



BANK *Of* ZAMBIA

DIRECTOR'S QUESTIONNAIRE

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STATEMENT BY INDIVIDUALS WHO ARE HOLDING, OR ARE PROPOSING TO HOLD THE OFFICE OF A DIRECTOR OR AN EXECUTIVE OFFICER OF A PAYMENT SYSTEM /PAYMENTS SYSTEM BUSINESS

Explanatory Notes

1. Please read these explanatory notes carefully before completing the form.
2. All questions must be answered. If a question is not applicable, please mark "N/A." in the space provided. If there is insufficient space for your answers, please attach annex (es) which should be identified as such and signed by the signatories to this application.
3. Please tick (✓) in the relevant boxes where appropriate.
4. If there are any changes in the submitted information, Bank of Zambia should be notified within 14 days of the change.
5. This application form is to be completed and signed by the applicant
6. The information provided shall be treated with the most confidence and shall not be available for public inspection
7. For further guidance please contact:

The Director,
Banking, Currency and Payment Systems Department,
Bank of Zambia
1st Floor, Executive building
Bank square, Cairo Road
P.O Box 30080
Lusaka, Zambia 10101

Telephone +260- 21-1-237040 or +260-21-1228888

Fax +260-21-1-223637

I. NAME OF PAYMENT SYSTEM OR PAYMENT SYSTEM BUSINESS

Position of applicant (Please tick in the appropriate box)	<input type="checkbox"/>	Chief Executive Officer
	<input type="checkbox"/>	Director

Full name of the organisation operating the system

Full name of payment system/payment system business

II. PERSONAL PARTICULARS

1. Please provide below your personal particulars:

Name	Sex (Please tick in the appropriate box)	<input type="checkbox"/>	Male
		<input type="checkbox"/>	Female

Nationality		Date of birth		Place of birth	
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District		Village		Chief	
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Marital status		NRC/Passport No.	
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	Contact numbers
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Residential address	Home	
	Office	
	Mobile	
	Fax	
	Email	

For non-Zambian applicants, please provide the following additional details

Passport No		Expiry date	
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Nationality		Country of residence	
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Are you in possession of a work permit? (Please tick in the appropriate box)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If in possession of a work permit please provide the following details

Immigration Permit No	Date of grant of work permit	Expiry date of work permit
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If not in possession of a work permit please provide us with the following

Have you applied for work permit? (Please tick in the appropriate box)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If work permit applied for, please indicate the date of application for work permit	
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If work permit has not been applied for, please indicate the reason(s) for not applying

III. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

1. Please provide your highest academic and professional qualifications attained

Name and location of the institution	Year obtained	Certificate/diploma/degree awarded/professional qualification

IV. EMPLOYMENT HISTORY

1. Please provide your employment history (including periods of part-time employment or unemployment), business and other activities during the past 10 years.

Name and address of employer (if self-employed, please indicate)	Nature of business of employer	Designation	Period (mm/yy)	
			From	To

V. DIRECTORSHIP AND SHAREHOLDING

1. Are you a director or shareholder in any other corporation? if you are, please provide the following details

Name of corporation and place of incorporation	Nature of business	Directorship (executive/non-executive)	Date of appointment (mm/yy)	Percentage shareholding in corporation (if any)

VI. FIT AND PROPER CRITERIA			
If the answer to any of the following questions is in the affirmative, please attach annexes and supporting documents, where appropriate, giving all relevant particulars.			
1. Within the past 10 years (Please tick in the appropriate box);			
(a) have you been involved in the operation of a similar or any other business?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) have you been refused the right or restricted to carry on any trade, business or profession for which a specific licence, registration or other authorization is required by law in any jurisdiction?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(c) has a prohibition order under any Act administered by the Bank of Zambia ever been issued against you or have you been prohibited from operating in other jurisdiction by any financial services regulatory authority?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(d) have you, in Zambia or elsewhere, been censured, disciplined, warned against some conduct, or made the subject of a court order at the instigation of regulatory authority or any professional body to which you belong or belonged, have you ever held a practising certificate subject to conditions?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(e) have you been the subject of any proceedings of a disciplinary or criminal or civil nature or has been notified of any potential proceedings or of any investigation which might lead to those proceedings, under any law in any jurisdiction?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(f) have you been convicted of any offence, or been subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(g) have you been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by the Bank of Zambia, any other regulatory authority, an operator of a payment system, professional body or government agency, in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(h) have you been denied any fidelity or surety bond in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(i) has any body corporate, partnership or unincorporated institution with which you were associated as a director or executive officer, in Zambia or elsewhere, been wound up, made subject to an administration order, otherwise made any compromise or arrangement with its creditors or ceased trading, either while you were associated with it or within one year after you ceased to be associated with it, or has anything analogous to any of these events occurred under the laws of any other jurisdiction during the period?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(j) have you, been dismissed from any office, employment, or subject to disciplinary proceedings by your employer or barred from entry to any profession or occupation, in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(k) have you been disqualified from acting as a director or disqualified from acting in any managerial capacity, in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(l) have you 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, the officer, in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(m) have you been unable to settle any of your financial obligations in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(n) have you rescheduled or restructured any of your debts in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(o) have you been subject to any judgment debt passed against you in Zambia or elsewhere?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2. Declaration by the applicant

I, hereby declare the following:

This questionnaire consists of..... pages, each signed by me.

The content of this declaration is true to the best of my knowledge and belief.

I am aware that should any information submitted herein be false, I may be liable to prosecution.

I undertake, that for as long as I continue to be a director or executive officer of the institution, I will notify the designation officer of any material changes to, or affecting the completeness or accuracy of, the information supplied by me as soon as possible, but in any event not later than 21 days from the day that the changes come to my attention.

I know and understand the content of this declaration.

I have/do not have* objections to taking the prescribed oath.

I consider the prescribed oath to be binding /not binding* on my conscience.

SIGNATURE OF APPLICANT

I certify that the above statement was taken by me and that the deponent has acknowledged that he*/she knows and understands the content of this statement. This statement was sworn to*/affirmed before me and the deponent's signature was placed thereon in my presence at On thisDay of Two thousand and

COMMISSIONER OF OATHS

FULL NAMES: _____

ADDRESS : _____

** Delete whichever is not applicable*

Declaration by Chairman or Auditor of the Company represented

I, the undersigned, being chairman of the board of directors*/auditor* of, confirm that I have carefully studied all information supplied in this statement and, after discussion with the deponent and all other members of the board, and after having taken into account any other information at my disposal or that has come to my attention, am of the opinion that the deponent is fit and proper to take up office in this institution. In the case of the appointment of a director I confirm that the appropriate conditions of the articles of association of the company have been complied with. Similarly, in the case of the appointment of an executive officer, I confirm that company policy has been complied with.

NAME: _____

SIGNED: _____

DATE: _____

** Delete whichever is not applicable*

