrity and be financially sound. In this regard, do you have any information to disclose regarding a material issue or do you have any concerns about your ability to perform the relevant function?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Have you ever, in any jurisdiction, been refused, prohibited, restricted or suspended from the right to carry on any trade, business or profession for which a specific licence, registration or other authorisation is required in that jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Have you been the subject of any complaint to the Financial Services Commission or any equivalent body (made reasonably and in good faith) relating to activities regulated by the Financial Services Commission or regulated by an equivalent authority in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO



## FINANCIAL SERVICES COMMISSION

27. Are you or have you been, in any jurisdiction, subject to any disciplinary proceedings, issued with a warning, reprimand or other administrative sanction or equivalent measure by any regulatory authority, clearing house, professional body or agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Have you ever, in any jurisdiction, been dismissed or asked to resign and resigned from any profession, vocation, office or employment, or from any position of trust or fiduciary appointment, whether or not remunerated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Have you ever, in any jurisdiction, been a director of a company that was struck off the Register of Companies by the Companies Registration Office (or equivalent elsewhere) other than on a voluntary basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Have you ever, in any jurisdiction, been disqualified or restricted from acting as a director or from acting in any managerial capacity or in any capacity that required registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Have you ever, in any jurisdiction, been convicted of an offence, involving money laundering, terrorist financing, fraud, misrepresentation, dishonesty, breach of trust, or an offence which would be relevant to your ability to perform the relevant function?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Have you ever, in any jurisdiction, had a civil finding, judgement or order made against you in relation to proceedings involving money laundering, terrorist financing, fraud, misrepresentation, dishonesty, breach of trust, or other matter which could affect your ability to perform the relevant function?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Have you ever, in any jurisdiction, been the subject of any civil penalty enforcement action taken by a regulatory or other authority under any law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you ever, in any jurisdiction, been convicted of a criminal offence or the subject of unresolved criminal charges criminal convictions or charges pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Have you, in any jurisdiction, defaulted on obligations to your clients or any obligation to contribute to a compensation fund established for the protection of investors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Have you ever been untruthful or provided false or misleading information to the Financial Services Commission or equivalent authority/body or been uncooperative in any dealings with the Financial Services Commission or equivalent authority/body?	<input type="checkbox"/> YES <input type="checkbox"/> NO





## FINANCIAL SERVICES COMMISSION

37. Have you ever, as a sole trader or director, or a partner of a legal entity, in any jurisdiction been refused registration, authorisation, membership or has your licence been revoked, otherwise than on a voluntary basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Have you been or are you being investigated, disciplined, censured or suspended by a regulatory or professional body, a court or tribunal or any similar body, whether publicly or privately, in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Has any business (or legal entity) where you held a position of responsibility or influence been or is being investigated, disciplined, censured or suspended by a regulatory or professional body, a court or tribunal or any similar body, whether publicly or privately, in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Have you ever, in any jurisdiction, been found by a regulatory or equivalent body to have perpetrated or participated in any negligent, deceitful or otherwise discreditable business or professional practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Have you ever defaulted upon payments due arising from a scheme of arrangement with your creditors or made an assignment for the benefit of your creditors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Have you ever, in any jurisdiction, been subject to a judgement debt which is unsatisfied, either in whole or in part?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Were you ever, or are you currently the subject of a bankruptcy petition in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Have you ever, in any jurisdiction, been adjudicated as bankrupt and the bankruptcy is undischarged?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Have you ever, in any jurisdiction, been the director of an entity, which has been the subject of insolvency? (i.e. non voluntary liquidation, receivership, examinership or administration)?	<input type="checkbox"/> YES <input type="checkbox"/> NO



## FINANCIAL SERVICES COMMISSION

### SECTION 4 - REGULATORY STANDING

(See instructions on page 1 for further information on completing this section.)

46. Please provide pertinent details regarding any financial services regulatory approvals which you have held within the last 5 years.



## **FINANCIAL SERVICES COMMISSION**

### **SECTION 5 – DECLARATION AND CERTIFICATION**

47. I will promptly notify the Financial Services Commission of any material changes in the information which I have provided and confirm that I will inform the Financial Services Commission in writing of the details of such changes and any other relevant/material information of which I may become aware at any time after the date of this declaration.

I am aware that it may be an offence and/or grounds for refusal of the application and/or grounds for revocation of an authorisation approval granted on the basis of information provided herein and/or grounds for the Financial Services Commission to commence an administrative sanctions procedure against both myself and/or the proposing entity for me to knowingly or recklessly:

- a. Provide false or misleading information and/or make a false or misleading statement (which I acknowledge, may include the withholding by me of relevant information) in this application for approval
- b. Fail to inform and/or withhold from the Financial Services Commission details of any material change in circumstances/new information which is relevant and/or material to my status as an approved person

I hereby confirm my awareness of my responsibilities arising from the legislation, regulations, guidance notes, guidelines and any other rules or directives, which are of relevance to the proposed position(s) and I confirm my intention to ensure that the proposing entity of which I am to perform a function will be operated in compliance with them.

I am fully aware of the obligations and duties of a Director /Officer/Principal/Shareholder/Ultimate Beneficial Owner of a Company under the laws of Barbados.

I certify that the above information is complete and correct to the best of my knowledge and belief.

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED

ACCOUNT No.:

# GENERAL INFORMATION FORM

## 1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	LAST NAME:	
FIRST NAME:		MIDDLE NAME(S):
DATE OF BIRTH (mm/dd/yyyy):		
NATIONAL REGISTRATION No.:		NATIONAL INSURANCE No.:
<b>IDENTIFICATION</b> (valid photo ID required, include expiry date where appropriate)		
BARBADOS ID CARD No.:	Issue Date (mm/dd/yyyy):	Expires:
PASSPORT No.:	Issue Date (mm/dd/yyyy):	Expires:
DRIVERS LICENCE No.:	Issue Date (mm/dd/yyyy):	Expires:
OTHER:	Issue Date (mm/dd/yyyy):	Expires:
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE NOs.: Home:	Work:	Ext.:
Mobile:		
EMAIL ADDRESS:		
NATIONALITY:		PLACE OF BIRTH:
OCCUPATION/NATURE OF BUSINESS:		
PAY MODE: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	SALARY/WAGES:	
EMPLOYMENT STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Un-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired		
MAILING ADDRESS (if different from permanent address): STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
TELEPHONE NO.: Home:		

## 2. THRIFT CLUB ACCOUNTS

1)	ACCOUNT NUMBER:	
<input type="checkbox"/> MR. <input type="checkbox"/> MS.	LAST NAME:	
FIRST NAME:		MIDDLE NAME(S)
PERMANENT ADDRESS: STREET/AVENUE:		
CITY/TOWN:		PARISH/STATE:
ZIP/POSTAL CODE:		COUNTRY:
NATIONALITY:		PLACE OF BIRTH:
TELEPHONE:		DATE OF BIRTH (mm/dd/yyyy):

2) ACCOUNT NUMBER:	
<input type="checkbox"/> MR. <input type="checkbox"/> MS. LAST NAME(S):	
FIRST NAME:	MIDDLE NAME(S)
PERMANENT ADDRESS: STREET/AVENUE:	
CITY/TOWN:	PARISH/STATE:
ZIP/POSTAL CODE:	COUNTRY:
NATIONALITY:	PLACE OF BIRTH:
TELEPHONE:	DATE OF BIRTH (mm/dd/yyyy):

SIGNATURE OF MEMBER: .....	DATE (mm/dd/yyyy): .....
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### 3. FOR OVERSEAS MEMBERS ONLY

**NOTARIAL CERTIFICATE:**

I ....., Notary Public in and for the Country/State/Province/County of .....do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named ..... the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this ..... day of .....20 .....

*PLACE NOTARIAL STAMP HERE*

.....

Notary Public in and for the Country/State/Province/County of .....

### FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER UPDATING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER UPDATING ACCOUNT: ..... DATE (mm/dd/yyyy): .....	
NAME OF STAFF MEMBER VERIFYING ACCOUNT (please print):	
SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: ..... DATE (mm/dd/yyyy): .....	