

Annex to Handbook

**FSMA\_2024\_06-02 of 22/03/2024**

Questionnaire for the initial appointment of a key function holder of an Institution for Occupational Retirement Provision (IORP)

Scope:

Institutions for Occupational Retirement Provision

Key function holders of an IORP must possess the necessary professional integrity and appropriate expertise for the exercise of their function (i.e. be ‘fit & proper’). The FSMA is tasked with evaluating whether these requirements are met.

To this end, we ask you to fill in the present questionnaire for any application for a key function and to upload it to the correct section of the eCorporate application.

As explained in the [Handbook](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06_en.pdf), you should also fill in this questionnaire for the appointment of a new permanent representative of a legal entity holder of a function (or of a new permanent representative of the legal person that is the permanent representative of the legal entity holder of a function).

We ask you these questions pursuant to Article 77 of the Law of 27 October 2006 on the supervision of institutions for occupational retirement provision (‘LIRP’).

This questionnaire has two parts, both of which need to be filled in.

* Are you ***applying for a key function***? Please fill in ***part A***.

Your answers to this questionnaire are necessary to enable us to assess your appropriate expertise and professional integrity.

* Are you the **IORP that is putting forward an *applicant for a key function*?** Please fill in ***part B***.

We will use your responses to this questionnaire to assess how you, as an IORP, have complied with your responsibilities as regards the appropriate expertise and professional integrity of the person put forward for a key function.

|  |  |
| --- | --- |
|  | **It is important that you answer all questions sincerely, truthfully and completely.**  **The time needed to process your application will greatly depend on the quality of your answers.**  You need to supply **all** the information you could reasonably expect would be useful to our assessment.  We will take into account any specific circumstances as well as any explanations you have given. |

Therefore, disclosing certain information does not necessarily lead to rejection. The FSMA will make a decision based on an overall assessment, weighing up all the information in its possession. We will, in particular, take into account any mitigating circumstances, the extent to which you are responsible for the actions in question, the measures taken to resolve problems, how long ago the actions took place, etc.

If you are unsure whether certain information may or may not be pertinent, it is best to mention it in any case, and explain why you think this information is not—or is no longer—pertinent. We may also invite you for an interview.

**We advise you to fill in this form on the computer.**

***We respect your privacy***

**Processing of personal data**

The personal data provided through the present questionnaire and its annexes will be processed by the FSMA in the way described in its [Privacy Policy](https://www.fsma.be/en/faq/fsma-privacy-policy).

The FSMA collects the requested data as part of its supervision of compliance with the requirements for professional integrity and appropriate expertise as provided for by Article 77 of the LIRP.

For more information on your rights relating to your personal data and on the way in which they may be exercised, please refer to the FSMA’s [Privacy Policy](https://www.fsma.be/en/faq/fsma-privacy-policy).

*Should you share other persons’ personal data in this questionnaire and/or in the accompanying explanatory document, we ask you to inform those persons that their personal data have been communicated to the FSMA and that the FSMA will process those data in accordance with its Privacy Policy for Fit & Proper assessments, which is available on its website.*

**Structure**

[Part A](#PartA) (*(to be filled in by the applicant for a key function)*

1. You hereby agree to provide complete and truthful answers
2. Your application
3. You have the appropriate expertise
4. You have professional integrity
5. You are aware of the conflicts of interest that may arise
6. You are able to devote sufficient time to the function
7. Your signature

[Part B](#PartB) *(to be filled in by the IORP)*

1. You hereby agree to provide complete and truthful answers
2. Who will the applicant replace?
3. Your signature

**Part A: You are applying for a key function**

# You hereby agree to provide complete and truthful answers

|  |  |
| --- | --- |
|  | **I hereby agree to provide complete and truthful answers.** I further undertake to inform the FSMA immediately of any changes to one or more answers to the questions below, especially if they may have a significant negative impact on my appropriate expertise or my professional integrity.  I am aware that withholding or falsifying any relevant information may have a negative impact on the FSMA’s assessment of my professional integrity and appropriate expertise. |
|  | **Without the above statement, this document is void**. Please **always** tick the box. This will avoid unnecessary delay in processing your application. |

# Your application

## You are applying for a key function at ...

|  |  |
| --- | --- |
| **Name of the IORP** |  |
| **FSMA identification code** |  |

## You are applying as...

### A natural person

Fill in this section (2.2.1.) if you are applying in your own name as a natural person for a key function.

If you are acting as a permanent representative of a legal entity applying for the key function, please fill in subsections 2.2.2.1 and 2.2.2.2.

If you are acting as a permanent representative of a legal entity which in turn is the permanent representative of a legal entity applying for the key function, please fill in subsections 2.2.2.1 and 2.2.2.3 as well as subsection 2.2.2.2.

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| National ID number[[1]](#footnote-2) |  |
| Place of birth |  |
| Gender |  |
| Nationality |  |
| Domicile |  |
| Place of residence *(if different from domicile)* |  |
| Telephone/mobile phone number (professional) |  |
| Email address (professional) |  |

### As a permanent representative of a legal entity applicant

#### Information pertaining to the legal entity applicant

|  |  |
| --- | --- |
| Company name |  |
| Legal form |  |
| Nationality |  |
| Company number[[2]](#footnote-3) |  |
| Address of registered office |  |
| Address of administrative headquarters *(if different from registered office)* |  |
| Email address |  |

#### If applicable, information pertaining to the legal entity permanent representative of the legal entity applicant

|  |  |
| --- | --- |
| Company name |  |
| Legal form |  |
| Nationality |  |
| Company number[[3]](#footnote-4) |  |
| Address of registered office |  |
| Address of administrative headquarters (if different from registered office) |  |
| Email address |  |
| Capacity of the legal entity in regard to the legal entity applicant | Partner  Manager  Director  Member of the Management Committee |

#### Information pertaining to the natural person permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2, as applicable

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| National ID number[[4]](#footnote-5) |  |
| Place of birth |  |
| Gender |  |
| Nationality |  |
| Domicile |  |
| Place of residence (if different from domicile) |  |
| Telephone/mobile phone number (professional) |  |
| Email address (professional) |  |

|  |  |
| --- | --- |
| Your capacity in regard to the legal person mentioned under subsection 2.2.2.1 or 2.2.2.2, as applicable | Partner  Manager  Director  Member of the Management Committee  Member of staff |

## You are applying for...

### The key function of:

|  |  |
| --- | --- |
| **The key function or functions you are applying for** (*if applicable, you may tick several functions*) | Internal audit  Risk management  Actuarial  Compliance |
| **Expected start date** | Click or tap to enter a date. |
| **End date** (if known) | Click or tap to enter a date. |

### Will you exercise the function concerned jointly with another person or entity[[5]](#footnote-6)?

Yes

No

If you answered ‘yes’, please state here the name of the natural person or legal entity with whom/which you will jointly exercise the key function: …………………………………………………………………………………………………………………………………………….

### Will you combine the function concerned with another function within the IORP?

Yes

No

If you answered ‘yes’, please state below what function(s) within the same IORP you will combine with the function concerned *(if applicable, you may tick more than one function)*.

If you are acting as a permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2, state the potential combination of functions, both for the legal entity/entities and for yourself, whether you are acting as a permanent representative of a legal entity or in a personal capacity. If necessary, make copies of the table and indicate where applicable on each copy, the capacity in which you are filling it in.

|  |
| --- |
| I[[6]](#footnote-7)  The legal entity applicant (mentioned under subsection 2.2.2.1)[[7]](#footnote-8)  The legal entity permanent representative of the legal entity applicant (mentioned under subsection 2.2.2.2)[[8]](#footnote-9)  will combine the function concerned with the following function: |
| Member of the Board of Directors  Member of another operational body  name of the operational body ……........................................................  Member of a committee of the IORP that is not an operational body  name of the committee ……........................................................  Responsible for another key function  which key function? ……........................................................ |

# You have the appropriate expertise

**The answers to each of the following questions must relate to you personally:**

* either as an applicant or
* as a permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2.

## You have the appropriate professional qualifications and knowledge

### What academic or other degrees do you have?

List the pertinent qualifications you have below. Add lines if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of study (economics, law, etc.)** | **Name and type of educational institution** | **Qualification/degree obtained (Master, Bachelor, etc.)** | **Year in which you obtained the qualification/degree** |
|  |  |  |  |

### What additional training courses have you followed?

List the pertinent additional educational and training courses you have taken below. Add lines if necessary.

|  |  |  |
| --- | --- | --- |
| **Subject matter** | **Name and type of (educational) institution** | **Year in which you completed the training course** |
|  |  |  |

### Do you call on other people for advice or for the exercise of specific control activities?

We evaluate your expertise taking into account the content of the function concerned and the extent to which you call on other people for advice or for the exercise of specific control activities.

Will you, when exercising this key function, call on other people[[9]](#footnote-10) for advice or for the exercise of specific control activities?

Yes

No

If you answered ‘yes’, provide the identification details of this other person/these other people, his/her/their qualifications, knowledge and experience, as well as the matters for which you will call on him/her/them. Add lines if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  ***In the case of a natural person*: surname and first name**  ***In the case of a legal entity:* company name, and surname and first name of the permanent representative** | **Qualifications, knowledge and experience** | **Specific areas in which advice will be asked for** | **Specific control activities which will be exercised by other people** |
|  |  |  |  |

## You have the necessary experience

Present an overview of the work experience you have acquired **over the last ten years[[10]](#footnote-11), as long as it is pertinent to the key function concerned.** Fill in one table per function.For each function, state your position in the hierarchy, your decision-making powers and your responsibilities.

If you have acquired experience in the financial sector, including in the IORP sector, fill in sections 3.2.3 and 3.2.4 on this subject.

**Make as many copies of the tables as necessary.**

### Current function

|  |  |
| --- | --- |
| **Name of the company** |  |
| **Sector** |  |
| **Job title** |  |
| **Number of subordinates** |  |
| **Description of the function** |  |
| **Start date (month and year)** |  |

### Previous functions

|  |  |
| --- | --- |
| **Name of the company** |  |
| **Sector** |  |
| **Job title** |  |
| **Number of subordinates** |  |
| **Description of the function** |  |
| **Start date (month and year)** |  |
| **End date (month and year)** |  |
| **Reason for departure** | New function in the company or in another company within the same group  Voluntary departure  Forced departure  Reason for the forced departure:  ………………………………………………………………………..  Expiry of the mandate |

### Current function in the financial sector

|  |  |
| --- | --- |
| **Job title** |  |
| **Name of the company or institution** |  |
| **Sector** | Institution for Occupational Retirement Provision (IORP)  Insurance company  Credit institution  Investment firm  UCI/AIF management company  Intermediary in banking and investment services  Insurance intermediary  Credit intermediary  Regulated real-estate company  Other: |
| **Number of subordinates** |  |
| **Description of the function** |  |
| **Start date (month and year)** |  |

### Previous functions in the financial sector

|  |  |
| --- | --- |
| **Job title** |  |
| **Name of the company or institution** |  |
| **Sector** | Institution for Occupational Retirement Provision (IORP)  Insurance company  Credit institution  Investment firm  UCI/AIF management company  Intermediary in banking and investment services  Insurance intermediary  Credit intermediary  Regulated real-estate company  Other: |
| **Number of subordinates** |  |
| **Description of the function** |  |
| **Start date (month and year)** |  |
| **End date (month and year)** |  |
| **Reason for departure** | New function in the company/institution or in another company within the same group  Voluntary departure  Forced departure  Reason for the forced departure:  ………………………………………………………………………  Expiry of the mandate |

# You have professional integrity

Below you will find a series of statements. We would like to know whether or not they apply to you.

If the statement is *entirely true* or *does not apply* to you, please confirm. If you like, you may provide additional explanations.

|  |  |
| --- | --- |
|  | **You must always provide additional information if you cannot confirm that a statement is *(entirely) true*.**  **To provide that information, please use the form “**[**Explanations regarding professional integrity**](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-03_en.docx)**” and attach it to this completed questionnaire.** The last column of the following table provides the reference to the applicable section of the explanatory document.  This does not necessarily mean that your application will be rejected. You will also need to provide additional information and explain the situation if *you are not sure* whether a statement entirely applies to you. |

## Do the following statements apply to you personally or to the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2?

**The answers to each of the following statements must relate to:**

1. you personally,

* either as an applicant or
* as a permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2, and

1. the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2.

**The statements relate to facts both in Belgium and abroad.**

| No. | Statement | Can you confirm that this statement is true or that it does not apply to you? | If you cannot confirm that this is (entirely) true, please explain in [annex 3](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-03_en.docx) why. |
| --- | --- | --- | --- |
| 4.1.1. | I am not currently an applicant for a regulated function in the financial sector at a company that is not under the FSMA’s supervision. | I can. | I cannot. I will provide an explanation in annex 3 (point 1 ‘financial supervision’). |
| 4.1.2. | I have never before been subjected to a fit & proper assessment by a supervisory authority in the financial sector other than the FSMA. | I can. | I cannot. I will provide an explanation in annex 3 (point 1 ‘financial supervision’). |
| 4.1.3. | I have never withdrawn an application to a regulated function in the financial sector at a company that is not under the FSMA’s supervision. | I can. | I cannot. I will provide an explanation in annex 3 (point 1 ‘financial supervision’). |
| 4.1.4. | I have never prematurely left a regulated function in the financial sector at a company that is not under the FSMA’s supervision. | I can. | I cannot. I will provide an explanation in annex 3 (point 1 ‘financial supervision’). |
| 4.1.5. | I have never been dismissed for serious misconduct as an employee. | I can. | I cannot. I will provide an explanation in annex 3 (point 6 ‘occupational activity’). |
| 4.1.6. | I have never, as a self-employed person, committed serious misconduct that led to the termination of a contract. | Yes. | I cannot. I will provide an explanation in annex 3 (point 6 ‘occupational activity’). |
| 4.1.7. | I have never been a party to an amicable settlement or legal proceedings concerning discharge of my personal debts. | I can. | I cannot. I will provide an explanation in annex 3 (point 7 ‘personal debts’). |
| 4.1.8. | I have not been placed on a list of defaulters (such as the Central Individual Credit Register of the NBB). | I can. | I cannot. I will provide an explanation in annex 3 (point 7 ‘personal debts’). |
| 4.1.9. | I have no interests in—and I am not the beneficiary of—a trust, a foundation, a trust office foundation or a comparable legal structure. | I can. | I cannot. I will provide an explanation in annex 3 (point 8 ‘fund management’). |

## Are the following statements true for you personally, for the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2 or for companies with which you or the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2 have/has links?

**The answers to each of the following statements must relate to:**

1. you personally,

* either as an applicant or
* as a permanent representative of the legal entity mentioned under subsections 2.2.2.1 and 2.2.2.2;

1. the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2; and
2. any company or institution with which you or the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2 have/has links because you or the legal entity/entities
   * are/is or have/has been a member of a management body or are/is a person who effectively run/s or have/has run this company of institution or have/has exercised a function as a key function holder (independent control function) or
   * exercise/s or have/has exercised control of this company.

For companies or institutions with which you or the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2 have/had links, only the facts dating from the period during which these links existed should be taken into account.

**The statements relate to facts both in Belgium and abroad.**

| No. | Statement | Can you confirm that this statement is true or that it does not apply to you? | If you cannot confirm that this is (entirely) true, please explain in [annex 3](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-03_en.docx) why. |
| --- | --- | --- | --- |
| 4.2.1. | I have never been party to an amicable settlement intended to put an end to a dispute relating to a potential breach of financial, (para)fiscal or labour legislation or relating to a potential criminal offence. | I can. | I cannot. I will provide an explanation in annex 3 (point 2 ‘amicable settlement’). |
| 4.2.2. | I am not involved in negotiations concerning an amicable settlement intended to put an end to a dispute relating to a potential breach of financial, (para)fiscal or labour legislation or relating to a potential criminal offence. | I can. | I cannot. I will provide an explanation in annex 3 (point 2 ‘amicable settlement’). |
| 4.2.3. | I have never been refused, suspended or struck-off from authorization, registration or listing by a supervisory authority in the financial sector other than the FSMA. | I can. | I cannot. I will provide an explanation in annex 3 (point 1 ‘financial supervision’). |
| 4.2.4. | I have never been involved as a suspect in criminal investigations or proceedings. | I can. | I cannot. I will provide an explanation in annex 3 (point 3 ‘criminal law’). |
| 4.2.5. | To my knowledge, there are currently no pending criminal investigations or proceedings against me. | I can. | I cannot. I will provide an explanation in annex 3 (point 3 ‘criminal law’). |
| 4.2.6. | I have never had a sanction (such as a fine or a tax increase) imposed by the tax authorities for a breach committed with the purpose of tax evasion or enabling tax evasion (for example, for deliberately failing to declare a foreign bank account to the Belgian tax authorities). | I can. | I cannot. I will provide an explanation in annex 3 (point 4 ‘tax law’). |
| 4.2.7. | I have never been fined or subjected to administrative or disciplinary measures imposed by an authority, a professional body or a supervisory authority in the financial sector other than the FSMA. | I can. | I cannot. I will provide an explanation in annex 3 (point 5 ‘administrative and disciplinary law’). |
| 4.2.8. | To my knowledge, there are currently no proceedings against me that may lead to the imposition of a penalty, or administrative or disciplinary measures by an authority, a professional body or a supervisory authority in the financial sector other than the FSMA. | I can. | I cannot. I will provide an explanation in annex 3 (point 5 ‘administrative and disciplinary law’). |
| 4.2.9. | No company of which I have exercised control or of which I was member of the management body has been declared bankrupt or has been subject to judicial reorganization. | I can. | I cannot. I will provide an explanation in annex 3 (point 9 ‘bankruptcy and judicial reorganization’). |
| 4.2.10. | To my knowledge, no bankruptcy or judicial reorganization proceedings are pendingagainst a company in which I exercise/have exercised control or of which I am/have been a member of the governing body. | I can. | I cannot. I will provide an explanation in annex 3 (point 9 ‘bankruptcy and judicial reorganization’). |

## Do you have knowledge of any other facts that could have an impact on your professional integrity?

If you have knowledge of facts other than those specified in the statements above, and which could reasonably be deemed pertinent to our assessment of your professional integrity or that of the legal entity/entities mentioned under subsection 2.2.2.1 or 2.2.2.2, please mention them here.

|  |  |
| --- | --- |
| **Other pertinent facts** |  |
| **Comments** |  |

# You are aware of the conflicts of interest that may arise

Conflicts of interest may adversely affect your capacity to exercise your function in an independent and objective way. You should therefore be conscious of conflicts of interest that could arise between you, the legal entity/entities mentioned under 2.2.2.1 and 2.2.2.2 and the IORP or its sponsoring undertaking/s.

Below you will find a series of statements. We would like to know whether or not they apply to you.

If the statement is *entirely true*, please confirm. If you like, you may provide additional explanations.

|  |  |
| --- | --- |
|  | **You must always provide additional information if you cannot confirm that a statement is *(entirely) true*.**  **To provide that information, please use the form “**[**Explanations regarding conflicts of interest**](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-04_en.docx)**” and attach it to this completed questionnaire.** The last column of the following table shows the reference to the applicable section of that explanatory document.  This does not necessarily mean that your application will be rejected. You will also need to provide additional information and explain the situation if *you are not sure* that a statement entirely applies to you. |

|  |  |
| --- | --- |
|  | **Please note!**  In the questions, **‘sponsoring undertaking/s’** should be understood to mean the **sponsoring undertaking itself as well as its parent undertaking and subsidiaries**.  Equally, the term **‘IORP’** also applies to the **subsidiaries of the IORP**. |

## Do the following statements apply to you personally or to the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2?

**The answers to each of the following statements must relate to:**

1. you personally,

* either as an applicant or
* as a permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2; and

1. the legal entity/entities mentioned under subsection 2.2.2.1 or 2.2.2.2.

| No. | Statement | Can you confirm that this statement is true or that it does not apply to you? | If you cannot confirm that this is (entirely) true, please explain in [annex 4](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-04_en.docx) why. |
| --- | --- | --- | --- |
| 5.1.1. | I am not a member of the IORP’s staff. | I can. | I cannot. I will provide an explanation in annex 4 (point 8 ‘combining functions’). |
| 5.1.2. | I am not   * a member of the management body of a sponsoring undertaking * a person who effectively runs a sponsoring undertaking * a key function holder (independent control function) in a sponsoring undertaking * a shareholder with a stake and significant influence in a sponsoring undertaking * a member of staff of a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 8 ‘combining functions’). |
| 5.1.3. | I do not have *personal links* with   * members of the IORP’s board of directors * members of other operational bodies of the IORP * key function holders (compliance, actuarial, risk management, internal audit) of the IORP. | I can. | I cannot. I will provide an explanation in annex 4 (point 1 ‘personal links’). |
| 5.1.4. | I do not have *personal links* with   * members of the management body of a sponsoring undertaking * persons who effectively run a sponsoring undertaking * key function holders (independent control function) in a sponsoring undertaking * shareholders with a stake and significant influence in a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 1 ‘personal links’). |
| 5.1.5. | I do not have *financial links* with   * members of the IORP’s board of directors * members of other operational bodies of the IORP * key function holders (compliance, actuarial, risk management, internal audit) of the IORP. | I can. | I cannot. I will provide an explanation in annex 4 (point 2 ‘financial links’). |
| 5.1.6. | I do not have *financial links* with   * members of the management body of a sponsoring undertaking * persons who effectively run a sponsoring undertaking * key function holders (independent control function) in a sponsoring undertaking * shareholders with a stake and significant influence in a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 2 ‘financial links’). |
| 5.1.7. | I do not have any debts to the IORP. | I can. | I cannot. I will provide an explanation in annex 4 (point 3 ‘debts’). |
| 5.1.8. | I do not have any debts to a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 3 ‘debts’). |
| 5.1.9. | I have no *shares* in a sponsoring undertaking and I do not represent any shareholders of a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 4 ‘shareholders’). |
| 5.1.10. | I am not   * a member of the management body, * a person who effectively runs the company, or * a member of staff   of the IORP’s depositary. | I can. | I cannot. I will provide an explanation in annex 4 (point 5 ‘links with depositary’). |
| 5.1.11 | I do not perform operational tasks or consultancy assignments for the IORP. | I can. | I cannot. I will provide an explanation in annex 4 (point 8 ‘combining functions’). |

## Are the following statements true for you personally, the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2, people with whom you co-habit or companies with which you or the legal entity/entities mentioned under subsection 2.2.2.1 or 2.2.2.2 have/has links?

**The answers to each of the following statements must relate to:**

1. you personally,

* either as an applicant or
* as a permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2;

1. the legal entity/entities mentioned under subsections 2.2.2.1 and 2.2.2.2;
2. all the people with whom you co-habit; and
3. any company or institution with which you or the legal entity/entities mentioned under subsection 2.2.2.1 or 2.2.2.2 have/has links because you or the said legal entity/entities:

* are/is or have/has been a member of the management body or are/is a person who effectively run/s or have/has run this company or institution or are/is or have/has exercised a function as a key function holder (independent control function);
* exercise/s or have/has exercised control of this company.

| No. | Statement | Can you confirm that this statement is true or that it does not apply to you? | If you cannot confirm that a statement is (entirely) true, please explain in [annex 4](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-04_en.docx) why. |
| --- | --- | --- | --- |
| 5.2.1. | I have had no business, professional or commercial relations with the IORP over the last two years. | I can. | I cannot. I will provide an explanation in annex 4 (point 6 ‘business relations’). |
| 5.2.2. | I have had no business, professional or commercial relations with a sponsoring undertaking of the IORP over the last two years. | I can. | I cannot. I will provide an explanation in annex 4 (point 6 ‘business relations’). |
| 5.2.3. | I am not involved in any legal proceedings lodged against the IORP. | I can. | I cannot. I will provide an explanation in annex 4 (point 7 ‘legal proceedings’). |
| 5.2.4. | I am not involved in any legal proceedings lodged against a sponsoring undertaking. | I can. | I cannot. I will provide an explanation in annex 4 (point 7 ‘legal proceedings’). |
| 5.2.5. | I am not   * a member of the management body, or * a person who effectively runs the company , or * a member of staff   of a service provider of the IORP, other than a sponsoring undertaking, to which important or critical functions (such as portfolio, actuarial or data management or accounting) have been outsourced. | I can. | I cannot. I will provide an explanation in annex 4 (point 9 ‘outsourcing). |

## 5.3. Do you have knowledge of any other aspects likely to be relevant in terms of conflicts of interest?

Here, please mention relations, functions or interests that are not covered in the statements above and that could reasonably be expected to give rise to a conflict of interest.

|  |  |
| --- | --- |
| **Other relevant relations, functions or interests.** |  |
| **Comments** |  |

# You are able to devote sufficient time to the key function

## How much time will you devote to the key function you are applying for?

Fill in the table below for each function for which you are applying (see question 2.3.1 above). If necessary, add lines to the table.

|  |  |
| --- | --- |
| **Function** | **Number of days per year you will devote to this function** |
|  |  |

## How much time do your other professional commitments take up?

Exercising the envisaged function within the IORP requires you to be able to devote sufficient time to it. It is therefore important for us to know if, in parallel with this function, you will pursue or take on another professional activity (at the IORP or at another company or institution). Add lines to the table if you exercise several other professional activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Country in which the company is established** | **Function** | **Number of days per year you devote to these other professional activities** |
|  |  |  |  |

**I declare that I am able to devote sufficient time to the key function for which I am applying, taking into account my other functions, both within the IORP itself and within other companies or institutions.**

|  |  |
| --- | --- |
|  | **Before signing:**   * Have you ticked the **mandatory statement in section 1**? * Have you provided **complete** and **truthful** answers to all the questions? * Have you completed and attached an **explanatory document** for all the statements concerning your **professional integrity** that you cannot confirm to be *(entirely) true*?   If so, have you attached the related **supporting evidence** (copy of judgments, etc.)?   * Have you completed and attached an **explanatory document** for all the statements concerning **conflicts of interest** that you cannot confirm to be *(entirely) true*? * Have you attached **proof of identity** (such as a legible copy of your ID card or your passport)? (*not required if you have already sent such a document to the FSMA and it is still valid).* * Have you attached a **copy of a model 596.1-14 criminal record extract[[11]](#footnote-12)**   + for **yourself**?   + and, if applicable, for **the legal entity mentioned under subsections 2.2.2.1 and 2.2.2.2**?   *(not required if you have already sent this document to the FSMA and if is no older than three months*)   * Do not forget to **sign** and **date** this questionnaire.   ***Please note !***  **You must immediately and of your own accord inform the IORP and the FSMA if the answers you have given here are no longer valid.** This obligation applies in particular if the information that has changed could have a significant negative impact on the appropriate expertise and professional integrity required from you. In this respect, please pay particular attention to the chapters on professional integrity, conflicts of interest and the time devoted to the function. The ‘[Notification of a change](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-07_en.docx)’ document may be used for this.  **Number of documents attached: ……………………………………** |

# Your signature

|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Surname** |  |
| **Signature** |  |

**Part B: You are the IORP that wishes to appoint the applicant to a key function**

# 1. You hereby agree to provide complete and truthful answers

|  |  |
| --- | --- |
|  | **I hereby agree to provide complete and truthful answers.**  I am aware that withholding or falsifying any relevant information may have a negative impact on the FSMA’s assessment of the professional integrity and appropriate expertise of the applicant. |
|  | **Without the above statement, this document is void**. Please **always** tick the box. This will avoid unnecessary delay in processing your application. |

# 2. Who will the applicant replace?

|  |  |
| --- | --- |
| **Name**  *In the case of a natural person*: surname and first name  *In the case of a legal entity:* company name, and surname and first name of the permanent representative |  |
| **End date of the mandate²** | Click or tap to enter a date. |
| **Details as to the circumstances of the departure** |  |

*Please do not forget to also fill in the form ‘*[*Notification of termination of a mandate*](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-08_en.docx)*’ for the person leaving the IORP.*

# 3. Your signature

***You confirm to the FSMA that***

the answers to the questions in part B are truthful and complete;

the IORP has, with due diligence, verified that the responses provided in part A of the present questionnaire were accurate and complete;

the copy of the criminal record extract attached to part A is not older than three months at the time the file is submitted to the FSMA;

the IORP considers, based on a careful and reasonable evaluation, that the applicant possesses appropriate expertise and professional integrity, taking into account the extent to which other people are called on for advice or to exercise specific control activities.

|  |  |
| --- | --- |
|  | ***Please note!***  **The IORP must immediately and of its own accord inform the FSMA if the answers given in the present questionnaire are no longer valid.**  This obligation applies in particular if the change to the information provided could have a significant negative impact on the appropriate expertise and professional integrity of the applicant. In this respect, please pay particular attention to the chapters on professional integrity, conflicts of interest and the time devoted to the function. The ‘[Notification of a change](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-07_en.docx)’ document may be used for this.  **Please do not forget to inform the FSMA immediately of any terminations of mandates of a member of an operational body.** The ‘[Notification of termination of a mandate](https://www.fsma.be/sites/default/files/media/files/2024-06/fsma_2024_06-08_en.docx)’ document may be used for this. |

|  |  |
| --- | --- |
| **Date** | Click or tap to enter a date. |
| **Surname** |  |
| **Role** |  |
| **Signature** |  |

1. If you do not have a Belgian national ID number, you must state your date of birth. [↑](#footnote-ref-2)
2. Foreign legal entities must provide an equivalent national company number. [↑](#footnote-ref-3)
3. Foreign legal entities must provide an equivalent national company number. [↑](#footnote-ref-4)
4. If you do not have a Belgian national ID number, you must state your date of birth. [↑](#footnote-ref-5)
5. We refer here only to the situation where both you and the other person are appointed as holder of the key function concerned and you jointly bear the responsibilities associated with the function. [↑](#footnote-ref-6)
6. Acting as a natural person in my personal capacity or as permanent representative of the legal entity mentioned under subsection 2.2.2.1 or 2.2.2.2. [↑](#footnote-ref-7)
7. Through a permanent representative other than myself. [↑](#footnote-ref-8)
8. Through a permanent representative other than myself. [↑](#footnote-ref-9)
9. Your colleagues, members of your team, a service provider or a personal advisor. [↑](#footnote-ref-10)
10. If your *only* relevant work experience dates back more than 10 years, please include it in the table. [↑](#footnote-ref-11)
11. In the absence of a specific model for IORPs, model no. 14 for credit institutions is sufficient, since the LIRP refers to the applicable rules for credit institutions with regard to the professional integrity requirement (Art. 77, § 1, 2°). [↑](#footnote-ref-12)