



BANK OF PAPUA NEW GUINEA

Superannuation (General Provisions) Act 2000

APPLICATION FOR LICENCE AS LICENSED FUND ADMINISTRATOR

Date of application:

Name of applicant company:

Name of Superannuation Fund

Contact for applicant company

Name

Position

Phone:

Fax

Mobile

e-mail:

APPLICATION FOR LICENCE AS LICENSED FUND ADMINISTRATOR

Instructions for completing this application

To complete this form:

- read these instructions carefully
- complete the information in the form.
 - For checkboxes (for example, Yes No) , tick the appropriate box.
 - For other boxes, you must add the information required.
 - If there is not enough room on the form, add separate sheets with the additional information.
- Where you are asked to attach something, use tabs or other dividers to separate the documents you attach, and mark in the form what the relevant tab is, using the questions with this in them:

Not attached Attached at TAB

- You will need to have:
 - Part A (Fund details)
 - Part B (Applicant company details)
 - ◆ *make sure that the declaration in Part B is signed by all the directors of the applicant company*
 - a separate Part C (directors/responsible officers details) for each director and each responsible officer of the applicant company
 - ◆ *remember that “director” and “responsible officers” includes people who have held those positions at any time during the previous 2 years, even if they no longer hold those positions*
 - ◆ *make sure that the declaration in Part C is signed by the director/responsible officer*
 - a separate Part D (individual shareholder controllers/individual indirect controllers details) for each individual who is a shareholder controller and each individual who is an indirect controller of the applicant company (but directors and responsible officers should only complete Part C)
 - ◆ *make sure that the declaration in Part D is signed by the individual shareholder controller/individual indirect controller*
 - a separate Part E (corporate shareholder controllers/corporate indirect controllers details) for each body corporate that is a shareholder controller and each body corporate that is an indirect controller of the applicant company
 - ◆ *make sure that the declaration in Part E is signed by the directors of the body corporate*
- Make sure where required in Part B, C, D and E, attach the financial statement and provide register of assets for each director, responsible officer, individual indirect controller and shareholder controller using format at Annex A and Annex B respectively.
- Make sure that you have all the attachments and other supporting documents included.

Lodge the application, with all the supporting documents — and the application fee deposit — by sending it to:

The Manager
Financial Systems Supervision Department
Bank of Papua New Guinea
P O Box 121, Port Moresby

Remember:

It is a serious criminal offence to make a false or misleading application, or to give the Bank false or misleading information.

Extracts from the *Superannuation (General Provisions) Act 2000*

12. MINIMUM REQUIREMENTS.

- (1) A licence shall only be granted to an applicant if the Central Bank is satisfied that—
 - (a) the applicant meets the fit and proper criteria set out in Schedule 2; and
 - (b) the applicant’s officers meet the fit and proper criteria set out in Schedule 2; and
 - (c) the applicant can be relied on to perform, in a fit and proper manner, the duties relevant to the licence for which an application has been made; and
 - (d) the applicant satisfies—
 - (i) the financial requirements set out in Schedule 3; or
 - (ii) if required by the Central Bank, that it is entitled to the benefit of an approved guarantee of an amount not less than the amount in Schedule 3, being a guarantee in respect of the applicant’s duties; or

...

Schedule 2 – Fit and proper person criteria

2. In determining whether a person is a fit and proper person to hold any particular position, regard will be had to—

- (a) his probity; and
- (b) his competence and soundness of judgement for fulfilling the responsibilities of that position; and
- (c) the diligence with which he is fulfilling or likely to fulfil those responsibilities; and
- (d) whether the interests of members are, or are likely to be, in any way threatened by his holding that position.

3. Without prejudice to the generality of the foregoing provisions, regard may be had to the previous conduct and activities in business or financial matters of the person in question and, in particular, to any evidence that he has—

- (a) committed an offence involving fraud or other dishonesty or violence; or
- (b) been engaged in or been associated with any financial loss due to dishonesty, incompetence or malpractice in the provision of superannuation products, insurance, investment or other financial services or the management of companies or against financial loss due to the conduct of discharged or undischarged bankrupts; or
- (c) been engaged in any business practices appearing to the Central Bank to be deceitful or oppressive or otherwise improper (whether unlawful or not or which otherwise reflect discredit on his method of conducting superannuation funds companies, investments and other financial services; or
- (d) engaged in or been associated with any other business practices or otherwise conducted himself in such a way as to cast doubt on his competence and soundness of judgement.

Definitions

“*shareholder controller*” means a person who, either alone or with any of the person’s associate or associates, has a stake in—

- (a) a licence holder under this Act; or

(b) a holding company of a licence holder,

“*stake*” means the aggregate of the voting power that a person controls in a body corporate at a general meeting;

“*indirect controller*” means either—

(a) a person or persons in accordance with whose direction or instructions the directors of the licence holder or any holding company, or any shareholder controller of a licence holder are accustomed to act or are under an obligation, whether formal or informal, to act; or

(b) a person or persons declared by the Central Bank to be an indirect controller for the purposes of this Act;

“*associate*”, in relation to a person entitled to exercise or control the exercise of voting power in relation to, or holding shares in, a body corporate means—

(a) a relative of the person; or

(b) any body corporate of which that person is a director; and

(c) any person who is an employee or partner of that person; or

(d) where that person is a company—

(i) any director of that company; or

(ii) any subsidiary of that company; or

(iii) any director or employee of any such subsidiary; or

(e) where that person has with any other person an agreement or arrangement with respect to the acquisition, holding or disposal of shares or other interests in that body corporate or under which they undertake to act together in exercising their voting power in relation to it, that other person;

“*relative*” in relation to a person, means—

(a) the person’s spouse, including the legal or customary spouse; or

(b) another person who, although not legally married to the person, lives with the person on a bona fide domestic basis as the husband or a wife of the person; or

(c) a parent or remoter lineal ancestor of the person; or

(d) a son, daughter or remoter lineal descendant of the person; or

(e) a brother or sister of the person;

PART A

FUND DETAILS

| | |
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| A1. Name of the superannuation fund for which you are or will be an administrator? | |
| A2. Is it an authorised superannuation fund (ASF)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A3. Date established | |
| A4. Number of members | |
| A5. Value of assets | |
| A6. Attach a copy of the Act, charter, deed of settlement or other governing rules of the fund If not an up to date consolidation, list date of all amendments to the governing rules | Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/> Up to date consolidation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A7. Attach a copy of the most recent actuarial report on the fund | Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/> |

COMPUTER STRATEGY

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| A8. Attach a copy of the computer strategy for the fund Does the computer strategy for the fund cover | Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/> |
| • software programs? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • equipment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • staffing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • means of implementation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

MANAGEMENT STRATEGY

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| A9. Attach a copy of the management strategy for the fund. | Not attached <input type="checkbox"/> | Attached at TAB | |
| <ul style="list-style-type: none"> • Include copy of Risk Management Plan | Not attached <input type="checkbox"/> | Attached at TAB | |
| <ul style="list-style-type: none"> • Include copy of Fraud Control Plan | Not attached <input type="checkbox"/> | Attached at TAB | |

CUSTODY OF FUND ASSETS

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| A10. Will the applicant company appoint, or has the applicant company appointed, a custodian for the Fund assets? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, go to question A11. If no, go to question A18. | | | |
| A11. Name of all custodian(s) | | | |
| A12. Attach a certified copy of all custodian agreement(s) for the fund | Not attached <input type="checkbox"/> | Attached at TAB | |
| A13. Address of custodian(s) [*] | Number and street | | |
| | Province | | |
| | Country | | |
| | Contact name | | |
| | phone | | |
| | fax | | |
| | e-mail | | |
| A14. Attach a certified copy of all custodian agreement(s) for the fund [†] | Not attached <input type="checkbox"/> | Attached at TAB | |
| A15. Attach a certified copy of the organisational structure of the custodian [‡] | Not attached <input type="checkbox"/> | Attached at TAB | |

^{*} If there is more than one custodian, complete this information for each custodian on a separate sheet.
[†] If there is more than one custodian, attach agreements for each custodian.
[‡] If there is more than one custodian, complete this information for each custodian on a separate sheet.

A16. Attach the most recent audited **financial statements** of the custodian^{*}

Not attached

Attached at TAB

A17. List the names and addresses of all directors of custodian[†]

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A18. Attach a detailed statement of the arrangements for custody of the Fund assets

Not attached

Attached at TAB

^{*} If there is more than one custodian, complete this information for each custodian on a separate sheet.

[†] If there is more than one custodian, complete this information for each custodian on a separate sheet.

The application must be supported by evidence demonstrating that the applicant company is fit and proper to hold a trustee licence and that each director and responsible officer of the applicant company is fit and proper to hold the position he or she holds.

Please check the list below and identify where in the application the following matters are addressed:

| | Matter | Where is it in the application? |
|------|---|--|
| A19. | Capacity and adequacy of its administrative system and resources given the fund's size and complexity to undertake administration of fund. | |
| A20. | Procedures and process for maintaining and administering to tasks related to the contributors' payment into and benefits payment out of the fund. | |
| A21. | The procedures and process to meeting BPNG's and members' reporting requirement including the provision of audited reports and submission of statistical returns. | |
| A22. | Record keeping process and procedures including written record of trustee's meeting, investment records and reconciliation, members' contribution and transaction records including funds insurance records, professional advisors records, custodian records, actuary records, and auditors record. | |
| A23. | Information backup and recovery procedures or plans. | |
| A24. | Capacity of the Applicant's Management Information Technology systems in carrying out its task relating to the fund administration tasks including implications for systems controls and monitoring | |
| A25. | The fund administrator's capacity in risk management having regard to ability/capability to identify risk and institute organizational and corporate control in the risk management process whereby sources of risk are identified, risk are analysed and assessed, how they are treated, monitored and control and measures to deal with similar risk in future. | |

A26. The process for **internal** and **contributors'** dispute resolution arising out of the administration and overall function of the fund. Includes:

- Process for lodging complaint

- The internal process and controls to address conflict of interest.

- Redress mechanism for fund's members and beneficiaries in the event of mismanagement oversight.

A27. Internal controls in place to ensure that all persons with operational responsibilities and oversight act in the best interest of members and beneficiaries. Includes:

- Regular assessment of the performance of person in the operation of oversight functions

- Appropriate compensation mechanism to provide incentive

- Identifying and monitoring where necessary conflict of interest situation and

- Preventing the improper use of privilege information

A28. Process to disclose accurate and relevant information to members and beneficiaries such as information to current members and new members joining the fund.

A29. Arrangements for fund administrator's professional staff and decision makers, including directors continuing educational training and needs.

A30. Controls to ensure that fraud, non-compliance with relevant legislation and the governing rules, and maladministration is minimised.

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| <p>B6 Is the applicant company a subsidiary of a non-Papua New Guinea company licensed or authorised under the law of the place of its incorporation to provide financial services (banking, insurance, superannuation)?</p> <p>If yes, attach a statement from the relevant home country supervisor that it is satisfied with respect to the prudent management of the company or parent.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> |
| <p>B7 Attach a certified copy of the certificate of incorporation of the applicant company</p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> | |
| <p>B8 Attach a certified copy of the constitution of the applicant company (including all amendments not already incorporated)</p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> | |
| <p>B9 Attach a certified copy of the organisational structure of the applicant company</p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> | |
| <p>B10 Attach a certified copy of the most recent annual report of the applicant company</p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> | |
| <p>B11 Attach a certified copy of the most recent audited financial statements of the applicant company</p> | <p>Not attached <input type="checkbox"/></p> | <p>Attached at TAB</p> | <input type="checkbox"/> | |
| <p>B12 List the Papua New Guinea superannuation funds for which the applicant company is the trustee*</p> | <p>1. <input type="text"/></p> | <p>2. <input type="text"/></p> | <p>3. <input type="text"/></p> | <p>4. <input type="text"/></p> |
| <p>B13 List the Papua New Guinea superannuation funds for which the applicant company is the investment manager†</p> | <p>1. <input type="text"/></p> | <p>2. <input type="text"/></p> | <p>3. <input type="text"/></p> | |

* If more than 4, include a separate sheet with the additional details.

† If more than 4, include a separate sheet with the additional details.

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| <p>B14 List the Papua New Guinea superannuation funds for which the applicant company is fund administrator?</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> |
| <p>B15 Attach a list of all insurances the applicant company holds, showing:</p> <ul style="list-style-type: none"> • risk covered (kind of policy) • insurer • period of cover • endorsements • excesses/deductibles | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>B16 Attach cover notes, brokers slips or certificates of currency for all insurances the applicant company holds</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>B17 List the names of all directors of the applicant company[†] and attach each director's financial statements and register of assets. Format is attached at Annex A and Annex B respectively.</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> |
| <p>B18 List the names of all responsible officers of the applicant company[‡] and attach each responsible officer's financial statements and register of assets. Format is attached at Annex A and Annex B respectively.</p> | <p>1.</p> <p>2.</p> |

* If more than 4, include a separate sheet with the additional details.
† If more than 6, include a separate sheet with the additional details.
‡ If more than 6, include a separate sheet with the additional details.

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B19 List the names of all **controlling shareholders** of the applicant company, and their shareholding and attach **each controlling shareholder's** financial statements and register of assets. Format is attached at **Annex A** and **Annex B** respectively.

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| 6. | ()% |
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B20 List the names of all **indirect controllers** of the applicant company[†] and attach **each indirect controller's** financial statements and register of assets. Format is attached at **Annex A** and **Annex B** respectively.

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* If more than 6, include a separate sheet with the additional details.

† If more than 6, include a separate sheet with the additional details.

Declaration by Directors of Applicant Company

Declaration

We, the directors of the company named above, declare:

- the information in Parts A and B of this application for a licence as a fund administrator of a superannuation fund is true and complete, and not misleading.
- we understand that the information in this form will be used by the Central Bank of Papua New Guinea for the purpose of exercising its powers under the **Superannuation (General Provisions) Act 2000**.
- the company has never been bankrupted, either in Papua New Guinea or overseas.
- the company has not committed an offence involving fraud or other dishonesty, or violence.

Undertaking to give further information

We each separately undertake to inform the Bank of Papua New Guinea within 7 days after an event occurring that may call into question the company's ability to satisfy the fit and proper criteria set out in Schedule 2 of the **Superannuation (General Provisions) Act 2000**.

Consent for the Bank to get further information

The company authorises the Bank of Papua New Guinea to make any inquiries, at any time, of any person (which includes government departments and agencies, private companies and non-government bodies) in relation to any matter which may, in the opinion of the Bank of Papua New Guinea, have a bearing upon whether or not the company satisfies the fit and proper criteria in Schedule 2 of the **Superannuation (General Provisions) Act 2000**.

The company hereby authorises and directs those persons to supply to the Bank of Papua New Guinea any information that the Bank of Papua New Guinea requires.

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

PART C

DIRECTORS / RESPONSIBLE OFFICERS DETAILS.

Remember:

It is a serious criminal offence to make a false or misleading application, or to give the Bank false or misleading information.

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| C1 Name | |
| Family name | |
| Given name/First name | |
| C2 Position: | |
| C3 Date of appointment to position: | |
| C4 Name of organisation (if any) you represent: | |
| C5 Place of birth: | |
| C6 Home Province: | |
| C7 Nationality/citizenship: | |
| C8 Country of residence: | |
| C9 Home address | Number and street |
| | Province |
| | Contact name |
| | phone |
| | fax |
| | e-mail |

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| C10 Business address | Number and street | |
| | Province | |
| | Contact name | |
| | phone | |
| | fax | |
| | e-mail | |

C11 Academic and Educational Qualifications*

| <i>Award</i> | <i>Institution</i> | <i>Year</i> | <i>Copy attached</i> | |
|--------------|--------------------|-------------|------------------------------|-----------------------------|
| | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

C12 Previous positions†

| <i>Position</i> | <i>Institution</i> | <i>Period</i> |
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C13 List all the companies (in Papua New Guinea and overseas) you are a **director of‡**

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* If insufficient space, attach separate sheets with the additional information.
† If insufficient space, attach separate sheets with the additional information.
‡ If more than 6, include a separate sheet with the additional details.

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| C14 List all the companies (in Papua New Guinea and overseas) you are a responsible officer of |
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| C15 List all the companies (in Papua New Guinea and overseas) where you, or you together with your associates, control 15% or more of the shares (list percentage) [†] <i>Note: in working out your stake in a company, add up the shares in the company that</i> <ul style="list-style-type: none">• you hold personally; and• members of your immediate family hold personally; and• are held by companies that your or members of your immediate family control (whether through share ownerships or in other ways); and• your associates hold—"your associates" include other shareholders you have an arrangement with about how the shares will be voted |
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| 5. | ()% |
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| 6. | ()% |
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| 7. | ()% |
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| C16 List all the companies (in Papua New Guinea and overseas) where you, or you together with your associates, are indirect controllers [‡] |
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| 2. |
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* If more than 6, include a separate sheet with the additional details.
† If more than 7, include a separate sheet with the additional details.
‡ If more than 6, include a separate sheet with the additional details.

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| | 3. | |
| | 4. | |
| | 5. | |
| | 6. | |
| C17 Attach a copy of a Papua New Guinea police report no more than 3 months old about you | Not attached <input type="checkbox"/> | Attached at TAB <input type="checkbox"/> |
| C18 Attach your individual financial statements and register of assets. Format is attached at Annex A and Annex B respectively. | Not attached <input type="checkbox"/> | Attached at TAB <input type="checkbox"/> |

Declaration by Director / Responsible Officer

Declaration

I, the person named above, declare:

- the information in this form is true and complete, and not misleading.
- I understand that the information in this form will be used by the Central Bank of Papua New Guinea for the purpose of exercising its powers under the **Superannuation (General Provisions) Act 2000**.
- In all my activities in business and financial matters:
 - I have not been engaged in or been associated with any financial loss due to dishonesty, incompetence or malpractice in the provision of superannuation products, insurance, investment or other financial services or the management of companies or due to the conduct of discharged or undischarged bankrupts or insolvents; and
 - I have not been engaged in any business practices which are deceitful or oppressive or otherwise improper (whether unlawful or not) or which otherwise reflect discredit on me; and
 - I have not engaged in or been associated with any other business practices or otherwise conducted myself in such a way as to cast doubt on my competence and soundness of judgment.
- I have never been bankrupted, either in Papua New Guinea or overseas.
- I have not committed an offence involving fraud or other dishonesty, or violence.

Undertaking to give further information

I undertake to inform the Bank of Papua New Guinea within 7 days after an event occurring that may call into question my ability to satisfy the fit and proper criteria set out in Schedule 2 of the **Superannuation (General Provisions) Act 2000**.

Consent for the Bank to get further information

I authorise the Bank of Papua New Guinea to make any inquiries, at any time, of any person (which includes government departments and agencies, private companies and non-government bodies) in relation to any matter which may, in the opinion of the Bank of Papua New Guinea, have a bearing upon

whether or not I satisfy the fit and proper criteria in Schedule 2 of the ***Superannuation (General Provisions) Act 2000***.

I hereby authorise and direct those persons to supply to the Bank of Papua New Guinea any information that the Bank of Papua New Guinea requires.

SIGNED in the presence of:

Signature of director / responsible officer

Signature of witness

Name (printed)

Name (printed)

PART D

**INDIVIDUAL SHAREHOLDER CONTROLLER DETAILS
INDIVIDUAL INDIRECT CONTROLLER DETAILS.**

Remember:

It is a serious criminal offence to make a false or misleading application, or to give the Bank false or misleading information.

| | |
|---|--|
| <p>D1 Are you:</p> <p>an individual shareholder controller? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>an individual indirect controller? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you are an individual indirect controller, go to question D2</p> <p>If you are an individual shareholder controller, go to question D3</p> | |
| <p>D2 Attach a statement describing how you are an indirect controller of the applicant company</p> | Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/> |
| <p>D3 Name</p> <p>Family name</p> <p>Given name/First name</p> | <input type="text"/> <input type="text"/> |
| <p>D4 Position:</p> | <input type="text"/> |
| <p>D5 Date of appointment to position:</p> | <input type="text"/> |
| <p>D6 Place of birth:</p> | <input type="text"/> |
| <p>D7 Home Province:</p> | <input type="text"/> |
| <p>D8 Nationality/citizenship:</p> | <input type="text"/> |
| <p>D9 Country of residence:</p> | <input type="text"/> |
| <p>D10 Home address Number and street</p> <p>Province</p> | <input type="text"/> <input type="text"/> |

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| Contact name | <input type="text"/> |
| phone | <input type="text"/> |
| fax | <input type="text"/> |
| e-mail | <input type="text"/> |

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|----------------------|-------------------|----------------------|
| D11 Business address | Number and street | <input type="text"/> |
| | Province | <input type="text"/> |
| Contact name | | <input type="text"/> |
| phone | | <input type="text"/> |
| fax | | <input type="text"/> |
| e-mail | | <input type="text"/> |

D12 Academic and Educational Qualifications*

| <i>Award</i> | <i>Institution</i> | <i>Year</i> | <i>Copy attached</i> | |
|----------------------|----------------------|----------------------|------------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D13 Business experience (positions held)†

| <i>Position</i> | <i>Institution</i> | <i>Period</i> |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

* If insufficient space, attach separate sheets with the additional information.

† If insufficient space, attach separate sheets with the additional information.

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D14 List all the companies (in Papua New Guinea and overseas) you are a **director** of^{*}

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D15 List all the companies (in Papua New Guinea and overseas) you are a **responsible officer** of[†]

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D16 List all the companies (in Papua New Guinea and overseas) where you, or you together with your associates, **control 15% or more of the shares** (list percentage)[‡]

Note: in working out your stake in a company, add up the shares in the company that

- *you hold personally; and*
- *members of your immediate family hold personally; and*
- *are held by companies that your or members of your immediate family*

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| 1. ()% |
| 2. ()% |
| 3. ()% |
| 4. ()% |
| 5. ()% |

^{*} If more than 6, include a separate sheet with the additional details.
[†] If more than 6, include a separate sheet with the additional details.
[‡] If more than 7, include a separate sheet with the additional details.

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| <p>control (whether through share ownerships or in other ways); and</p> <ul style="list-style-type: none"> • your associates hold – “your associates” include other shareholders you have an arrangement with about how the shares will be voted | <p>6. ()%</p> |
| <p>D17 List all the companies (in Papua New Guinea and overseas) where you, or you together with your associates, are indirect controllers</p> | <p>7. ()%</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> |
| <p>D18 Attach a copy of a Papua New Guinea police report no more than 3 months old about you</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>D19 Attach your individual financial statements and register of assets. Format is attached at Annex A and Annex B respectively.</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |

Declaration by Individual Shareholder Controller / Individual Indirect Controller

Declaration

I, the person named above, declare:

- the information in this form is true and complete, and not misleading.
- I understand that the information in this form will be used by the Central Bank of Papua New Guinea for the purpose of exercising its powers under the **Superannuation (General Provisions) Act 2000**.
- In all my activities in business and financial matters:
 - I have not been engaged in or been associated with any financial loss due to dishonesty, incompetence or malpractice in the provision of superannuation products, insurance, investment or other financial services or the management of companies or due to the conduct of discharged or undischarged bankrupts or insolvents; and

* If more than 6, include a separate sheet with the additional details.

- I have not been engaged in any business practices which are deceitful or oppressive or otherwise improper (whether unlawful or not) or which otherwise reflect discredit on me; and
- I have not engaged in or been associated with any other business practices or otherwise conducted myself in such a way as to cast doubt on my competence and soundness of judgment.
- I have never been bankrupted, either in Papua New Guinea or overseas.
- I have not committed an offence involving fraud or other dishonesty, or violence.

Undertaking to give further information

I undertake to inform the Bank of Papua New Guinea within 7 days after an event occurring that may call into question my ability to satisfy the fit and proper criteria set out in Schedule 2 of the ***Superannuation (General Provisions) Act 2000***.

Consent for the Bank to get further information

I authorise the Bank of Papua New Guinea to make any inquiries, at any time, of any person (which includes government departments and agencies, private companies and non-government bodies) in relation to any matter which may, in the opinion of the Bank of Papua New Guinea, have a bearing upon whether or not I satisfy the fit and proper criteria in Schedule 2 of the ***Superannuation (General Provisions) Act 2000***.

I hereby authorise and direct those persons to supply to the Bank of Papua New Guinea any information that the Bank of Papua New Guinea requires.

SIGNED in the presence of:

Signature of director / responsible officer

Signature of witness

Name (printed)

Name (printed)

PART E

**CORPORATE SHAREHOLDER CONTROLLER DETAILS
CORPORATE INDIRECT CONTROLLER DETAILS.**

Remember:

It is a serious criminal offence to make a false or misleading application, or to give the Bank false or misleading information.

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| <p>E1 Are you:</p> <p style="padding-left: 40px;">an individual shareholder controller? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 40px;">an individual indirect controller? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 80px;">If you are a corporate indirect controller, go to question E2</p> <p style="padding-left: 80px;">If you are a corporate individual shareholder controller, go to question E3</p> | |
| <p>E2 Attach a statement describing how you are an indirect controller of the applicant company</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input style="width: 50px; height: 20px;" type="text"/></p> |
| <p>E3 Name of the company as registered (if PNG Company, name registered with the Investment Promotion Authority (IPA)).</p> | <input style="width: 100%; height: 30px;" type="text"/> |
| <p>E4 Trading name(s)</p> | <input style="width: 100%; height: 30px;" type="text"/> |
| <p>E5 IPA Company Registration Number (if PNG company):</p> | <input style="width: 100%; height: 30px;" type="text"/> |
| <p>E6 Address of company Number and street</p> <p style="padding-left: 100px;">Province</p> <p style="padding-left: 60px;">Contact name</p> <p style="padding-left: 100px;">phone</p> <p style="padding-left: 100px;">fax</p> <p style="padding-left: 100px;">e-mail</p> | <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> |

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| <p>E7 Address of registered office of company (if different to the address in question E6)</p> <p>Number and street</p> <p>Province</p> <p>Country</p> <p>Contact name</p> <p>phone</p> <p>fax</p> <p>e-mail</p> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>E8 Is the company a non-Papua New Guinea company, or a subsidiary of a non-Papua New Guinea company, licensed or authorised under the law of the place of its incorporation to provide financial services (banking, insurance, superannuation)?</p> <p>If yes, attach a statement from the relevant home country supervisor that it is satisfied with respect to the prudent management of the company or parent.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E9 Attach a certified copy of the certificate of incorporation of the applicant company</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E10 Attach a certified copy of the constitution of the applicant company (including all amendments not already incorporated)</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E11 Attach a certified copy of the organisational structure of the applicant company</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E12 Attach a certified copy of the most recent annual report of the applicant company</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E13 Attach a certified copy of the most recent audited financial statements of the applicant company</p> | <p>Not attached <input type="checkbox"/> Attached at TAB <input type="checkbox"/></p> |
| <p>E14 List the Papua New Guinea superannuation funds for which the company is the trustee*</p> | <p>1. <input type="text"/></p> <p>2. <input type="text"/></p> |

* If more than 4, include a separate sheet with the additional details.

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| E15 List the Papua New Guinea superannuation funds for which the company is the investment manager * |
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| E16 List the Papua New Guinea superannuation funds for which the company is fund administrator † |
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| E17 List the names of all directors of the company‡ and attach each director's financial statements and register of assets. Format is attached at Annex A and Annex B respectively. |
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| E18 List the names of all responsible officers of the company§ and attach each responsible officer's financial statements and register of assets. Format is attached at Annex A and Annex B respectively. |
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* If more than 4, include a separate sheet with the additional details.
† If more than 4, include a separate sheet with the additional details.
‡ If more than 6, include a separate sheet with the additional details.
§ If more than 6, include a separate sheet with the additional details.

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E19 List the names of all **controlling shareholders** of the company, and their shareholding* and attach each **controlling officer's** financial statements and register of assets. Format is attached at **Annex A** and **Annex B** respectively.

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| 1. | ()% |
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| 2. | ()% |
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| 4. | ()% |
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| 5. | ()% |
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| 6. | ()% |
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E20 List the names of all **indirect controllers** of the company† and attach each **indirect controllers officer's** financial statements and register of assets. Format is attached at **Annex A** and **Annex B** respectively.

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* If more than 6, include a separate sheet with the additional details.

† If more than 6, include a separate sheet with the additional details.

Declaration by Directors of Shareholder Controller Company or Indirect Controller Company

Declaration

We, the directors of the company named above, declare:

- the information in this form is true and complete, and not misleading.
- we understand that the information in this form will be used by the Central Bank of Papua New Guinea for the purpose of exercising its powers under the ***Superannuation (General Provisions) Act 2000***.
- the company has never been bankrupted, either in Papua New Guinea or overseas.
- the company has not committed an offence involving fraud or other dishonesty, or violence.

Undertaking to give further information

We each separately undertake to inform the Bank of Papua New Guinea within 7 days after an event occurring that may call into question the company's ability to satisfy the fit and proper criteria set out in Schedule 2 of the ***Superannuation (General Provisions) Act 2000***.

Consent for the Bank to get further information

The company authorises the Bank of Papua New Guinea to make any inquiries, at any time, of any person (which includes government departments and agencies, private companies and non-government bodies) in relation to any matter which may, in the opinion of the Bank of Papua New Guinea, have a bearing upon whether or not the company satisfies the fit and proper criteria in Schedule 2 of the ***Superannuation (General Provisions) Act 2000***.

The company hereby authorises and directs those persons to supply to the Bank of Papua New Guinea any information that the Bank of Papua New Guinea requires.

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

SIGNED in the presence of:

Signature of director

Signature of witness

Name (printed)

Name (printed)

