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Contact details of the undertaking

a) Please fill in the contact details of the institution at which the person in question holds a position	
1. Name of the institution	
2. Address of the institution	
3. Telephone number	
4. Company number	
b) 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	

Function of the person concerned

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"/>

Please give below additional details about the planned start date and the length of the term of office.

Please specify below:	
The planned start date for the reappointment:	
The planned term of office:	

1. Suitability assessment by the NBB or the ECB

Has the person in question undergone a suitability assessment for the purposes of the same or another position since the former circular NBB_2013_02 or the current circular NBB_2018_25 came into force:	
- by the NBB?	
- by the ECB?	
If not, please fill out the "New Appointment" form and send it to the NBB	

2.If question 1 is answered in the affirmative:

a) If yes, please state below:	
- when this assessment has taken place	
- within what context (company in question and position) this assessment has taken place:	
b) Please indicate in as much detail as possible if there is new information which 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 part A of Form 1 "NEW APPOINTMENT".	

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 the questions above accurately and in good faith.	<input type="checkbox"/>
I hereby undertake to inform the institution in question immediately of any change in relation to one or more of the answers to these questions.	<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 my reappointment or, subsequently, 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	
Signature of person in question	

« 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 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 (surname and first name(s) of the person concerned)	
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 person's suitability by the National Bank of Belgium. For this purpose it will use form 3 "NEW ELEMENTS". »	
Date	
Title and signature	

Description	Upload
1) Export the "Reappointment" form in PDF	
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