



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF FINANCIAL INSTITUTIONS

**STATEMENT OF PERSONAL HISTORY
TO BE SUBMITTED BY DIRECTORS, OFFICERS,
MANAGERS, MEMBERS, AND OWNERS OF
INTERNATIONAL FINANCIAL ENTITIES**

INSTRUCTIONS

This form must be completed, sworn, and subscribed by new directors, officers, and owners of the entity, and by those persons who possess or intend to possess or control any interest in the capital of the financial institution.

Please answer every question. If a question does not apply write N/A in the space provided. If space available is insufficient, must continue on a separate sheet, identifying the corresponding exhibit.

This personal history statement is an official document. Please be advised that any misrepresentation or failure to reveal the information requested by the Commissioner of Financial Institutions of Puerto Rico, may be deemed sufficient cause for denial or revocation of the appointment.

Name of the International Financial Entity



1. **PERSONAL INFORMATION:**

A. _____
Full name of the person
Executing this form (Including middle name) _____
Social Security Number _____

_____ Place and Date of Birth (M/D/Y) _____ Nationality _____ Passport Number

_____ Business Address _____ Phone

_____ Residence Address _____ Phone

_____ E-mail address

Address of previous two residences:

Address	Date

B. Present Occupation or Profession: _____

C. State the position and the estimated amount of time (monthly hours) you will devote working for the IFE (e.g. Director, Partner, Manager, Officer, Stockholder, etc.)

D. Will you own stock, participation, or have an interest in the capital of the IFE?

Yes _____ No _____

If yes, state amount and percentage of ownership. _____.

E. Do you have any agreement, written or otherwise, relating to the acquisition of any additional interest in the capital of the IFE? (If "yes" give full details on a separate sheet.)

Yes _____ No _____



2. **EDUCATION**

A. Record your formal education, including the name of the university, school, or professional college, year of graduation, and degrees obtained.

Name of School	Location	Graduation Date	Degree

B. Indicate if you have any particular training related to the banking business and/or securities, investment, finance, and BSA/AML.

3. **EMPLOYMENT**

A. Record of occupation, commercial or financial experience for at least ten (10) years immediately preceding the date of this form, beginning with your current employment. (Attach an additional sheet if necessary in order to finish details).

Date of Employment	Name of Employer	Address	Business (from-to)	Position & Duties	Name of Supervisor



- B. List all corporations, partnerships, or any other business ventures with which you have been related as an officer, director, manager, and stockholder or in a similar capacity.

Date	Name of Organization	Type of Association	Address	Business (from-to)	% of ownership

- C. Submit information regarding your relation to other financial institutions. Please, indicates the percentage of ownership; if applicable.

4. **REFERENCES**

Provide three (3) references of persons who have known you for (5) five years or more. Do not include relatives, present employer or employees, or bank references.

Name	Business Organization	Address	Telephone

5. **DISCLOSURE QUESTIONS**

Financial Disclosure

(A)

(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years? Y N

(2) Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years? Y N



(3) Have you been the subject of a foreclosure action within the past 10 years?	Y	N
(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?	Y	N
(C) Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?	Y	N
(D) Do you have any unsatisfied judgments or liens against you?	Y	N
(E) Are you delinquent on any court-ordered child support payments?	Y	N
Criminal Disclosure		
(F)		
(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	Y	N
(2) Are there pending charges against you for any felony?	Y	N
(G) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	Y	N
(2) Are there pending charges against any organization for any felony?	Y	N
(H)		
(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?	Y	N
(2) Are there pending charges against you for a misdemeanor specified in (H)(1)?	Y	N
(I) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (H)(1)?	Y	N
(2) Are there pending charges against any organization for any misdemeanor	Y	N



specified in (H)(1)?

Civil Judicial Disclosure

(J)(1) Has any domestic or foreign court ever:

(a) Enjoined you in connection with any financial services-related activity?	Y	N
(b) Found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?	Y	N
(c) Dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority?	Y	N
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	Y	N
(3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (J)(1)?	Y	N

Regulatory Action

(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:

(1) Found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Y	N
(2) Found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)?	Y	N
(3) Found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked, or restricted?	Y	N
(4) Entered an order against you in connection with a financial services-related activity?	Y	N
(5) Revoked your registration or license?	Y	N
(6) Denied or suspended your registration or license or application for licensure, disciplined you, or otherwise, by order, prevented you from associating with a financial services-related business, or restricted your activities?	Y	N
(7) Barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business?	Y	N
(8) Issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	Y	N
(9) Entered an order concerning you in connection with any license or registration?	Y	N



(L) Have you ever had authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended? Y N

(M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (K) through (L) above against any organization? Y N

(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)? Y N

(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (K) through (L)? Y N

Customer Arbitration/Civil Litigation Disclosure

(P) Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:

(1) Is still pending? Y N

(2) Resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action? Y N

(3) Was settled for any amount? Y N

Termination Disclosure

(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:

(1) Violating statute(s), regulation(s), rule(s), or industry standards of conduct? Y N

(2) Fraud, dishonesty, theft, or the wrongful taking of property? Y N

If the answer to any question is in the affirmative, attach a separate sheet providing full details. If during the period of your association with the financial institution, an event occurs which would cause an affirmative answer to any of these questions, must notify immediately the Commissioner of Financial Institutions in writing as to the facts relating to such events.

6. ADDITIONAL DOCUMENTS:

A. Submit herewith as part of this form the following documents:

1. two 2x2 photographs.



2. Financial Statement. For new shareholder must be revised by a CPA, for new Directors and Officers a compilation will be acceptable.
3. Criminal Background check (Reputational Review), prepared by Kroll, NFC Global, Kreller Group, or JS Held Global Investigations, any other company must be pre-approved by the Office. The investigation must include all jurisdictions where the individual does or has done business, and its known associates. The report must be sent directly to this Office.
4. Resume
5. Certification of tax liability with the Puerto Rico Treasury Department, if applicable.
6. Passport copy.
7. USA Visa ID, if applicable.



SWORN CERTIFICATION

I, _____, being duly sworn, depose and state that I have read the foregoing Statement of Personal History and know the contents thereof; that the statements contained therein, including the attachments, if any, are to the best of my knowledge and belief, true and correct; that I prepared said statement with the knowledge that any misrepresentation or failure to reveal the information requested by the Commissioner of Financial Institutions of Puerto Rico, may be deemed sufficient cause for denial or revocation of the appointment.

Signature

AFFIDAVIT NUMBER _____

Sworn and subscribed to before me by, _____

of legal age, _____, _____
(Married or Single) (Occupation)

and resident of _____.
(City, State and/or Country)

At _____, **on this** _____ **day of** _____, **20**_____.

SEAL

Notary Public