

PERSONAL QUESTIONNAIRE FOR PROSPECTIVE AND OR EXISTING  
DIRECTORS AND SENIOR MANAGEMENT IN THE LESOTHO NON-BANK  
FINANCIAL SECTOR INSTITUTIONS

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**SECTION I** – INSTITUTIONAL INFORMATION

1. Name of the Institution in connection with which this questionnaire is being completed:

\_\_\_\_\_

2. Complete legal name (No initials): \_\_\_\_\_

3. Other Names Used (Trade Names, Aliases): \_\_\_\_\_

4. Registration No.: \_\_\_\_\_

5. Tax Registration No. \_\_\_\_\_

6. Complete Address:

Physical Address

Postal Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Telephone: (     ) \_\_\_\_\_ Contact person: \_\_\_\_\_

**SECTION II** - PROSPECTIVE EMPLOYEE

8. Position applied for: \_\_\_\_\_

9. Full Names (Mr / Mrs): \_\_\_\_\_

10. Nationality: \_\_\_\_\_

11. Date of Birth: \_\_\_\_\_

12 Place of Birth: \_\_\_\_\_

13. Complete Address:

Physical Address

Postal Address

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**SECTION III – COMPETENCE AND CAPABILITY ASSESSMENT**

14. For the completion of this section, please attach your detailed curriculum vitae showing details of your education, professional qualifications, employment history up to the date of this questionnaire, including for each place of employment: details of the type of business, your title and the duties attaching to your position; the dates of employment, the name and address of your employer/s, reasons for leaving, the name, position and contact details of two referees. Sealed and send directly to the Bank.

15. (a) List all companies, partnerships, societies, corporations, or other business undertakings in which you are presently a director, partner, trustee, employee, owner or otherwise involved in the management of.

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(b) Do any of the companies/societies/corporation indicated in (i) above, maintain a business relationship with the institution to which you have applied or you are currently part of? If so give particulars

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(c) Do any of the companies/societies/corporations indicated in (i) above, prospectively plan to undertake business with this institution? If so give details

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(d) Have you ever been or are you currently a beneficial owner or shareholder (holding at least 5% of issued share capital) in any company or corporation engaged in relevant activities as the institution to which you are filling this form for? If so, state:

Name and Address of the company/society/corporation:

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Nature of  
business:

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Number of shares held:

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(e) Are you a beneficial owner of any controlling interest in any body corporate, partnership, society or other business undertaking? If so, give particulars, including nature and addresses of business partnership etc.:

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16. Have you ever been disqualified by any Court or by virtue of any statutory enactment from being a director or from acting in the senior management or conduct of the affairs of any financial sector institution whether in Lesotho or elsewhere? If so, give details:

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17. Have you ever been found mentally incompetent to manage your own affairs by any medical doctor at any time?

Yes  No

If yes, how was the matter addressed:

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#### **SECTION IV – INTERGRITY ASSESSMENT**

18. Have any legal proceedings been issued against you in your personal capacity or against any entity, partnership, society or any other business undertaking to which you are connected as a shareholder, partner, director or senior official? If pending, please give full details of the circumstances, and if not pending, how as the matter resolved?

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19. Have you ever been refused entry to any profession or vocation whether in Lesotho or elsewhere? If so, give facts:

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20. Have you ever been the subject of investigation/disciplinary procedures or publicly criticized by any professional body to which you belong or have belonged whether in Lesotho or elsewhere? If so, give details:

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21. Have you ever been dismissed or requested to resign from any office or employment whether in Lesotho or elsewhere? If so, give details:

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22. Have you been found civilly or criminally liable by any Court for fraud, misfeasance or other misconduct towards any partnership, business undertaking or corporation in connection with its formation or management and or any member or customer thereof in Lesotho or elsewhere? If so, give details:

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23. Have you ever been convicted of any criminal offence involving dishonesty and or offences relating to financial legislations? If so, give details:

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**SECTION V - INTERGRITY ASSESSMENT IN TERMS OF THE MONEY LAUNDERING AND PROCEEDS OF CRIME ACT 2016**

24. Have you ever solicited, received, provided or possessed funds or other property or convicted of soliciting, receiving, providing or possessing funds or other property? If so, please give details:

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25. Have you ever entered into, or become concerned in, an arrangement as a result of which money or other property is made available or is to be made available or convicted of having entered into or become concerned in, an arrangement as a result of which money or other property is made available or is to be made available for purposes of terrorist financing ? If so, please give details:

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26. Have you ever been by any means, directly or indirectly, wilfully provided or collected funds, or attempted to do so, with the intention that they should be used or in the knowledge that they are to be used in whole or in part to carry out a terrorist act or by a terrorist organisation ? If so, please give details:

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27. Have you ever concealed or disguised the true nature, origin, location, disposition, movement or ownership of any funds or convicted of an offense of thereof ? If so, please give details:

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28. Have you ever knowingly or having reason to believe that funds or property are derived directly or indirectly from acts of omission or money laundering in lesotho or outside of Lesotho received and our used such funds? If so, please give details:

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**SECTION VI – FINANCIAL INTEGRITY ASSESSMENT**

24. Has a bankruptcy petition ever been served on you, or any organization in which you were a shareholder or held the position of director or senior management in any jurisdiction? If pending, give details of the circumstances and, if not pending, how was the matter resolved?

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25. Has any bank or other non-bank financial institution with which you or any business undertaking owned, controlled or managed by you ever commence legal action/court proceedings or declined doing any new business with you or your undertaking as a result of outstanding debts owed by you or the undertaking, or due to your not honouring other facilities afforded you (e.g. guarantee, etc.) by these institutions? If so, give details of the dispute and the manner in which the issue was resolved:

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26. Has any loan or credit facility (or part thereof) extended to you by any financial or lending institution, been restructured, renegotiated, provided against or been the subject of a write off or debt forgiveness for reasons of non-payment by you? If so please provide full details of the debt/s, the circumstances surrounding the actions and the current status:

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27. Whether in Lesotho or elsewhere, have you ever been a shareholder, director or been directly concerned in the management or conduct of affairs of any body corporate, society, partnership or any other business undertaking which has become insolvent and or gone into liquidation, whilst you were associated with the entity? If so, give details of the circumstances, including, name of company, name of liquidator and address of the liquidator:

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28. Are you a subject of a judgment debt which is unsatisfied, either in whole or in part, whether in Lesotho or elsewhere? If so, give details:

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29. Documentary Requirements: For the completion of this section, please submit to the Bank:

- (a) A certified statement of your assets and liabilities;

- (b) Latest tax compliance certificate
- (c) Two letters, duly certified and notarized, from financial institutions with whom you have had dealings for the last two years on the performance of past and present accounts such as, unauthorized overdraft on deposit accounts, past-due or delinquent accounts.
- (d) Two reference letters

**SECTION VII – DUTY OF CARE**

30. (a) Have you ever been subjected to a fine or punishment of any kind by any professional body because of failure to exercise duty of care in your capacity as a director, shareholder and or senior management official?

Yes                   No

(b) Have you ever, in any jurisdiction, had an administrative order made against you?

Yes                   No

If so, give particulars: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Has any financial institution which does business with you or any business owned, controlled or managed by you ever threatened to or commenced legal action/court proceedings against you or the business or declined doing new business with you or the business due to not honoring other facilities afforded you or the business (e.g. guarantee, etc.) by these institutions? If so, give details of the dispute and the manner in which the issue was resolved?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(d) Have you ever been charged and found guilty of any crime on grounds of negligence by a competent court whether in Lesotho or elsewhere? If so give details

\_\_\_\_\_  
 \_\_\_\_\_  
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(e) Has any third party to whom you were directly or indirectly dealing with suffered loss-whether financial or otherwise because of the non-disclosure of information, lack of knowledge, wrong information given by yourself in your professional capacity? If so, give details

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(f) Has any decision or your conduct been adjudged by a competent court of law or any regulatory authority as prejudicial, bias, overriding the objectivity and bearing conflict of interest? If so, give details

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**SECTION VIII -GENERAL**

31. Whether in Lesotho or elsewhere, have you ever been a shareholder, director of, or directly concerned in the management of any financial sector institution?

(a) Which has been served with a petition to wind up Yes  No

(b) Which has been wound up by a court Yes  No

(c) The license of which has been revoked Yes  No

(d) Which has been sued Yes  No

(e) Whose business has been adjudged to have been conducted imprudently or fraudulently? Yes  No

(f) Will you be actively engaged in the financial sector institutions to which this application relates and devote the major portion of your time thereto Yes  No

(g) Please describe the particular duties and responsibilities that you will hold:

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(h) If you are completing this questionnaire in the capacity of director, please indicate whether you will have any executive responsibility for the management of the institution's business:

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(i) Do you, at all times while acting in your capacity as a director or executive Officer/manager of the institution, undertake to:

a) Act in good faith towards the institution;



b) Avoid conflict of interest situations between your other interests and the Interests of the institution; and

c) Place the interests of the institution and its clients above all other interests?

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32. Before you assume your responsibility in the institution, you must have acquainted yourself with your duties and responsibility vis-à-vis your duties and responsibilities as contained in the applicable law, regulations and guidelines.

**SECTION IX- OATH**

33. I \_\_\_\_\_, do hereby make an oath and say that all stated herein is to the best of my knowledge and belief true and correct. That withholding information which if submitted would most likely render me unfit will constitute a breach of these guidelines which will result in my expulsion from acting in the position indicated in this guideline. I further undertake, that as long as I continue to be a director and or senior management official in this institution, I will notify the Central Bank of Lesotho of any material changes to or affecting the completeness and/or accuracy of the information herein supplied by me as soon as possible, but in no event later than fifteen (15) days from the day that the changes come to my attention.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By the Deponent who acknowledges that he/she has read and understands the contents herein.

In the presence of Commissioner of Oaths

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please attach your certified copy of a valid certificate to practice as a Commissioner of Oaths.**