

## FIT AND PROPER FORM

### CRITERIA FOR DETERMINING PROFESSIONAL AND MORAL SUITABILITY OF MEMBERS OF THE INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS

- NB:**
- (a) *Read the Investment and Financial Analysts Act (No.13 of 2015).*
  - (b) *In case the spaces provided are inadequate, use additional paper.*
  - (c) *This form should be submitted as prescribed and duly completed.*

*Specific tests to assess the fitness and propriety for ICIFA members.*

**Name (in full):**-----

**Address:** -----

**Nationality:** -----

**ID/PP No:** -----

**Educational Qualifications:** -----

**Professional Qualifications:** -----

Please answer the entire “YES”/ “NO” questions by placing a tick ( ) in the appropriate column, sign the form and send it to the ICIFA Secretariat Offices. All “YES” answers must be explained.

1. Please state the capacity in which you are completing this form (Applicant Member/Full Member/Associate Member/Fellow Member) -----  
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2. Have you been a registered member under any Professional body?	YES	NO

Please Provide details		
3. Have you been refused the right or restricted in your own right to carry business or profession for which you are registered or other authorization as required by law in any jurisdiction;	YES	NO
Please provide details		
4. Have you been issued with a prohibition or faced disciplinary proceedings under any law or has been prohibited for operating in another jurisdiction by any regulatory authority;	YES	NO
Please Provide details		
5. Have you in Kenya or elsewhere, been dismissed from any office or employment, or been subjected to disciplinary proceedings by your employer or barred from entry to any profession or occupation;	YES	NO
Please Provide details		
6. Has an adverse finding been made against you at any time preceding the date of this questionnaire in any civil or criminal proceedings by a court of law ( whether in the Republic of Kenya or elsewhere) in which you were found to have acted fraudulently, dishonesty, unprofessionally, dishonourably or in breach of a fiduciary duty;	YES	NO
Please Provide details		
7. Have you at any time preceding the date of this questionnaire been found guilty by any professional or financial services industry body ( whether in the Republic of Kenya or elsewhere) of an act of dishonesty, negligence, incompetence or mismanagement;	YES	NO
Please provide details		
8. Have you at any time preceding the date of this questionnaire ever been found to have contravened the provision of any law designed for the protection of members of the public against financial loss due to dishonesty or incompetence of, or malpractice by, persons engaged in transactions with marketable	YES	NO

securities;		
Please provide details		
9. Has any entity with which you were associated as a director, shareholder or manager in any country made any compromise or arrangement with its creditors, been wound up or otherwise ceased business either while you were associated with it or within one year after you ceased to be associated with it;	YES	NO
Please provide details		
10. Have you, or has any entity with which you are, or have been associated as a director, shareholder or manager, been the subject of an investigation, in any country, by a government department or agency, professional association or other regulatory body?	YES	NO
Please provide details		
11. Are you presently, or do you, other than in a professional capacity, expect to be engaged in any litigation in any country?	YES	NO
Please provide details		
12. Have you ever been diagnosed as being mentally unfit or of unsound mind?	YES	NO
Please provide details		
13. Have you ever taken part in or been associated with any business practice that is fraudulent, prejudicial or which otherwise could be viewed to have discredited your methods of doing business?	YES	NO
Please provide details		
14. Have you ever taken part or been associated with any other business practice as would, or have you otherwise conducted yourself in such a manner as to cast doubt on your competence and soundness of judgement?	YES	NO
Please provide details		

15. Indicate the names, postal and e-mail addresses, telephone numbers and positions of at least three individuals of good standing who would be able to provide a reference on your personal and professional integrity. The referees must not be related to you, and should have known you for at least five years.

	<b>Name of Referee</b>	<b>Postal Address</b>	<b>E-mail address</b>	<b>Tel no. (s)</b>	<b>Position (where applicable)</b>	<b>Relationship with applicant</b>
1						
2						
3						

**16. ADDITIONAL INFORMATION**

Do you have any additional information, which should be brought to the attention of the Institute of Certified Investment and Financial Analysts which may have an impact on the evaluation by the Institute of your good character, integrity and professional conduct? If so give particulars (The omission of material facts may represent the provision of misleading information).

**17. CONFIDENTIALITY**

The information given in response of this questionnaire shall be kept confidential by the Institute of Certified Investment and Financial Analysts in cases provided for by law.

**18. DECLARATION**

I am aware that it is an offence to knowingly or recklessly provide any information, which is false or misleading. I am also aware that omitting material information intentionally shall be construed to be an offence and may lead to rejection of my application.

I certify that the information given above is complete and accurate and to the best of my knowledge, and that there are no other facts relevant to this application of which the ICIFA Registration Committee should be aware. I undertake to inform the Institute of any changes material to the applications which arise while the application is under consideration and after taking up of the relevant post.

**Name:** .....

**Signature:** .....

**Dated:** .....

**Signed by:**

(This declaration must be signed in the presence of the witness named below)

**WITNESSED BEFORE ME:**

**COMMISSIONER FOR OATHS/MAGISTRATE**

**Name:** .....

**Signature**.....

**Address:** .....

**Date**.....

**Stamp**.....