

Fit and Proper Declaration Form

Applicants to Chief Executive Officer position of Maldives Pension Administration Office must provide the following information. If replied "Yes" to any query, specify details in a separate sheet referencing to the corresponding number of the query and attach as an annex.

No.	Query	Yes	No
1)	In the past 10 years, were you arrested, charged and/or convicted for any criminal offence under any law in Maldives or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
2)	In the past 10 years, were you investigated in the Maldives or elsewhere, by any governmental department or institution, professional association, or other regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
3)	In the past 10 years, were you subject of any adverse rulings in civil proceedings, particularly those associated with fraud, misrepresentation or dishonesty, under any law in Maldives or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
4)	In the past 10 years, were you declared bankrupt or has made a composition or arrangement with any creditors?	<input type="checkbox"/>	<input type="checkbox"/>
5)	In the past 10 years, were you a director or person concerned in the management of a business that has entered into liquidation or been the subject of a winding up order?	<input type="checkbox"/>	<input type="checkbox"/>
6)	In the past 10 years, were you suspended or disbarred by a professional or any other regulatory body in Maldives or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
7)	In the past 10 years, were you dismissed or asked to resign from acting as a director or acting in any managerial capacity, whether in Maldives or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
8)	Do you currently hold or in the past 10 years did you hold a political post in the government or a state institution and or political organisation?	<input type="checkbox"/>	<input type="checkbox"/>
9)	Are you a family member/related party (parent, spouse, children, full-sibling and half-sibling) of a sitting Board Member and/or a current member of the Executive Management of Pension Office?	<input type="checkbox"/>	<input type="checkbox"/>
10)	Do you hold any conflicting employment and/or directorship?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

I, the undersigned having read and understood the contents in this Form declare that all information given in this application and in the attached annexes if any, are true and correct and that I have not wilfully concealed any material fact. I understand that a false declaration or misrepresentation may result in disqualification and/or be subjected to legal action.

Name:

ID/Passport No.:

Signature:

Date: