

**INSURANCE BOARD
GOVERNMENT OF THE FEDERATED STATES OF MICRONESIA**



FSM Insurance Board
P.O. Box K-2980
Kolonja Pohnpei, FM 96941
Phone: (691) 320-3423/5426
Fax: (691) 320-1523
[www: fsminsuraceboard.com](http://www.fsminsuraceboard.com)

PERSONAL AFFIDAVIT

SCHEDULE 5 (E-1)

PERSONAL AFFIDAVIT

This Form must be completed by: (1) controlling owner, (2) director, (3) officer, (4) ultimate beneficial owner, (5) professional staff or management staff, and (6) person authorized in the FSM to accept service of process on behalf of the foreign insurer applicant,

This form is for foreign insurer applying for registration to engage in insurance business in the FSM. This form could be duplicated for additional copies, if needed. An electronic version of the form could also be provided via email if requested.

(Name of Foreign Insurer Applicant)

1. Name of affiant person completing this Form:

(First Name) (Middle Name) (Last Name) Date of Birth (m/d/y): _____

2. Present Home Address: _____

Present Citizenship: _____ Since (month/Year): _____
(Country of Citizenship)

Passport Number: _____ Issuance Date: _____ Expiration Date: _____

3. Other Previous Home Addresses for the past 10 years, starting with most recent address. Use additional sheet[s] if necessary):

From: _____ To: _____ Address: _____
(Month/Year) (Month/Year)

From: _____ To: _____ Address: _____
(Month/Year) (Month/Year)

From: _____ To: _____ Address: _____
(Month/Year) (Month/Year)

4. Employment History¹:

Provide the following information in reverse chronological order regarding your employment or self-employment during the past ten (10) years. Use additional sheet(s) to provide the same information for each employer.

Employer: _____

Full contact information: _____

Business Description: _____

Date Employed: _____ To: _____

¹ If you are a proposed or existing officer/manager for the applicant, provide complete details of your insurance or other financial institution related experience. Include information on positions held in insurance and/or other types of financial institutions, including the number of employees supervised, etc. Use additional sheet(s) if necessary. Please also provide your **curricula vitae**, as well.

(month/year) (month/year)

Job Title/Description: _____

Reason for Leaving: _____

Employer: _____

Full contact information: _____

Business Description: _____

Date Employed: _____ To: _____
(month/year) (month/year)

Job Title/Description: _____

Reason for Leaving: _____

Employer: _____

Full contact information: _____

Business Description: _____

Date Employed: _____ To: _____
(month/year) (month/year)

Job Title/Description: _____

Reason for Leaving: _____

5. List all businesses in the FSM in which you have been or are a significant shareholder, director or officer. (Include percentage of ownership).

6. Educational and Professional Credentials (Use additional sheet[s] if necessary):

(a) Name and address of High School attended: _____ Year Graduated: _____

(b) Name and Address of College attended: _____, year graduated: _____, Field of Study/Major: _____, Degree: _____.

(c) Professional qualifications or license or similar certificates now held or have ever held i.e., attorney (solicitor), physician, CPA, teacher, etc (indicate type of license/qualification/certificate, name of issuer, contact address of issuer and date issued, time currently being devoted to the profession and whether the license/certificate has been revoked and the reasons for revocation if applicable).

7. Law Enforcement or Disciplinary Proceedings:

(a) Have you ever been in a position that required a fidelity bond? If any claims were made on the bond, give details.

(b) Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? If so, give details.

(c) Have you or any corporation, partnership, or other entity in which, at the time you were an officer, director, trustee, employee, significant shareholder, been named in any complaint, pleading, judgment,

order, or decree filed in any court of law which cited violations or alleged violations of applicable laws? If so, give details.

- (d) Have you ever been an officer, director, trustee, employee, or significant shareholder of a financial institution, which became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship while you occupied any such position or within one year thereafter? If so, give details.
- (e) Has the certificate of incorporation or authority or license to conduct insurance business ever been suspended or revoked while you served as director, officer and/or in a management position? If so, give details.
- (f) Have you ever been requested, advised, ordered or told by any governmental regulatory authority, board, commission or agency to: (a) Divest any stock ownership or other ownership interest you have in any financial institution? If so, give details. (b) Leave or resign as an officer, director, agent, employee, consultant or representative of any financial institution? If so, give details.
- (g) Are you a named party in any ongoing or pending legal or administrative hearing, proceeding or investigation including in your capacity as a manager, director, trustee, employee or significant shareholder? If so, give details.

8. Are you aware of any other facts or circumstances which could reasonably be considered relevant to the assessment of your being a fit and proper person referred to in 37 FSMC 302(1)(d)?

CERTIFICATION

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a significant shareholder, director or officer of applicant or registered insurer, I will notify the FSM Insurance Commissioner or Board of any material change affecting the completeness of the Personal DECLARATION within fifteen (15) days from the occurrence of the changes.

I ALSO HEREBY AUTHORIZE the FSM Insurance Commissioner or Board to make such enquiries and seek such further information as it deems appropriate in verifying the information given in this Personal AFFIDAVIT or in any other documents submitted as part of this application for the purposes of performing its due diligence and background checks. I also understand that the results of these checks may be disclosed to the applicant or person who signed the Application Form.

Dated and signed this _____ day of _____, 20_____.

(Signature)

(Print or type full name)

Declared to before me this ____ day of _____, 20_____.

(Seal)

(Notary Public Signature)

(Print or type full name)