



**MDIA**  
Malta Digital Innovation Authority

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## Fit and Proper Questionnaire

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<b>Name of Individual completing the Fit and Proper Questionnaire ("Related Party"):</b>	
<b>Innovative Technology Arrangement ("ITA") or Service Provider ("SP") ("The Applicant") this questionnaire relates to:</b>	

## Instructions for completion

- The completed and signed form in original must reach the Malta Digital Innovation Authority (MDIA). For processing purposes, a scanned version of the Application Form and attachments can be initially sent to [applications@mdia.gov.mt](mailto:applications@mdia.gov.mt).
- Applicant must sign the form in the space provided and initial every page of the form.
- All answers must be completed in English. Documents provided in other languages must have an English translation attached thereto. The translation should be dated, signed and certified by an independent person of proven competence, confirming the integrity of the translation.
- Use N/A in response to any question which is not applicable.
- Where indicated, provide answers on a separate sheet as Appendices to the form. Appendices are to be duly labelled and cross referred to in the corresponding section of the form. If an appendix covers more than one question, answers are to clearly include the corresponding question number. The person legally authorised to represent the applicant and signing this form must initial ALL pages and the appendices.
- The MDIA reserves the right to request additional information. Failure to provide any information when requested by the MDIA may result in the application being delayed or even refused, based on the information available to the MDIA at the time, impacting the outcome of the application.
- It is the applicant's responsibility to advise the MDIA immediately of any changes to the information provided in this questionnaire. Failure to do so could result in suspension or revocation of the relevant certification.
- Any misrepresentation in completing this form may render the Fit and Proper Questionnaire void. If any enclosures are not submitted, rationale for non-submission needs to be provided.
- This form shall not be accepted unless all relevant sections have been completed and the required documents have been submitted in full. This form contents shall not be edited other than for the purpose of filling in the existing layout and content of the form.

## Guidelines for completing the Fit and Proper Questionnaire

The following table indicates which sections of this questionnaire need to be completed depending on the role Relevant Party shall be fulfilling.

	Qualifying Shareholder	Systems Auditor	Technical Administrator	Administrator	Subject Matter Expert	Resident Agent
<b>Section A</b> Information Regarding ITA or SP	✓	✓	✓	✓	✓	✓
<b>Section B</b> Preliminary Questions	✓	✓	✓	✓	✓	✓
<b>Section C</b> Personal Details	✓	✓	✓	✓	✓	✓
<b>Section D</b> Qualifications / Memberships	✗	✓	✓	✗	✓	✗
<b>Section E</b> Employment History	✓	✓	✓	✓	✓	✓
<b>Section F</b> Directorships and Affiliations	✓	✗	✗	✗	✗	✗
<b>Section G</b> Bank References	✓	✓	✓	✓	✓	✓
<b>Section H</b> General Information	✓	✓	✓	✓	✓	✓
<b>Section I</b> Confirmations	✓	✓	✓	✓	✓	✓
<b>Section J</b> Declaration	✓	✓	✓	✓	✓	✓
<b>Checklist</b>	✓	✓	✓	✓	✓	✓

**A. Information regarding the ITA or the SP which has applied for recognition.**

Note: If the related party is seeking approval to be appointed in connection with more than one ITA or SP which has applied for recognition, Questions 1 to 4 in this Section should be answered with respect to each ITA or SP on a separate sheet.

**1. Are you applying for a position with a new applicant which is currently seeking recognition from the MDIA, or with a current recognized ITA or SP?**

- a) New Applicant
- b) Current ITA
- c) Current SP  Systems Auditor  
 Technical Administrator

in the case of current ITA or SP, please include the name and registration number held.

Name of ITA / SP \_\_\_\_\_

Registration Number \_\_\_\_\_

**2. Position to be occupied by Related Party with the ITA or SP to which this questionnaire relates to.**

2.1 Position Title. Please mark as appropriate:

- Qualifying Shareholder
- Systems Auditor
- Resident Agent
- Technical Administrator
- Subject Matter Expert with Systems Auditor
- Administrator

Please specify title

2.2 On a separate sheet, specify duties or function to be assigned to the related party within the ITA or SP which has applied to become recognized as applicable:

Details included in Appendix \_\_\_\_.

**3. Intended Effective Date of Position:**

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Note: An applicant cannot assume the proposed post with the ITA or the SP in question unless approved by the MDIA

**4. Contact point within the ITA or the SP in connection with which this questionnaire is being completed, to whom MDIA may address any queries in connection with this application.**

Name and Surname:

Telephone number:

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Position:

Email Address:

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## **B. Preliminary Questions**

5. **Are you currently approved by the MDIA?**  Yes  
 No
6. **Are you currently approved, or were you approved by another Regulator in the past 10 years?**  Yes  
 No
7. **Do you, or any entity with which you are associated, have any pending application with another regulatory authority?**  Yes  
 No

If you answered 'Yes' to questions 6 or 7, please provide the following details on a separate sheet:

- Name of Regulator
- Entity involved
- Sector
- Position occupied
- Date approval granted
- Date role terminated (if applicable)

**C. Personal Details**

**8.1 Name and Surname**

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**8.2 Date of Birth**

**8.3 Place of birth**

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**8.4 Title (Mr. MS. Dr. etc)**

**8.5 Profession**

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**8.6 Residential address**

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**8.7 Post Code**

**8.8 Date when this residence was taken up**

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**8.9 Mobile number**

**8.10 Identification details**

(ID Card number/ Passport number)

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**8.11 List of all countries where you have been issued with a passport**

**Country**

**Date of Issue**

**Expiry Date**

Country	Date of Issue	Expiry Date

**8.12 Is your country of residence different from you country of domicile?**

Yes

No

**8.12.1 If yes, please specify**

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**D. Qualifications/ Memberships**

<b>9. Current associateship, membership or fellowship of professional bodies and year of admission. Kindly complete in chronological order.</b>				
	<i>Fellow (F)? Associate (A), Member (M) or</i>	<i>Year of Admission</i>	<i>Fellowship Number Associate-ship/ Member-ship/</i>	<i>Professional Body</i>
9.1				
9.2				
9.3				



**10. Please list academic degrees and diplomas, stating the name and address of the conferring University/Institution and the year of conferment. Kindly complete in chronological order.**

	<i>MQF Level</i>	<i>Title of Qualification/ Training including area of specialisation</i>	<i>University</i>
10.1			
10.2			
10.3			

Applicants who have obtained qualifications from a University / Institution are required to provide a certified true of the diploma or degree awarded from the indicated University / Institution. Applicants may also provide alternative equivalent confirmations.

**11. Please list any other qualifications and/or training that you have attained in the last 5 years, together with the appropriate date and the name of the Educational Institute or Training Centre.**

	<i>Year Granted</i>	<i>Title of Qualification/ Training including area of specialisation</i>	<i>Educational Institute / Training Body</i>
11.1			
11.2			
11.3			

## E. Employment History

### 12. On a separate sheet, provide:

12.1 The below details for current and previous occupations or employment (starting from the most recent).

- Employer Name, Address and Phone Number
- Job title & Description of duties
- Duration of Employment
- Reasons for leaving employment
  - Resignation
  - Redundancy
  - Retirement
  - Other (*provide details*)
  - Dismissal
  - End of Contract
  - Termination

12.2 An explanation for any periods of unemployment exceeding 12 weeks within the last 10 years. Otherwise, please mark as N/A

- Details provided in Appendix \_\_\_\_\_.
  - N/A

12.3 Any additional information about your areas of expertise and/or experience that demonstrates your competence to occupy the position or role that you have applied for with the ITA or SP applying for recognition.

- Details provided in Appendix \_\_\_\_\_.
  - N/A

## F. Directorships and Affiliations

### 13. On a separate sheet provide:

13.1 The following details for any appointment as Director, Partner, Shareholder of equivalent role during the past 10 years

- Name of legal entity
- Country of Incorporation
- Post
- Date of appointment
- Date of termination (if current mark as N/A)
- Whether the entity was subject to any form of regulatory approval and the name of the regulatory authority involved.

Details of appointments provided?

Yes

No

13.2 If you provided details of appointments in question 13.1, have you been dismissed from any of the positions described or asked to resign or agreed to resign instead of being dismissed, or have you registered whilst under investigation or have you ever been censured, disciplined or publicly criticized by any employer or Regulatory Authority, whether current or previous?

Yes

No

If 'Yes', please provide details of the circumstances on a separate sheet.

## G. Bank References

**On a separate sheet, please provide the following details regarding your current main bank and any former bank(s) which you have utilised as your main bank (if applicable) during the past 10 years.**

- Name of bank
- Address
- e-mail address
- Contact Person (if available)
- Date relationship established
- Date relationship terminated (if applicable)
- If terminated, reason for termination.

Details provided in Appendix \_\_\_\_\_.

## H. General Information

14. A person proposed as qualifying shareholders, administrator or nominated to occupy a position of trust with an ITA or SP is required to be honest, ethical, act with integrity and be financially sound. In this regard, have you any information to disclose regarding a material issue or do you have any concerns about your ability to perform the relevant function within the ITA or SP which has applied to be recognized?  Yes  
 No
15. Have you ever, in any jurisdiction, been dismissed or asked to resign and did resign from any profession, vocation, office or employment, or from any position of trust or fiduciary appointment, whether or not remunerated?  Yes  
 No
16. Have you or any entity which you are/ were associated with ever been (in any jurisdiction), refused registration, authorisation, membership or your approval/ license been revoked, otherwise than on a voluntary basis?  Yes  
 No
17. In carrying out your duties, will you be acting on the directions or instructions of any other person?  Yes  
 No
18. Do you in your private capacity or any corporate body which you are a director, secretary, controller, manager or shareholder, provide any services to the ITA or SP in connection with which the application is being made?  Yes  
 No
19. Are any shares in the ITA or SP, in connection with which the application is being made, registered in your name?  Yes  
 No
20. Do you hold any shares in the ITA or SP in connection with which the application is being made, as trustee or nominee?  Yes  
 No
21. Do you currently hold shares in other entities in your name, as trustee or nominee?  Yes  
 No
22. Are any of the shares mentioned in the answer to Questions 20 and 21 pledged to any party?  Yes  
 No
23. Are you aware of any business interests, employment obligations or other situations which may give rise to conflicts of interests in the performance of the activities associated with your proposed post with the ITA or SP in connection with which this questionnaire is being submitted?  Yes  
 No
24. Is there any further information of direct relevance for the MDIA to carry out its fit and proper test effectively?  Yes  
 No

If you answered 'Yes' to any of the questions in this section, please provide details on a separate sheet.

## I. Confirmations

25. Are there any contractual impediments or restrictions through any previous occupation or employment, which preclude you in any way from taking up the position in Q.2 for which this questionnaire is being completed?  Yes  
 No
26. Have you at any time been found in breach of regulations or convicted of any offence, criminal or otherwise, by any Tribunal or court? If so, give full particulars of the forum which determined the breach, offence or conviction and/or full particulars of its decision, the offence and the penalty imposed and the date of conviction/decision. (Breaches of traffic regulations punishable by fines lower than €120 need not be reported).  Yes  
 No
- If 'Yes', on a separate sheet please provide the following details for each conviction:
- Court, Description of offence
  - Amount of penalty
  - Date
27. Are you or any entity with which you are associated, the subject of any current criminal investigations and/ or proceedings?  Yes  
 No
28. Have you or any entity with which you were associated, been the subject of any civil proceedings or litigation?  Yes  
 No
29. Have you or any body corporate, partnership or unincorporated entity with which you are, or have been, associated as director, controller, manager or qualifying shareholder:
- 29.1 ever been censured, reprimanded, disciplined or publicly criticised by any Court of Law, regulatory authority, officially appointed enquiry, University or other educational institution or professional body or trade association?  Yes  
 No
- 29.2 ever been the subject of a regulatory disciplinary measure or been refused or had revoked or restricted or suspended a licence or authorisation to carry on a business activity for which a specific licence or authorisation or other permission is required?  Yes  
 No
- 29.3 ever been found guilty of conducting or been investigated for possible conduct of any licensable activities without the necessary licence, authorisation or permits?  Yes  
 No
- 29.4 ever been the subject of an investigation (whether current or previous) by a governmental, professional or other regulatory body or have you resigned whilst under investigation?  Yes  
 No
30. Have you, or any body corporate, partnership or unincorporated entity with which you are, or have been associated as a director, controller or manager withdrawn an application that had been submitted to a regulatory or licensing authority?  Yes  
 No

31. **Have you been dismissed from any office or employment or barred from entry to any profession or occupation?**  Yes  
 No
32. **Have you been adjudicated bankrupt by a Court or Tribunal?**  Yes  
 No
33. **Have you failed to satisfy any debt adjudged due and payable by you as a judgement debtor under an order of a Court or Tribunal?**  Yes  
 No
34. **Have you, in connection with the formation or management of any body corporate, partnership or unincorporated entity been adjudged by a court liable for any fraud, forgery or other misconduct by you towards such a body or company or towards any members thereof?**  Yes  
 No
35. **Has any body corporate, partnership or unincorporated association with which you are or were associated as Director, Qualifying Shareholder, Controller, Manager, Company/Partnership secretary or representative, been compulsorily wound up; or had an administrator, receiver or liquidator appointed; or made a compromise or similar arrangement with its creditors; or ceased trading in circumstances where its creditors did not receive (or have not yet received) full settlement of their claims?**  Yes  
 No

*If 'Yes', when providing details please indicate whether any of the above mentioned proceedings occurred in circumstances where creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within five years after you ceased to be associated with it*

36. **Have you (in your individual capacity) or any body corporate, partnership or unincorporated entity with which you were associated ever been asked to close a bank account or had a bank account closed by the bank?**  Yes  
 No
37. **Do you confirm your awareness of your responsibilities arising from the legislation, regulations, codes of practice, guidance notes, guidelines and any other rules or directives, which are applicable to your proposed position(s) and confirm your intention to ensure that the licence holder or proposing entity in relation to which you are to perform a pre-approved control function will be operated in compliance with them?**  Yes  
 No



## J. Declaration

### **To be completed and signed by the related party**

I certify that I have provided the MDIA with all the information relevant to my fitness and properness assessment and that the information provided is complete and correct to the best of my knowledge and belief, and that I have personally re-checked this information. I undertake to promptly advise the Malta Digital Innovation Authority of any material change to the contents of this questionnaire. By signing this declaration below, I authorise MDIA to contact my banker to make enquiries and seek further information as considered by the MDIA to be relevant and as it thinks appropriate in the course of verifying the information given in this questionnaire. This authorisation is valid at the date of signature and at any time in the future. I also understand that the results of any verification carried out by the MD IA in connection with the applicable fit and proper test may be disclosed to the ITA or the SP, in connection with which this questionnaire is being submitted.

I understand that the personal information provided in this questionnaire will be used by the MDIA to discharge its regulatory functions as defined in the Malta Digital Innovation under the laws under which it has been appointed Competent Authority and other relevant legislation, and will not be disclosed for any other purpose.

Knowingly or recklessly giving the MDIA information which is false or misleading may be a criminal offence.

Name of related party (in block capitals)

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Passport number or alternatively I.D Number

Place and date of Issue of Passport

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Date of submission

Signed

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## Checklist

Mark 'Yes' beside each of the items below once completed ensuring completion of the questionnaire:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have checked that all of the questions have been completed correctly.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have checked that any additional information has been securely attached and properly referenced in respect of any of the answers given.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have checked that the Declaration in Section J been signed and dated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have ensured that a copy of this Form and its attachments has been retained and that I can access them if so required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have attached an original version of the conduct certificate or an equivalent certification (which should not be more than 3 months old) from the police authorities of the country of residence of the individual completing the questionnaire.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have attached certified copies of certificates evidencing qualifications attained / training undertaken.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I confirm that I prepared and attached the Bank Reference Details (Section G)

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_