

## APPLICATION FORM FOR THE POSITION OF THE ELECTED DIRECTOR ON THE BOARD OF DIRECTORS OF MALDIVES ISLAMIC BANK PLC.

### 1. DETAILS OF THE APPLICANT

Full Name	
National ID Card No/Passport No	
Permanent Address	
Current Address	
E-mail Address	
Date of Birth	
Mobile Phone No	
No. of shares held	

### 2. DIRECTORSHIP DETAILS (In both public and private companies)

COMPANY NAME	DESIGNATION	PERIOD

### 3. DETAILS OF RELATED PERSONS (spouse, parents, children of the applicant and spouse. Additionally, please include all first-degree relatives who are financially dependent on the applicant or spouse as well). *Please append if necessary*

NAME OF FAMILY MEMBER	ID NO.	RELATIONSHIP WITH THE APPLICANT



#### 4. DUE-DILIGENCE

#	DETAILS	YES	NO	IF YES, PLEASE PROVIDE DETAILS
1	Do you or any of your immediate family have any financing facility from Maldives Islamic Bank PLC.?			
2	Do you or any of your immediate family individually or combined, have any controlling interest, joint control, or significant influence, directly or indirectly in any entity?			
3	Were you prohibited by law or court of law or disqualified from holding a position of Director of a Company?			
4	Have you held directorship or major shareholding in any public or private company(ies) which has/have been declared bankrupt or insolvent during a period of three (03) years immediately preceding the date of application or which you have an unpaid decree debt continuing for a period exceeding one (01) year?			
5	Have you been declared bankrupt or have any continuing decreed debt in the Maldives or any other country?			
6	Have you been convicted of theft, fraud, dishonesty, misfeasance, embezzlement, financial impropriety, insider trading, market misconduct or breach of trust or any other offence which would potentially negatively impact your duties as a Director?			
7	Have you been convicted of a criminal offence or are you the subject of unresolved criminal charges?			



## **FIT and PROPER CHECK ON ADMINISTRATORS and MAJOR SHAREHOLDERS**

Please follow the following instructions in completing the responses to the questions below

### **INSTRUCTIONS:**

1. Respond fully to all questions.
2. A CV (less than one year old) listing the professional and academic qualifications, and detailed personal financial statement must be provided with this form.
3. Please include supporting schedules for aggregated data and for all real estate, notes, accounts receivable, and proprietary interests in unlisted shares or closely held companies.
4. Please disclose in full the methods used in establishing values for real estate, unlisted shares or closely held companies.
5. Please provide financial statements for the most recent two (02) full years for all companies in which a share held represents 10% (ten percent) or more of the net worth of the person, or if the unlisted shares are shown as an asset.
6. In case if required by Maldives Monetary Authority ("MMA"), and upon notification by the Maldives Islamic Bank PLC., please promptly submit additional information including information on real estate or business valuation.

### **PERSONAL DETAILS**

1	Full Name	
2	Permanent Address	
3	Current Address	
4	Nationality	
5	Identity Card No / Passport No	
6	Birth Date	
7	Place of Birth	

**EDUCATIONAL QUALIFICATIONS** (Please include Diploma and above)

UNIVERSITY/COLLEGE/ INSTITUTION	QUALIFICATION	PERIOD

**EMPLOYMENT HISTORY** (Current and Key positions held in the past 10 years, in financial and non-financial institutions). *Please append if necessary*

Name and Address of the Employer	Nature or type of business	Designation, Duties & Responsibilities	Period of Employment, date and reason for leaving



**AFFILIATIONS** (Please provide the details of any other financial institutions which you are or will be affiliated with as a director or executive officer).

NAME AND ADDRESS OF FINANCIAL INSTITUTION	TITLE Or OFFICIAL CAPACITY	DUTIES AND RESPONSIBILITIES	Description of the relationship which exists or will exist between the institution and MIB

## OWNERSHIP IN FINANCIAL INSTITUTIONS

(Owning 10% or more of voting shares)

(Please include in the Details column details such as no. of employees and assets supervised, lending authority, whether he/she has been subject to disciplinary proceedings/barred from entry to any profession, and the description of any relationship which exists/will exist between the institution and bank)

NAME AND ADDRESS OF THE INSTITUTION	EXECUTIVE POSITIONS HELD (if any)	% OF VOTING SHARES HELD	DETAILS



## FIT AND PROPER CHECKLIST

#	QUESTION	YES	NO	IF YES, PLEASE SPECIFY THE DETAILS
1	Are you/will you be a member of any professional or trade association concerned with financial activities in the Maldives or elsewhere?			
2	Has such membership mentioned in question 1 above ever been refused or terminated?			
3	Have you ever been censured, prosecuted, and warned as to conduct, disciplined, or publicly criticized by, or made subject to a court order by any governmental department/agency, professional association, or regulatory body in the Maldives or elsewhere?			
4	Have you ever been convicted of any felony offense, or has a petition for an administrative order been served on you, in the Maldives or elsewhere, within the last ten (10) years?			
5	Have you ever been or are now subject to an investigation, in the Maldives or elsewhere, by or at the instigation of any governmental department or agency, professional association, or other regulatory body, within the last five (05) years?			
6	Are you engaged or expecting to be engaged in litigation, in the Maldives or elsewhere, which may have a material effect on your resources or your ability to financially support Maldives Islamic Bank PLC.?			
7	Have you, within the last ten (10) years, failed to satisfy within one (01) year a judgment of debt under a court order in the Maldives or elsewhere?			
8	Have you ever been judged by a court, in the Maldives or elsewhere, to be civilly liable for fraud, malfeasance, or any other misconduct?			
9	Have you been judged bankrupt by a court, in the Maldives or elsewhere, or has a bankruptcy petition ever been served on you within the last ten (10) years, or have you made any compromise arrangement or otherwise failed to satisfy your creditors in full within the last two (02) years?			



10	Has a receiver of any property of yours been appointed within the last ten (10) years in the Maldives or in any other jurisdiction? If yes, provide details including whether the receiver is still acting under the appointment.			
11	Has a notice of resolution for the voluntary liquidation of yourself been issued within the last ten (10) years in the Maldives or in any other jurisdiction? If so, provide details including whether the liquidation has been fully resolved.			
12	Has a petition for the compulsory liquidation of yourself been served within the last ten (10) years in the Maldives or in any other jurisdiction? If so, provide details including whether the petition has been fully resolved.			
13	Are you in good standing with the Maldives Inland Revenue Authority or the equivalent authority in any other jurisdiction, or do you have any tax liabilities which are unpaid or in dispute?			
14	Do you or will you or any party related to you hold shares in Maldives Islamic Bank PLC. as a trustee or nominee? If so, provide details.			
15	Are or will any of the shares in response to Question 14, 16 and 17 be equitably or legally assigned or pledged to any other party? If so, provide details.			

## SHAREHOLDING AND VOTING RIGHTS

#	FIT AND PROPER CHECKLIST	DETAILS
16	How many shares in Maldives Islamic Bank PLC. are or will be registered in the name of yourself or in the name of a related party? Provide the name(s) in which the shares will be registered and the class of shares if not ordinary shares.	
17	How many shares in Maldives Islamic Bank PLC., which are not registered in your name or in the name of a related party, will you have a beneficial interest in? Please provide the name(s) in which the shares will be registered and the nature of the beneficial interest.	



18	What proportion of the voting shares at any general meeting of Maldives Islamic Bank PLC., or of any other organization of which the Bank is a subsidiary, is or will you be entitled to vote or exercise control over? Please provide details of such voting authority or control.	
19	If the exercise of voting power at any general meeting of Maldives Islamic Bank PLC., or of any other organization of which Maldives Islamic Bank PLC. is a subsidiary, is or may be controlled or influenced by someone other than yourself, please provide the identity of such other person and the proportion of voting power so controlled or influenced.	

### **APPLICANT'S DECLARATION:**

I hereby confirm that I possess the basic qualifications and professional competencies as required under Applicable Laws.

I hereby certify that the information provided above is true and accurate and that any inaccurate document or information provided on this Application Form may result in the cancellation or disqualification of this form.

I acknowledge and agree that Maldives Islamic Bank PLC. may in its sole discretion, reject this application where it is incomplete or incorrectly filled.

<b>Full Name (as in ID card / Passport):</b>	
<b>ID Card No. / Passport No.:</b>	
<b>Date:</b>	
<b>Signature of the applicant:</b>	





## INDIVIDUAL FINANCIAL STATEMENT

To be completed by each natural person who is or will be an administrator or major shareholder of the Maldives Islamic Bank PLC., for which this application is being submitted.

<b>Name and Address of the Proposed Bank:</b>	
<b>Name and Proposed Position of Person:</b>	
<b>Date of Financial Statement:</b>	

### ASSETS

Cash & Bank Balances /1	
Marketable Shares /2	
CV Life Insurance /3	
Debtors – Good	
Debtors – Doubtful & Bad	
Other Shares & Investments /4	
Vehicles & Equipment /5	
Personal Property /6	
Real Estate /7	
Business Interests /8	
Other Assets /9	
<b>Total Assets</b>	

### LIABILITIES AND NET WORTH

Accounts Payable	
Notes Payable /10	
Mortgages Payable /11	
Interest Due and Unpaid /12	
Taxes Due and Unpaid /13	
Judgments /14	
Other Liabilities /15	
<b>Total Liabilities</b>	
<b>Net Worth</b>	
<b>Total Liabilities &amp; Net Worth</b>	

### NOTES

- (1) Provide name/s of banks, account numbers, and contact officers at banks.
- (2) Provide number of shares of listed companies, where held, date acquired, cost, current market value, and certified copy of the share certificates or other evidence of ownership if value exceeds 10% of net worth.
- (3) Provide number, face amount and type of policy, name and address of company, names of insured and beneficiary, evidence of current cash value and certified copy of policy if value exceeds 10% of net worth.
- (4-9) Indicate kinds of shares or investments, vehicles and equipment, property, real estate, business interests or other assets; indicate date acquired, cost, current value, and method of valuation if value exceeds for any category that exceeds 10% of net worth.
- (10-11) Indicate to whom debts are payable, original and current balances, repayment terms, and security.
- (12-13) Indicate the amount/s of any accrued interest or taxes that are due and unpaid, and to whom owed.
- (14) Provide details of any judgments currently outstanding.
- (15) Provide details of other liabilities if amount exceeds 10% of net worth.

**I hereby certify that the information provided in this financial statement and in the supporting schedules is true and correct to the best of my knowledge and belief, and that there are no material omissions or misrepresentations of facts. I also authorize the MMA to request and receive any information necessary to verify the accuracy of information contained in this financial statement.**

Signature:

Date:



DOCUMENTS TO BE SUBMITTED
Certified true copy of the National Identify Card / Passport
Curriculum Vitae
Certified true copy of Educational Certificates (attested and accredited by the relevant government authority)
Certified true copies of Experience Letters / Job Reference Letters
Completed Criminal Record Form
Passport Size Photo

FOR MALDIVES ISLAMIC BANK PLC. USE ONLY	
<b>RECEIVED BY:</b>	
Name:	
Designation:	
Date:	
Time:	
Signature:	

For any questions or queries with respect to this application form, please contact:  
Company Secretary  
3011148