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a) Personal details

a) Personal details	
Identity	
Title:	
Last name:	
First name(s):	
Any previous name you may have had	
Domicile	
Address:	
Town:	
Country:	
Place of residence (if different from the address indicated above)	
Address:	
Town:	
Country:	
Other details	
Sex:	
Date of birth:	
Place of birth:	
Nationality:	
Country where ID/passport was issued	
Date of current ID/passport expiry	
Private phone number, including the country code:	
Business phone number, including the country code:	
Private e-mail address:	
Business e-mail address (if already available):	

b) Previous assessment(s)

b) Have you ever been subject to any previous assessments (positive or negative) by a supervisory authority in the financial sector?	

If so, please specify them below:

Competent authority involved	Undertaking involved	Position involved	Start date	End date	Date of the assessment	Conclusion of the assessment (mentioning any validation conditions)

Possible refusal(s)

Were there any refusals ?	

If so, please explain the reasons below:

If so, please explain the reasons below:	

c) Assessment by the FSMA

c) Have you ever been subject to a suitability assessment in a company under the supervision of the FSMA (such as a pension fund or an insurance intermediary) ?	

If so, please describe the result of the assessment carried out by the FSMA hereunder:

Undertaking	Function	Start date	End date

d) Approval as compliance officer

d) Have you already been approved as a compliance officer by the NBB/FSMA or is such a procedure under way?	

If so, please provide below information on the authorisation obtained or on the current authorisation procedure:

If so, please provide below information on the authorisation obtained or on the current authorisation procedure:	

a) Function concerned

a) Please indicate below	
- what function you wish to exercise within the undertaking concerned:	
- the official title of the position within the undertaking:	
- what function you wish to carry out within the undertaking concerned (if necessary, several boxes should be ticked):	
executive director	<input type="checkbox"/>
non-executive director	<input type="checkbox"/>
If it is a non-executive director's position, please indicate in what capacity you aspire to be appointed:	
as shareholder, cooperator or mutual member of the undertaking concerned.	<input type="checkbox"/>
as representative of a shareholder, cooperator or mutual member of the undertaking concerned.	<input type="checkbox"/>
as independent director within the meaning of the Law of 13 March 2016 regarding the statute and supervision of insurance and reinsurance companies:	<input type="checkbox"/>
In another capacity. Please specify:	
chairperson of the statutory governing body	<input type="checkbox"/>
vice-chairperson / deputy chairperson of the statutory governing body	<input type="checkbox"/>
chairperson of the audit committee	<input type="checkbox"/>
chairperson of the remuneration committee	<input type="checkbox"/>
chairperson of the risk committee	<input type="checkbox"/>
chairperson of the audit and risk committee	<input type="checkbox"/>
chairperson of the nomination committee	<input type="checkbox"/>
chairperson of the management committee	<input type="checkbox"/>
vice-chairperson / deputy chairperson of the management committee	<input type="checkbox"/>
member of management committee	<input type="checkbox"/>
effective manager of an undertaking without a management committee	<input type="checkbox"/>
general representative of a branch	<input type="checkbox"/>
member of the management committee of a branch	<input type="checkbox"/>
person responsible for the compliance function	<input type="checkbox"/>
person responsible for the internal audit function	<input type="checkbox"/>
responsible for the risk management	<input type="checkbox"/>
person responsible for the actuarial function	<input type="checkbox"/>
contact person responsible for the outsourced compliance function	<input type="checkbox"/>
contact person responsible for the outsourced internal audit function	<input type="checkbox"/>
contact person responsible for the outsourced risk management function	<input type="checkbox"/>
contact person responsible for the outsourced actuarial function	<input type="checkbox"/>
member of the management committee designated senior officer responsible for the prevention of money laundering and terrorism financing	<input type="checkbox"/>
person responsible for implementing the anti-money laundering policy (AMLCO)	<input type="checkbox"/>

Other:	

b) Main duties and responsibilities

b) Please provide below a description as detailed as possible	
- of the main duties relating to the function in question:	
- of the responsibilities relating to the function:	
- of the number of subordinates relating to the function in question:	
If applicable, please provide:	
- which other functions you will exercise within the undertaking concerned:	
- in which sub-committees of the statutory administrative body or other (administrative or management) committees, other than those mentioned under (a), you will sit:	

c) Term of the mandate / function

c) Please provide below additional information about:	
(Planned) entry into function:	
(Planned) term of the mandate / function:	
Do you remplace somebody else ?	
If so, please specify:	
- who:	
- why:	

d) Nature of the arrangement

d) Please specify the nature of the arrangement between you and the undertaking concerned:	
Free lance	<input type="checkbox"/>
Employee	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please specify:	

The questions in this title relate to both Belgium and foreign countries.

a) Have you already been convicted in criminal proceedings?	
Have you already been convicted in relevant civil or administrative proceedings (i.e. where there is an impact on the reputation or significant impact on the financial soundness of the appointee?)	
Please indicate also convictions against whom an appeal has been introduced.	
If YES, please provide details below on:	
- The nature of charge:	
- The length of time since the alleged wrongdoing:	
- The likely penalty if conviction ensues:	
- Any professional implications:	
- The stage of proceedings:	
- Any other mitigating factors:	
- Any other aggravating factors (e.g. a rehabilitation was obtained, recidivism, etc.):	
b) Is there any pending criminal proceeding against you? Is there any relevant civil or administrative proceeding opened against you (including any formal notification of investigation or committal for trial)?	
If YES, please provide details below on:	
- The nature of charge	
- The length of time since the alleged wrongdoing	
- The likely penalty if conviction ensues	
- The stage of proceedings	
- Any other mitigating factors	
- Any aggravating factors.	
c) Do you have any previous disciplinary measures or pending disciplinary actions (including disqualification as a company director, discharge from a position of trust)?	
If YES, please provide details:	
d) Do you, or does an undertaking in which you are a member of the statutory governing body, have any previous or pending, insolvency or similar procedures (such as judicial reorganization or personal bankruptcy)?	
If YES, please provide details (Was it a voluntary bankruptcy):	
e) Have any of the proceedings described above been settled out of court or within the framework of alternative dispute resolution (e.g. mediation)?	
If YES, please provide details:	
f) Have you, to the best of your knowledge, ever been included in a list of unreliable debtors or have you been the subject of an enforcement action on an outstanding debt obligation?	
If YES, please provide details:	
g) Have you ever been the subject of a refusal of registration, authorisation, membership or licence to carry out a trade, business or profession, or have you had such withdrawn, revoked or terminated?	
If YES, please provide details:	
h) Have you ever been sanctioned by any public	

authorities or professional bodies or are you the subject of any pending investigations or past investigations or enforcement proceedings?	
If YES, please provide details:	
i) Have you been directly or indirectly involved in a case that led to suspicions of money laundering?	
If so, what was your personal involvement?	
j) Has any financial undertaking in which you perform or have performed a function that falls within the scope of the law, or whose management you influence or have influenced materially in any other way, or in which you hold or have held material interests, ever:	
1) ever received a criminal conviction, or was an administrative or disciplinary action or equivalent administrative measure ever taken against it, or has it ever been suspended or excluded as a member of a professional association?	
If you answer this question with YES:	
- provide the necessary information:	
- identify the financial institution concerned:	
- specify the penalties or measures involved:	
-specify any pending cases:	
2) ever denied a license or was its license ever withdrawn?	
If you answer this question with YES:	
- provide the necessary information:	
- identify the financial institution concerned:	
K) Has any financial undertaking in which you perform or have performed a function of manager, or whose management you influence or have influenced materially in any other way, or in which you hold or have held material interests, ever received state aid?	
If you answer this question with YES:	
- provide the necessary information:	
- identify the financial institution concerned:	

a) Please specify your diploma (level + field of study)

a) Diploma (level + field of study)	Start date	End date	Identity of the establishment + type of education (secondary, higher, university, training institute, etc.)

b) Experience in the insurance

b) Do you have any practical experience in the insurance / financial sector?	

If so, please describe this below:

Position (specify whether or not it was a managerial position)	Main responsibil ities	Organisati on, company, etc.	Size (number of employees, balance sheet total)	Number of subordinat es	Start date	End date	Reason for terminatio n of contract

c) Experience in senior mangament

c) Do you have any other relevant senior managerial experiences outside the financial sector?	

If so, please describe this below:

Position	Main Responsibilities	Organisation, company, etc.	Size (number of employees, balance sheet total)	Number of subordinates	Start date	End date	Reason for termination of contract

d) Other relevant experience

d) Do you have any other relevant experiences outside the financial sector (e.g. academia, legal services, IT,...)?	

If so, please describe this below:

Position	Main Responsibilities	Organisation, company, etc.	Size (number of employees, balance sheet total)	Number of subordinates	Start date	End date	Reason for termination of contract

e) For directors (Explanations and sources)

e) For directors, in addition to the basic general knowledge required in the handbook on assessment of fitness and propriety, please describe of the specific areas of expertise you will bring in the Board of directors with regard to the collective expertise requirements of the members of the board of directors:	

f) References

f) References	
Please provide contact information for at least two people who are willing to provide references.	
One of these persons should, if possible, represent a previous employer. By mentioning a person as a reference, you expressly authorise the NBB to contact that person after informing you thereof.	
Parents and allies in the direct or collateral line up to and including the third degree, the spouse, the registered partner or cohabitee, or a person of trust cannot be designated as a reference.	
Person 1	
Family name and first name:	
Address:	
Telephone:	
Function:	
Relationship with the appointee:	
Person 2	
Family name and first name:	
Address:	
Telephone:	
Function:	
Relationship with the appointee:	

a) Personal relationship

a) Do you have any personal relationship with:	
- other members of the management body and/or key function holders of the supervised entity, the parent undertaking or its subsidiaries or affiliated undertakings?	
- a person that has a qualifying holding in the supervised entity, the parent undertaking or subsidiaries of the aforementioned undertakings?	
If YES, please provide details:	

b) Any relationships

b) Do you conduct business (in private or through a company) with the supervised entity, the parent undertaking or subsidiaries of the afore-mentioned undertakings?	
If YES, please provide the following information.	
- a description of the type and content of the business and the obligations of both parties	
- if relevant, the name of the company;	
- the relevant period of this relationship.	
In case of exercise of external functions, how do these functions comply with the internal rules validated by the undertaking?	

c) Financial interests

c) Do you, either personally or through a company you are closely connected with, have any substantial financial interest (such as ownership or investment) in the supervised entity, the parent undertaking or its subsidiaries or affiliated undertakings, or in competitors or clients of the supervised entity, the parent undertaking or subsidiaries of the afore-mentioned undertakings?	

If yes, please provide the following information:

Personally or through a company	Name of the entity	Main activities of entity	Relationship between the entity and the supervised entity	Relevant period	Size of the financial interest (% of the capital and voting rights, or value of investment)

d) Financial obligations

d) Do you have any substantial financial obligation to the supervised entity, the parent undertaking or its subsidiaries or affiliated undertakings of the aforementioned undertakings? In principle, loans and life insurance contracts under €100,000 and private mortgage loans which are negotiated at arm's length and for which reimbursement are complied with would generally not be considered as substantial.	
If YES, please provide the following information:	
1. name of the undertaking to which you are indebted:	
2. the type of obligation:	
3. the value of the obligation:	
4. relevant period of this obligation:	

e) Political influence

e) Do you have or have you had over the past 2 years a position with political influence (either internationally, nationally or locally)?	
If YES, please provide the following information:	
1. the nature of the position:	
2. the specific powers related to or the obligations of this position:	
3. the relationship between this position (or the entity where this position is held) and the supervised entity, the parent undertaking or subsidiaries of the afore-mentioned undertakings:	

f) Other relationships

) Do you have any other relationships, positions or involvement that are not addressed in the questions above, which could adversely affect the interests of the supervised entity, the parent undertaking or subsidiaries of the afore-mentioned undertakings?	
If YES, please provide all necessary information:	
- nature:	
- content:	
- duration:	
- and, if relevant, the relation to/relationship with the supervised entity, the parent undertaking or its subsidiaries	

Time commitment

a) What time commitment, expressed in days per week/month/year, is required for the function involved?	
b) Is your commitment compliant with the internal rules which the company has validated in terms of external functions?	

If relevant, please complete the list of executive and non-executive directorships and other professional activities. Please list the directorship for which this form is being completed first and then all other directorships and other professional activities held by the appointee

a. Entity (please mark listed companies with*)	b. Country	c. Description of the company's activity	d. Size of entity	e. Function within the entity: executive director/non-executive director/other	f. Additional responsibilities such as membership of committees, chair functions, etc.	g. Time commitment in number of days per month (to include additional responsibilities)	h. Term of mandate (as of ? until)	i. Any additional comments	j. Number of meetings per year

Information about the undertaking concerned

Name of the undertaking concerned:	
LEI code and INS code of the undertaking applying:	
Contact person within the undertaking:	
Name:	
E-mail address:	
Telephone number:	

a) Relevant experience

a) Does the appointee have the relevant experience ?	

If the appointee does not have relevant experience, then please list any potential compensating factors (e.g. specific characteristics of the undertaking; other compensating experience; degree/academic experience; proven ability to challenge; overall suitability; specialised knowledge; limited appointment in terms of the role of the appointment; other special cases)

If that is the case, then please list any potential compensating factors (e.g. specific characteristics of the undertaking; other compensating experience; degree/academic experience; proven ability to challenge; overall suitability; specialised knowledge; limited appointment in terms of the role of the appointment; other special cases)	

b) Specific training

b) Will the appointee undergo specific training before taking office or during the first year after taking office?	

If yes, please provide a summary of the training he will take below.

Content of training	Training provided by (internal or name of external organisation)	Specific information on the scope and duration of training (number of days/hours)

c) Special consultation of the integrity

c) Has the management body of the supervised entity conducted a special consultation on any aspect of the professional integrity of the appointee?	

If yes, please specify:

- what the subject of the consultation was:	
- what its outcome was:	

d) Age limit

d) Does the company set an age limit for the job in question?	

If so, please:

- provide references to the relevant document;	
- specify the age limit:	

a) Points of attention of the composition of the management body

a) Please provide a general description of the points of attention that have been established as regards the composition of the management body and, where relevant, refer to the conclusions of the latest self-evaluation.

b) Collective suitability

b) How does the appointee fit in the collective suitability of the management body (see the handbook on assessment of fitness and propriety, which refers to 5 areas of requirements in terms of collective suitability: a) insurance and financial markets, b) business strategy and business model, c) system of governance, d) financial and actuarial analysis, e) regulatory framework and requirements)?

Please explain how the appointee can contribute to solving some or all of the points of attention referred to in the preceding question.

Please explain how the appointee can contribute to solving some or all of the points of attention referred to in the preceding question.

a) Any additional information

a) Do you (as the appointee or as the undertaking concerned) wish to provide any other information that may be relevant to the assessment?	

If so, please include such information below:

b) Mandatory annexes

Description	Upload	
b) Please tick the boxes as proof of completeness of the attached information:		
a curriculum vitae	<input type="checkbox"/>	
a criminal record check, model 596 / 1, subcategory 6[1] (issued less than three months before the date of the introduction of this questionnaire)	<input type="checkbox"/>	
a copy of ID card/passport (in validity)	<input type="checkbox"/>	
a function profile	<input type="checkbox"/>	
the minutes of the meeting of the Board of Directors or, where applicable, the nomination or remuneration committee regarding the appointment with (i) reference to the company's Fit & Proper policy, (ii) where applicable, a copy of the appraisal report of the person to be appointed	<input type="checkbox"/>	
an updated version of the list of members of the board of directors, management committee, specialised committees of the board of directors and responsible persons of independent control functions as provided for in the circular on the NBB's prudential expectations regarding the system of governance for the insurance and reinsurance sector (including a division of tasks between the members of the management committee) showing the situation of the management bodies before and after the envisaged	<input type="checkbox"/>	
for directors and members of the management committee: the "skills matrix" summarizing the manner in which the requirements for collective competences set out in the handbook on assessment of fitness and propriety are met (cf. point 4.4.2.7 of the handbook)	<input type="checkbox"/>	
for a general representative of a branch: the responsibilities ("powers of attorney") (see Art. 108 §1 3° of the Insurance Law)	<input type="checkbox"/>	
(where appropriate, see the NBB regulation of 6 February 2018, approved by the Royal Decree of 15 April 2018) for a responsible person of the compliance function: (i) certificate attesting that the candidate has passed an examination with an institution whose examinations have been recognised by the FSMA and the NBB; (ii) certificates attesting to participation in training programmes at training institutions recognised by the FSMA, on the advice of the NBB	<input type="checkbox"/>	
Other annexes:	<input type="checkbox"/>	
Please make your national registry number unreadable on any document you submit to the NBB. In Belgium, the national registry number can be found, among others, on the reverse side of the identity card and on the criminal record check.		

Declaration of the appointee

The undersigned,	
declares to have the ability to commit sufficient time to duly perform his/ her function in the supervised entity;	<input type="checkbox"/>
confirms that the information provided in this questionnaire is accurate and complete to the best of his/her knowledge;	<input type="checkbox"/>
confirms that s/he will notify [name Supervised Entity] immediately if there is a material change in the information provided;	<input type="checkbox"/>
authorises the NBB to make such enquiries and seek such further information as it thinks appropriate to identify and verify information that it considers relevant to the fit and proper assessment,	<input type="checkbox"/>
inter alia from the following persons and undertakings;	
confirms that s/he is aware of responsibilities arising from the national, European and international legislation and standards which are of relevance to the function for which a positive assessment is sought, and also confirms the intention to ensure continued compliance with them.	<input type="checkbox"/>
Name:	
Signature:	
Date:	

Declaration of the undertaking concerned

The undersigned	
confirm(s) that the information provided in this questionnaire is accurate and complete to the best of his/her/their knowledge	<input type="checkbox"/>
confirm(s) that the supervised entity will notify the NBB immediately if there is a material change in the information provided	<input type="checkbox"/>
confirm(s) that the supervised entity has requested the full information necessary to assess the appointee's suitability and that it has given due consideration to that information in determining the appointee to be fit and proper	<input type="checkbox"/>
confirm(s) that the description of the function for which a positive assessment is sought accurately reflects the aspects of the activities of the supervised entity which it is intended that the appointee will be responsible for	<input type="checkbox"/>
confirm(s) that the supervised entity believes, on the basis of due and diligent enquiry and by reference to the fit and proper criteria as laid down in national and EU law, that the appointee is a fit and proper person to perform the function as described in this questionnaire	<input type="checkbox"/>
confirm(s) that the supervised entity has made the appointee aware of the regulatory responsibilities associated with the function as described in this questionnaire	<input type="checkbox"/>
confirm(s) that he/she/they has/have authority to make this notification/application and provide the declarations given by, and sign this questionnaire on behalf of, the supervised entity.	<input type="checkbox"/>
Name of the undertaking concerned:	
Name(s):	
Function(s):	
Signature(s):	

Description	Upload
1) Export the "New Appointment" form in PDF	
2) Sign the document	
3) Scan the document in PDF	
4) Download the signed PDF document below	
Add the signed PDF document here	