

NON-BANK FINANCIAL INSTITUTIONS REGULATORY AUTHORITY (“NBFIRA”)

BIOGRAPHICAL AFFIDAVIT

(To be completed by controllers of insurance entities applying for a license)

Full name and address of Applicant Company (do not use group names)

In connection with the above-named company, I hereby make representations and supply information about myself as hereinafter set forth. **(Attach addendum of separate sheet if space is insufficient to answer any question fully).** IF ANSWER IS “NO” OR “NONE”, STATE SO.

1. Applicant’s full name (initials not acceptable) _____

2. (a) Have you ever had your name changed? () Yes () No
If “Yes”, give the reason for the change

(b) Other names used at any time _____

3. Applicant’s Passport No./National Identity No. **(Indicate which No. is stated)** and nationality.

4. (a) Date of birth _____

(b) Place of birth _____

5. Applicant’s business address _____

Business Telephone No. _____

6. Are you completing this questionnaire as a Director, shareholder, manager, officer or controller?
(see note below for definition of ‘controller’) _____

7. List your residences for the last ten (10) years starting with your current address, giving:
DATE ADDRESS CITY AND STATE

8. Qualifications

Type: _____

Name and location of Institutions: _____

Date received: _____

9. List membership in Professional Societies and Associations

10. Present or proposed position with the applicant company

11. List complete employment record (up to and including present jobs, positions, directorships, or officerships) for the past ten (10) years giving:

| DATE | EMPLOYEEER AND ADDRESS | TITLE |
|------|------------------------|-------|
|------|------------------------|-------|

12. (a) May present employer be contacted () Yes () No

(b) May former employers be contacted () Yes () No

(c) List names, addresses, phone/fax numbers of two independent referees who have known of your business activities over the last five (5) years or more.

13. (a) Have you ever been in a position which required a fidelity bond?

() Yes () No

If any claims were made on the bond, give details _____

(b) Have you ever been denied an individual or position schedule, fidelity bond, had a bond cancelled or revoked? () Yes () No

If "Yes", give details _____

14. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you currently hold or have held in the past. **(State date license issued, issuer of licence, date terminated, reasons for termination)**

15. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational licence by any public or governmental licensing agency or regulatory authority, or has any such licence held by you ever been suspended or revoked?

() Yes () No

If "Yes", give details _____

16. List any insurers and/or brokers in which you control directly or indirectly or own legally or beneficially 5% or more of the outstanding stock (in voting power).

If any of the stock is pledged or mortgaged in any way, give details.

17. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares or stock of the applicant company or its affiliates?

() Yes () No

If any of the shares or stock are pledged or mortgaged in any way, give details.

18. Have you ever been adjudged a bankrupt? () Yes () No

If "Yes", please supply particulars _____

19. (a) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction of or pleaded guilty *on nolo contendere* to any information or indictment charging any felony, or charging misdemeanor involving embezzlement, theft, larceny. Or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any governmental or state regulatory agency?

() Yes () No

If "Yes" give details _____

(b) Has any company been so charged allegedly as a result of any action or conduct on your part? () Yes () No

If "Yes" give details _____

20. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

() Yes () No

If "Yes", give details including names and dates _____

21. Has the certificate of authority or licence to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?

() Yes () No

If "Yes", give details _____

Dated and signed this _____ day of _____

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I also hereby authorize the Regulatory authority to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Biographical Affidavit, or in any other documents submitted as part of this application, for the purpose of performing it due diligence and background checks. I understand that the results of these checks may be disclosed to the person who submitted this application.

(Signature of Applicant)

State of _____

Country of _____

Personally appeared before me the above named _____

Being duly sworn deposes and says that he or she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his or her knowledge and belief.

Subscribed and sworn to (affirmed) before me this _____ day of _____ 200_____

(Notary Public for documents to be sent overseas)
Commissioner of Oaths for documents to be used in Botswana only)

(Seal)

My Commission expires _____

NOTE:

A controller includes:

- (i) *Any person who is entitled to exercise control of 5% or more of the voting power over the institution or over another company of which is a subsidiary;*
- (ii) *Any person, whether a shareholder or not, in accordance with whose directions or instructions the directors of the organization, or of another company of which it is a subsidiary, are accustomed to act.*

Where a controller is a body corporate the Regulatory authority will look through that body to the ultimate controller from whom the above information will be sought.