

PERSONAL DETAILS

Title:	DOB:	FAAA Member ID:
First name:	Home phone:	
Middle name:	Mobile:	
Surname:	Email:	

PERSONAL DECLARATION (If answering yes to any question please attach a note outlining the circumstance)

I meet the eligibility requirements for FAAA Board Directorship and declare the following statements to be true and correct:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Refused an ASIC Dealers License or Australian Financial Services License, or had one varied, suspended or revoked. |
| <input type="checkbox"/> | <input type="checkbox"/> | Convicted of an offence in relation to dishonesty, misappropriation or fraud. |
| <input type="checkbox"/> | <input type="checkbox"/> | Convicted of an offence for which the maximum penalty is imprisonment for a term exceeding six months. |
| <input type="checkbox"/> | <input type="checkbox"/> | A director of a company which has gone into voluntary liquidation, or to which a Receiver, a Provisional Liquidator, a Liquidator, a Scheme Manager or an Official Manager has been appointed while I was a Director. |
| <input type="checkbox"/> | <input type="checkbox"/> | A defendant or respondent in a regulatory agency or self-regulatory organisation proceeding or the subject of a regulatory or self-regulatory organisation inquiry or investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | An undischarged bankrupt or ever declared bankrupt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Refused professional indemnity insurance cover. |
| <input type="checkbox"/> | <input type="checkbox"/> | A defendant or respondent in a civil action, which includes but is not limited to, any lawsuit, arbitration, conciliation or mediation, relating to my professional business, or personal conduct. |
| <input type="checkbox"/> | <input type="checkbox"/> | The subject of a claim in relation to professional indemnity insurance or any complaint made to an external complaints resolution scheme. |
| <input type="checkbox"/> | <input type="checkbox"/> | The subject of disciplinary proceedings or investigations by any professional body or association. |
| <input type="checkbox"/> | <input type="checkbox"/> | Engaged in unethical conduct prejudicial to the interests of the FAAA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Dismissed or had a proper authority/Authorised Representative or life insurance agency withdrawn on ethical or legal grounds. |
| <input type="checkbox"/> | <input type="checkbox"/> | I would have a potential, perceived and/or actual conflict in the event of being elected to the FAAA board. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a member of another association. |

If you have answered yes to any of these questions please provide more information on page two of this form.

Your signature:

Date:

MORE INFORMATION

Please provide detailed information if you have answered yes to any of the questions in the Personal Declaration: