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**SD3.1 Declaration**

***by director of relevant party***

***to licence applicant***

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| **Relevant party to Applicant**  The Applicant has applied for a market services licence under Part 6 of the Financial Markets Conduct Act 2013 (FMC Act) and disclosure is required by relevant parties, as defined in regulation 189 of the Financial Markets Conduct Regulations 2014 (Regulations). | | |
| **Applicant details** | **Applicant name**  **FSP number** | **Licence type/s applied for by Applicant**   * Crowd funding service provider * Peer-to-peer lending service provider * MIS manager * DIMS provider   € Derivatives issuer   * Independent trustee *(corporate only)* |
| **Relevant party details** | **Relevant party name**  **FSP number**  ***if applicable*** |

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| **Director of relevant party *to be completed by person making declaration*** | | | | | | | |
| **Personal details** | | **Gender** ***tick one*** € Male € Female | | | **Date of birth** **/ /**  **DD MM YY** | | |
| **Your name** | | **First name** | | **Middle name(s)** | **Family name** | | |
| **Other names you are, or have ever been known as e.g. maiden names, aliases** | | **First name** | | **Middle name(s)** | **Family name** | | |
| **Daytime contact** | | **Business email** | | | **Landline/mobile *–* include area codes** | | |
| **Residential details** | | **Street number and name** | | | **Suburb** | | |
| **Town or city** | | | **Postcode** | **Country** | |
| **Relevant party relationship** | | I am a relevant party of the Applicant, as defined in regulation 189 of the Regulations, because: (*tick all that apply* ) | | | | | |
| € | The Applicant is a body corporate and I am a director of an entity which has the power, directly or indirectly, to exercise, or control the exercise of, the rights to vote attaching to 25% or more of the voting products of the Applicant. | | | | |
| € | I am a director of an entity which acts with the Applicant jointly or in concert. | | | | |
| € | The Applicant acts or is accustomed to act, in accordance with the wishes of an entity of which I am a director. | | | | |
| € | I am a director of an entitywhich is able, directly or indirectly, to exert a substantial degree of influence over the activities of the Applicant. | | | | |
| **Disclosure**  Before we can issue a licence to the Applicant we must have regard to any conviction, order made, or successful disciplinary action taken against you under a relevant proceeding or action (defined in regulation 189 of the Regulations).   * *Please select YES or NO for each question.* ***If any answer is YES, you must provide full details in appendix 1.*** * *You must answer each question in relation to both New Zealand and/or other jurisdictions.* | | | | | | | |
|  | Have you ever been charged with or convicted of (in New Zealand or overseas) a criminal offence relating to dishonesty, fraud, or misleading or deceptive conduct? | | | | | | € YES € NO |
|  | Have you ever been convicted (in New Zealand or overseas) of any offence for which you were sentenced to, or were liable to be sentenced to, a term of imprisonment (even if you were not imprisoned)? | | | | | | € YES € NO |
|  | Have you ever been charged with, or convicted of an offence, or subject to a proceeding:   1. In **New Zealand** under any financial markets legislation, as defined in the Financial Markets Authority Act 2011? 2. In **another jurisdiction** under any financial markets legislation equivalent to that referred to in ‘a’ above? | | | | | | € YES € NO |
|  | Have you ever been the subject of any civil proceedings (in New Zealand or overseas) for conduct relating to dishonesty, fraud, or misleading or deceptive conduct? | | | | | | € YES € NO |
|  | Have you ever been the subject of any proceedings or action taken by a regulatory authority in New Zealand, or overseas? | | | | | | € YES € NO |
|  | In the last 15 years have you been (in New Zealand or overseas) a trustee, director or partner of, or held any position of senior management in, any company or other incorporated or unincorporated entity which, while you were connected to that entity:   1. Was placed into liquidation, administration, receivership or statutory management (or any overseas equivalent status), or 2. Entered into any compromise agreement, moratorium or other restructuring to avoid liquidation, administration or receivership (or any overseas equivalent)? | | | | | | € YES € NO |
|  | Have you ever been banned (in New Zealand or overseas) from:   1. Providing financial services, or 2. Acting as director of a company or other incorporated body, or 3. Being involved in the management of any class of incorporated or unincorporated entity? | | | | | | € YES € NO |
|  | Have you ever been dismissed or asked to resign, or subject to disciplinary proceedings resulting from, or in respect of, a position of trust, fiduciary appointment or similar (in New Zealand or overseas)? | | | | | | € YES € NO |
|  | Have you ever been refused registration or other entry into, or restricted from the right to carry on in, any profession or occupation under the law of the country, or under the membership rules of any professional body *at any time* (in New Zealand or overseas)? | | | | | | € YES € NO |
|  | In the last 15 years have you been made bankrupt, entered into a compromise agreement with creditors or been placed into statutory management (in New Zealand or overseas)? | | | | | | € YES € NO |
|  | Are you subject to any pending proceedings or actions (in New Zealand or overseas) that mean you would have to answer YES to any of the above questions if an adverse finding is reached? | | | | | | € YES € NO |

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| **Consent and declaration** |
| **Consent to disclosure of information**  I understand the information provided in this form is being collected by the Financial Markets Authority (FMA) in relation to an application for a financial market services licence from the FMA.  In signing this declaration, I authorise the FMA to conduct enquiries and collect personal information about me from any **third party,** including any person and any New Zealand or overseas government agency, regulatory body or professional body – **for the purpose** of the FMA having regard to any conviction, order made, or successful disciplinary action taken under a relevant proceeding or action, against me as a relevant party to the market service licence/s sought by the Applicant.  **For that purpose I authorise:**   * The FMA to disclose my personal information to any third party * The third party to disclose my personal information to the FMA * The FMA to use my personal information, provided or collected in connection with the Applicant’s market services licence application, when the FMA performs its functions and exercises its powers under the FMC Act, or any other legislation.   + The FMA to disclose any personal information provided or collected about me to the Applicant, for the purposes of assessing the application, communicating the outcome of the assessment or providing reasons for the FMA’s position on the application.   **Declaration**  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Full name******Town/city and country***    **Declare that:**   1. I am a director of a relevant party of the Applicant. 2. I understand that for the purposes of section 396(c) and (d) of the FMC Act the FMA must have regard to any conviction, order made, or successful disciplinary action taken, under a relevant proceeding or action against me as a relevant party of the Applicant. 3. The information provided in this form and any appendix attached is true, correct and complete.  |  | | --- | | **Signature** | | **Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_** | |

*Applicant: please upload signed form to your application – and retain original on file. We may ask for this later.*

*This appendix, if required, must be provided in the same document as your completed declaration.*

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| **Appendix 1: Disclosure for ‘fit and proper’ assessment**  *If you said* ***YES*** *to any of the questions 1-11 please provide full details next to the correct question number.* | |
| **Q 1** |  |
| **Q 2** |  |
| **Q 3** |  |
| **Q 4** |  |
| **Q 5** |  |
| **Q 6** |  |
| **Q 7** |  |
| **Q 8** |  |
| **Q 9** |  |
| **Q 10** |  |
| **Q 11** |  |