



## PERSONAL QUESTIONNAIRE

***This Personal Questionnaire must be completed by each key person of an applicant for a VASP, ITO or Fintech Sandbox Utility.***

***A key person is a Manager, Director, Chief Technology Officer (CTO), Compliance Officer, Shareholder or UBO.***

### ***Instructions for completing the Personal Questionnaire Form***

- This Form is to be completed in English
- **No questions should be left unanswered.** Where the applicant believes that a question does not apply, the applicant should write “Not Applicable”, or “N/A”.
- If there is insufficient space on the printed Form in which to answer a question, additional information can be provided on a separate signed sheet if necessary
- This form should be read in conjunction with the VASP Act, its regulations and guidelines which can be accessed through the Commission’s website: [www.vfsc.vu](http://www.vfsc.vu)

### ***Required Documents***

- Please attach a copy of your curriculum vitae or resume
- Please enclose a clear, notarized or similarly certified copy of your passport.
- The certifier should include their signature, name in block capitals, daytime telephone number, profession, name and address of business or official stamp, and date. Certifiers should state that it is a true copy of the original document.

***Institution*****1. Name of Institution**

2. Proposed Position: (*i.e. Director, Manager, Chief Technology Officer, Shareholder*)

***Applicant Details*****3. Your Full Name**

Title (*Mr. /Mrs. / Ms., etc.*):

Surname:

Forename (*s*):

Maiden Name (*if applicable*):

Other Name(*s*) commonly known by (*if any*):

**4. Previous name(*s*) by which you have been known (*if any*)****5. Date of Birth** (*dd/mm/yyyy*)**6. Place of Birth**

Town:

State:

Country:

**7. Nationality, and how it was acquired** (*e.g. Birth, Naturalization, Marriage*)

*(If more than one Nationality is held, please provide details for all Nationalities currently or previously held)*

**8. Current residential address** (*with relevant dates*)

Address Line 1 (*Street Address*):

Address Line 2 (*Apartment, suite, unit, building, floor, etc.*):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates at this address (*mm/yyyy*)

From:

To:

**9. Previous residential addresses during the last ten years (with relevant dates)**

Address Line 1 (Street Address):

Address Line 2 (Apartment, suite, unit, building, floor, etc.):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates at this address (mm/yyyy)

From:

To:

**Previous residential addresses during the last ten years (with relevant dates)**

Address Line 1 (Street Address):

Address Line 2 (Apartment, suite, unit, building, floor, etc.):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates at this address (mm/yyyy)

From:

To:

**Previous residential addresses during the last ten years (with relevant dates)**

Address Line 1 (Street Address):

Address Line 2 (Apartment, suite, unit, building, floor, etc.):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates at this address (mm/yyyy)

From:

To:

**10. Are you currently or were you previously approved (within the last 10 years) by any other Financial Services Regulator?**

Yes

No

If Yes, please provide details below:

Name of Regulator	Country	Position Held	Name of Entity	Date Approved (MM/YY)	Date Approval Ceased (MM/YY)

11. Do you have any pending applications with any other Financial Service Regulator?

Yes  No

If yes, please provide full details, including Name of Regulator, Country and Nature of Application:

### ***Professional Qualifications***

12. Do you hold any professional qualifications (e.g. CPA, CFA, TEP)?

Yes  No

If yes, specify the following in each case:

Qualification	Name of Institution	Address of Institution	Status <sup>1</sup>	Year Obtained
		Address Line 1: Address Line 2: City: State / Province / Region: Zip / Postal: Country:		
		Address Line 1: Address Line 2: City: State / Province / Region: Zip / Postal: Country:		
		Address Line 1: Address Line 2: City: State / Province / Region: Zip / Postal: Country:		
		Address Line 1: Address Line 2: City: State / Province / Region: Zip / Postal: Country:		

<sup>1</sup> Please indicate status of qualification or of membership in designating body, if applicable (e.g. current / active, inactive, suspended etc.)

## Academic Qualifications

13. Do you hold any Academic qualifications (e.g. BA, LLB, MBA, PhD)?

Yes

No

If Yes, specify the following in **each** case:

Qualification	Name of Institution	Address of Institution	Year Obtained
		Address Line 1: Address Line 2: City: State / Province / Region: Zip / Postal: Country:	
		Address Line 1 Address Line 2 City State / Province / Region Zip / Postal Country	
		Address Line 1 Address Line 2 City State / Province / Region Zip / Postal Country	
		Address Line 1 Address Line 2 City State / Province / Region Zip / Postal Country	

## History of Employment

Beginning with your current occupation or employment, please give full details of all occupations and employment during the last **ten** years, leaving no period unaccounted for. Continue on a separate sheet if necessary.

If there are any gaps in the employment history, please provide an explanation.

### 14. Current Occupation:

Name of Employer:

Address Line 1 (*Street Address*):

Address Line 2 (*Apartment, Suite, Unit, Building, Floor, etc.*):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates of Employment (*mm / yyyy*)

From:

To:

Position Held:		Nature of Business:	
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**Employment Reference Details**

Name:  
Position:  
Contact #:  
Email:

**Previous Occupation 1:**

Name of Employer:  
Address Line 1 (Street Address):  
Address Line 2 (Apartment, Suite, Unit, Building, Floor, etc.):  
City:  
State / Province / Region:  
Zip / Postal:  
Country:  
Dates of Employment (mm / yyyy)

From: To:

Position Held		Nature of Business	
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**Employment Reference Details**

Name:  
Position:  
Contact #:  
Email:

**Previous Occupation 2:**

Name of Employer:  
Address Line 1 (Street Address):  
Address Line 2 (Apartment, Suite, Unit, Building, Floor, etc.):  
City:  
State / Province / Region:  
Zip / Postal:  
Country:  
Dates of Employment (mm / yyyy)

From: To:

Position Held		Nature of Business	
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**Employment Reference Details**

Name:  
Position:  
Contact #:  
Email:

**Previous Occupation 3:**

Name of Employer:

Address Line 1 (Street Address):

Address Line 2 (Apartment, Suite, Unit, Building, Floor, etc.):

City:

State / Province / Region:

Zip / Postal:

Country:

Dates of Employment (mm / yyyy)

From:

To:

Position Held		Nature of Business	
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**Employment Reference Details**

Name:

Position:

Contact #:

Email:

**Appointments / Shareholdings**

15. Are you now, or have you previously been (during the last ten years) a:

- a) Director or Controller of any 'body corporate'?
- b) General Partner of a Partnership?

Yes  No If Yes, Specify the following in **each** case:

Name of Entity	Role	Country of Incorporation / Domicile	Nature of Business	From – To (MM/YY)

16. Are you now, or have you previously (during the last 10 years) held a shareholding interest in a financial institution?

Yes  No If Yes, specify the following in **each** case:

Name of Company	Percentage Holding	Country of Incorporation	Nature of Business	From – To (MM/YY)

## History of Past Convictions and Offences

In any case where the response is YES to any of the questions in this section, full details should be given on a separate sheet and referenced to the appropriate question.

17. Have you at any time been involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Have you at any time been charged or convicted of any offence (other than: a) An offence committed when you were under the age of 18 years unless the same was committed within the last ten years, or b) An offence in connection with the use or ownership of a motor vehicle which was tried in a court of summary jurisdiction) By any court, whether civil or military, in any jurisdiction? If so, give full particulars of the charge and if convicted the date of conviction, the offence and the penalty imposed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Is there any outstanding civil litigation against you (including in your capacity as a trustee of a trust) or any company of which you are an officer; or are there any current proceedings issued by you? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Have you ever, at any time, been the subject of an investigation in relation to a financial institution? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Have you, anywhere, been censured, disciplined or criticized by any professional body to which you belong or have belonged, or have you ever held a practicing certificate subject to conditions? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Have you ever been required to give evidence in any trial or proceedings involving fraud, dishonesty or similar matters, other than as an expert witness? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Have you, or any body corporate, trust, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer, controller or trustee, been the subject of an investigation, anywhere, by a Governmental, professional or other regulatory body? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Have you, anywhere, been suspended, placed on required leave or dismissed from any office or employment or barred from entry to any profession or occupation? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Have you ever been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Have you ever been adjudicated bankrupt by a court in any jurisdiction? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Have you failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a court in any jurisdiction? If so, give full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>28. Have you, in connection with the formation, control or management of a body corporate, partnership, unincorporated institution, or in connection with acting as trustee of a trust 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, company or trust or towards any members thereof? If so, give full particulars</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>29. Has any body corporate, partnership or unincorporated institution with which you were associated as director, shareholder, manager, officer or controller, anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one years after you ceased to be associated with it. If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>30. Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder, manager, officer or controller, anywhere, had its authorization revoked. If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>31. In carrying out your duties will you be acting on the directions or instructions of any other person? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>32. Have you, a family member, or a close associate, at any time, been designated as a politically exposed person (PEP)? If so, give full particulars.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## ***Declaration of Source of Wealth / Funds***

This section ONLY applies to applicants who are:

- (i) Individual shareholders / controllers holding 25% or more issued shares in a legal entity and;
- (ii) Subject to enhanced due diligence by the Commission, such as PEPs, other persons considered to be high risk or where the application itself demonstrates a high risk profile.

The Commission may at its discretion request additional information / documentary evidence for the assessment of source of wealth and source of funds.

\*In some cases the Commission may at its discretion assess applicants holding less than 25% interest in a legal entity.

According to the Financial Action Task Force (FATF) source of wealth is defined as the origin of the entire body of wealth (i.e. an applicant's total assets). This information should give an indication as to the volume of wealth the applicant would be expected to have, and a picture of how the applicant acquired such wealth.

The Financial Action Task Force (FATF) defines the source of funds as the origin of the particular funds or other assets which are the subject of the business relationship between VFSC and the applicant (i.e. the amounts being invested, deposited, or wired as part of the business relationship). This information should not simply be limited to knowing from which financial institution the funds have been transferred. The information obtained should be substantive and establish a provenance.

**33. Please complete the declaration of source of Wealth and Source of Funds Form, if required to provide source of wealth / source of funds.**

I certify that the information given in this questionnaire is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a key person of an institution authorized under any of the above Laws, I will notify VFSC of any material changes affecting the completeness of the answers to questions 17 – 31 above within a period of twenty-one days.

I also hereby AUTHORISE VFSC 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.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of witness: \_\_\_\_\_

***Note: Attention is drawn to section 56 of the Virtual Asset Service Provider Act No. 3 of 2025, which provides as follows:***

***"(4) A person who:***

- (a) Gives false or misleading information to an inspector that the person knows to be false or misleading; or***
- (b) Produces a document to an inspector that the person knows to be false or misleading,***

***Commits an offence and is liable on conviction to a fine not exceeding VT 100,000,000 or to imprisonment for a term not exceeding 25 years or both."***

## ***Additional Information***

Please include here, any additional information indicated in previous sections of this Form. If there is insufficient space, please continue on a separate page and clearly identify the section and question to which the additional information relates.

<b>Section</b>	<b>Question</b>	<b>Information</b>