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Contact details of the undertaking concerned

Please fill in the contact details of the institution at which the person in question holds a position which falls within the scope of the law.	
1. Name of the institution	
2. Address of the institution	
3. Telephone number	
4. Company number	
5. Please indicate below the nature of the institution	
Credit institution	<input type="checkbox"/>
Stockbroking firm	<input type="checkbox"/>
Payment institution	<input type="checkbox"/>
Electronic money institution	<input type="checkbox"/>
Central securities depository	<input type="checkbox"/>
Institution providing support to a central securities depository	<input type="checkbox"/>
Custodian bank	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>
Reinsurance company	<input type="checkbox"/>
Financial holding company	<input type="checkbox"/>
Insurance holding company	<input type="checkbox"/>
Mixed financial holding company	<input type="checkbox"/>
If applicable	
Foreign branch of a Belgian institution ("outward passporting")	<input type="checkbox"/>
Belgian branch of a foreign institution	<input type="checkbox"/>

1. Surname	
2. First name(s)	
3. Place and date of birth	
Place of birth	
Date of birth	
4. Gender	
5. Nationality	
6. Domicile	
Address	
Town	
Country	
7. Place of residence (if different from the domicile mentioned in point 6.)	
8. Telephone number	
9. Mobile phone number	
10. E-mail address	

Please state below the position which the person in question holds within the institution. Please check all boxes which apply to the person in question.	
executive director	<input type="checkbox"/>
non-executive director	<input type="checkbox"/>
chairman of the management body	<input type="checkbox"/>
chairman of the audit committee	<input type="checkbox"/>
chairman of the remuneration committee	<input type="checkbox"/>
chairman of the risk committee	<input type="checkbox"/>
chairman of the nomination committee	<input type="checkbox"/>
member of the audit committee	<input type="checkbox"/>
member of the remuneration committee	<input type="checkbox"/>
member of the risk committee	<input type="checkbox"/>
member of the nomination committee	<input type="checkbox"/>
member of the management committee	<input type="checkbox"/>
chairman of the management committee	<input type="checkbox"/>
senior manager of an institution with no management committee	<input type="checkbox"/>
senior manager or general representative 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"/>
person responsible for the risk management function	<input type="checkbox"/>

What influence can the new information have on the suitability of the person in question?	

Please indicate in as much detail as possible what new information may adversely affect the suitability of the person in question for the position to be held. For the description of this information, we refer readers specifically to the questions in TITLES II-VI of Form 1 "NEW APPOINTMENT".

Other relevant information

Do you believe you need to provide any other information which might be relevant to the assessment of the person in question?	

If you answer in the affirmative, please provide this information below.

Any annexes

Do you wish to submit any annexes to this form?	

If so, please indicate them below:

Sequential number	Annex name	Number of pages	File

Declaration of the person concerned

I, the undersigned (surname and first name(s) of the person in question)	
hereby declare that I have replied to this questionnaire accurately and in good faith.	<input type="checkbox"/>
I hereby undertake to inform the institution in question immediately of any change in relation to the information I have provided.	<input type="checkbox"/>
I also note that the deliberate providing of inaccurate and/or incomplete information will have a negative impact upon the appraisal of the qualities required of me for the purposes of holding the position in question.	<input type="checkbox"/>
I hereby declare that I shall be holding the position in question in my own name.	<input type="checkbox"/>
Date	
and signature of person in question	

Declaration of the undertaking concerned

« Acting in my capacity:	
as chairman of the management body	<input type="checkbox"/>
as chairman of the management committee	<input type="checkbox"/>
as a non-executive director	<input type="checkbox"/>
as a senior manager or general representative of the foreign institution to which the senior manager of the branch in Belgium directly reports	<input type="checkbox"/>
of (name of the institution in question),	
I, the undersigned, (surname and first name(s))	
hereby declare, after having made the usual verifications, that the information provided	
by (applicant's surname and first name(s))	
to the National Bank of Belgium for the purposes of this form is accurate to the best of my knowledge.	
(name of the institution in question)	
hereby undertakes to immediately inform the National Bank of Belgium of any and all changes to the details contained in this form of which it may become aware and which would be likely to have an impact upon the appraisal of the applicant's suitability by the National Bank of Belgium. »	
Date	
Title and signature	

Description	Upload
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