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FIT AND PROPER FORM

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

NB:	(a)	a) Read the Investment and Financial Analysts Act (No.13 of 2015).					
	(b)	In case the spaces provided are inadequate, use additional pape	r.				
	(c)	This form should be submitted as prescribed and duly completed.					
Specifi	ic tests	to assess the fitness and propriety for ICIFA members.					
Name	(in ful	l):					
Addre	ss:						
Nation	ality:						
ID/PP	No:						
Educa	tional	Qualifications:					
Profes	sional	Qualifications:					
Please	answe	r the entire "YES"/ "NO" questions by placing a tick () in the appr	ropriate				
column	n, sign	the form and send it to the ICIFA Secretariat Offices. All "YES"	answers m	ıust			
be exp	lained.						
1. Plea	se stat	e the capacity in which you are completing this form (Applicant M	lember/Fu	ı11			
Membe	er/Ass	ociate Member/Fellow Member)					
2. Have	e you l	peen 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	YES	NO
business or profession for which you are registered or other authorization as		
required by law in any jurisdiction;		
Please provide details	I	
	,	Y
4. Have you been issued with a prohibition or faced disciplinary proceedings	YES	NO
under any law or has been prohibited for operating in another jurisdiction by any		
regulatory authority;		
Please Provide details		
	l	
5. Have you in Kenya or elsewhere, been dismissed from any office or	YES	NO
employment, or been subjected to disciplinary proceedings by your employer or		
barred from entry to any profession or occupation;		
Please Provide details		
6. Has an adverse finding been made against you at any time preceding the date	YES	NO
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;		
Please Provide details		
7. Have you at any time preceding the date of this questionnaire been found	YES	NO
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;		
Please provide details	I.	Į.
8. Have you at any time preceding the date of this questionnaire ever been found	YES	NO
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		

securities;		
Please provide details		
9. Has any entity with which you were associated as a director, shareholder or	YES	NO
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;		
Please provide details	l	<u> </u>
10.Have you, or has any entity with which you are, or have been associated as a	YES	NO
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?		
Please provide details		
11.Are you presently, or do you, other than in a professional capacity, expect to be	YES	NO
engaged in any litigation in any country?		
Please provide details		l
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	YES	NO
fraudulent, prejudicial or which otherwise could be viewed to have discredited your		
methods of doing business?		
Please provide details	ı	
14. Have you ever taken part or been associated with any other business practice as	YES	NO
would, or have you otherwise conducted yourself in such a manner as to cast doubt on		
your competence and soundness of judgement?		
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.

	Name of	Postal	E-mail	Tel	Position (where	Relationship with
	Referee	Address	address	no. (s)	applicable)	applicant
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. CONSENT

I understand that by submitting this form, I consent to the collection, use, and storage of my personal data by the Institute of Certified Investment and Financial Analysts in accordance with the applicable data protection laws and regulations in Kenya.

data protection laws and regulations in Kenya.
I further consent to the use of my information for purposes related to registration, professional communication, compliance, and continuous professional development. I understand that my data may be shared with third parties only where required by law or regulation.
 □ I have read and understood the above and give my informed consent. □ I do not give my consent

19. 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 <u>in the presence of</u> the witness named below)
WITNESSED BEFORE ME:
COMMISSIONER FOR OATHS/MAGISTRATE
Name:
Signature
Address:
Date
Stamp