 **PERSONAL QUESTIONNAIRE**

Financial Institutions - Policy, Treasury Board and Finance

This form must be completed by all directors and officers and all shareholders of the corporation who hold or beneficially own 10% or more of any class of share, by answering all the questions and attaching the specified information where requested by the Minister. This form and any attachments must be submitted to Financial Institutions - Policy,  
[FIPolicy@gov.ab.ca](mailto:FIPolicy@gov.ab.ca) or 8th floor Federal Building, 9820 - 107 Street, EDMONTON, Alberta, T5K 1E7, (780) 644-5006.

**Section I – Notice**

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| The personal information that is provided on this form and the supporting documentation requested by it, is collected for the purpose of making a determination as to your competency, character, financial resources and fitness to hold shares or be a director or officer of a corporation that is (or is proposed to be) regulated under the Loan and Trust Corporations Act, as set out in section 8, 19, 35, 77, 219 or 222 of the Loan and Trust Corporations Act. It is collectable under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection, please contact our office using the information provided above. |

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**Section II – Information about the (Proposed) Corporation**

**Corporation Name**:

**Section III – Personal Information**

NOTE: Whenever a request is made for information for years preceding “this date”, the date referred to is the date of completion of this form.

**Full Name**:

**Date of Birth**:       **Place of Birth**:

Day/Month/Year

**Residential Address**:

**Postal Code**:

**Email Address**:       **Telephone Number**:

1. Prior Residential Addresses:

Attach a list in chronological order of all previous residential addresses during the 5 years prior to this date.

1. Education:

Attach a list of your education, professional qualifications and any affiliations, where appropriate, including relevant dates.

1. Employment/Directorship History:

Provide details of your employment history, including directorships, during the 10 years prior to this date. Include:

* Employer’s Name and Address
* Position Title(s) and period of employment/directorship.

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| 1. Have you or any business (a body corporate, partnership or unincorporated organization) of which you have been a director, partner, member or officer in the 10 years prior to this date:  * Been convicted of a criminal offence? | Yes\*  No |
| * Failed to comply with any provision of or any undertaking given under Alberta’s Loan and Trust Corporations Act, Securities Act or any comparable legislation of another jurisdiction? | Yes\*  No |  |
| * Been the subject of an investigation by or at the instigation of a government department, agency, regulatory body or professional association? | Yes\*  No |  |
| \* Attach details of the offence, the type of court, tribunal, or agency hearing the offence and the relevant dates. |  |
| 1. Have you or any business of which you have been a partner, member, director or officer in the 10 years preceding this date been subject to bankruptcy proceedings, wound up, ceased to operate or required to make arrangements/compromises with its creditors? | Yes\*  No |
| 1. Are you the holder of or have you applied for in the 10 years prior to this date, either as an individual, officer, director, shareholder or promoter, a licence, registration or equivalent authorization to carry on business in Alberta or elsewhere as a financial institution (i.e. bank, loan or trust corporation, credit union, insurance company, securities dealer, mortgage broker or finance company.)? | Yes\*  No |
| *\* Attach details of licences held or withdrawn, and any applications withdrawn or refused.* |  |
| 1. Are you  * the subject of a guardianship and/or trusteeship order or certificate of incapacity in effect under the Dependent Adults Act? | Yes\*  No |
| * a formal patient as defined in the Mental Health Act, or found to be a person of unsound mind by a court elsewhere than in Alberta; | Yes\*  No |

# Section IV – Relationship to the (Proposed) Corporation

1. Please check the appropriate box(es) and complete the relevant information.

Director/Proposed Director Date Commenced:      

Officer/Proposed Officer Date Commenced:         
 Position:      

Shareholder/Proposed Shareholder Date Commenced:        
 with ownership or beneficial ownership of 10% or more of any class of share.

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| --- | --- | --- | --- | --- |
| 1. Are any shares of the corporation or its subsidiary or its parent:  * Registered in your name or the name of a related person? | | Yes\*  No |  | |
| * Not registered in your name but for which you have a beneficial interest? | Yes\*  No | | |  | |
| * Held by you or a related person as trustee or nominee? | Yes\*  No | | |  | |
| * Registered in your name but equitably or legally charged or pledged to another person? | Yes\*  No | | |  | |
| *\* Attach details of the names in which the shares are registered, and, where not registered in your name, the relationship of the person to whom the shares are registered, the number and class of shares held and the percentage of votes held within each class of share.* |  | | |  | |

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| --- | --- | --- | --- | --- |
| Name on Record | Relationship (if applicable) | Class | No. of Shares | % |
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| 1. Do you, any person associated with you, or any body corporate of which you have been a director or officer in the past 10 years, maintain a business relationship directly or indirectly with the corporation? You are associated if:  * It is a body corporate that you beneficially own, directly or indirectly, voting securities carrying more than 10% of the voting rights attached to all outstanding securities. * You are a partner of the person. * It is a trust or estate in which you have a substantial beneficial interest, or for which you serve as trustee or similar capacity. * You are a relative or relative of the spouse, who shares the same home as the person.   *\* Attach details including name, the nature of the association with the person, company, trust or estate and where applicable the nature of the business.* | Yes\*  No |

**Section V – Supporting Documentation**

* All individuals who complete and return this form must also provide a police indices check from the Royal Canadian Mounted Police (RCMP) or your local municipal police service in Canada. To accomplish this you may require a letter from our office requesting the check. If so, please contact us at the phone number listed on the first page of this form so that one can be mailed to you.

If possible, we request that you ask the particular police service to forward the results of the check directly to us at the address indicated on the first page of this form. If this is not possible, we ask that you forward the original results, provided to you by the particular police service, to us at the address indicated on the first page of this form.

If you currently reside outside Canada, you still must provide an RCMP check. Please contact the Canadian Consulate or High Commission in your jurisdiction to determine the process for getting the RCMP check completed.

* Individuals who lived for a period of at least two of the five years preceding this date in a Canadian province or territory other than Alberta, must also provide for each of the provinces or territories other than Alberta that you lived in; a confirmation from a body that is comparable to the Alberta Securities Commission, of any enforcement orders, or equivalent, during the past five years or confirmation that no enforcement orders or the equivalent have been recorded in each of the provinces or territories. Where available, a print out of the results of a search(es) of the enforcement orders listed on the jurisdiction’s website around your name(s) is sufficient evidence to satisfy this request.
* Individuals who lived for a period of at least two of the five years preceding this date in a jurisdiction(s) outside Canada, must also provide, for each of the jurisdiction(s) outside Canada that you lived in:

1. Written confirmation(s) from a body in that jurisdiction(s) that is comparable to the RCMP, of any criminal record or equivalent, or written confirmation that there has been none recorded. Please ensure that consent is given to this body to have the report sent directly to our office.
2. Written confirmation from a body that is comparable to the Alberta Securities Commission, of any enforcement orders, or equivalent, during the past five years or written confirmation that no enforcement orders or equivalent have been recorded. Where available, a print out of the results of a search(es) of the enforcement orders listed on the jurisdictions web site around your name(s) is sufficient to satisfy this request.
3. Written confirmation from a body in that jurisdiction(s) that is comparable to the Office of the Superintendent of Bankruptcy Canada, of any incidents of insolvency, or equivalent, during the past five years or written confirmation that no such incidents have been recorded.

**Section VI – Consent**

I  authorize  do not authorize:

* Alberta Treasury Board and Finance to collect information about me from the individuals responsible for completing/requesting/obtaining the required application/consent/approval under sections 7, 17, 18, 29, 77, 219 or 222 of the *Loan and Trust Corporations Act,* for the purpose of assessing whether I meet the requirements under the appropriate section (e.g. sections 8, 19, 35. 77, 219 or 222) of the *Loan and Trust Corporations Act.*
* Alberta Treasury Board and Finance to collect information about me from the Alberta Securities Commission, the Office of Bankruptcy Canada or any of the sources described in section V of this form, for the purpose of assessing whether I meet the requirements under the appropriate section (e.g. sections 8, 19, 35, 77, 219 or 222) of the *Loan and Trust Corporations Act.*

And

I  consent  do not consent:

* To Alberta Treasury Board and Finance disclosing my information, as necessary, to the Alberta Securities Commission and the Office of Bankruptcy Canada.

**CERTIFICATION**

*I hereby certify that the information given in this Personal Questionnaire and any of the required attachments is true and complete to the best of my knowledge and belief and that are no other facts material to the application for which this Questionnaire is completed.*

Signature:

This day of ,

Witness:

This day of ,