



9. ID TYPE

- Driver's Licence
- Passport
- National Identification Card

ID #: \_\_\_\_\_

10. OCCUPATION: \_\_\_\_\_

11. RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. MAILING ADDRESS, IF DIFFERENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. CONTACT NUMBER: [H] \_\_\_\_\_ [C] \_\_\_\_\_ [B] \_\_\_\_\_

15. E-MAIL ADDRESS: \_\_\_\_\_

16.

**IF YOU ARE NOT A JAMAICAN, COMPLETE THE FOLLOWING:**

VISA TYPE AND NO:

\_\_\_\_\_

PASSPORT TYPE AND NO:

\_\_\_\_\_

ALIEN IDENTIFICATION NO \_\_\_\_\_

WORK PERMIT NO: \_\_\_\_\_

17. MARITAL STATUS:

Married  Divorced  Separated

Widowed  Single

**SPOUSE**

18. SURNAME FIRST NAME: MIDDLE NAME  
\_\_\_\_\_

19. PLACE OF BIRTH: \_\_\_\_\_

20. NATIONALITY: \_\_\_\_\_

21. IF NATURALIZED CITIZEN, INDICATE DATE OF NATURALIZATION AND CERTIFICATE NO.  
\_\_\_\_\_

22. OCCUPATION: \_\_\_\_\_

23. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. CONTACT NUMBER: [H] \_\_\_\_\_ [C] \_\_\_\_\_ [B] \_\_\_\_\_

26. E-MAIL ADDRESS: \_\_\_\_\_

27. NO OF DEPENDENTS:	AGE(S)	RELATIONSHIP(S)

28. Do you have any health condition, which may cause infirmity of body or mind and render you incapable of discharging the functions of a governing board member?

Yes [ ] No [ ]

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Have you ever been in the leadership of an organization that has filed for bankruptcy?

Yes  No  If yes, state date(s), place(s), if pending, give details of the circumstances and if not pending, how the matter was resolved:

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30. Have you ever been in the leadership of any organization ordered to cease and desist operations?

Yes  No  If yes, then state date(s), place(s) & reason(s):

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31. Have you at any time been convicted of an offence involving dishonesty whether in Jamaica or elsewhere? Yes  No

32. If convicted provide details: [date of conviction, full particulars of the offence and penalty imposed]:

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33. Have you ever been sued in your personal capacity or against any organization, or any other business undertaking to which you are connected as a partner, director or manager? Yes  No .

If pending, give details of the circumstances and if not pending state how the matter was resolved.

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34. Have you ever been the subject of investigation/disciplinary procedures, censured, or disciplined or publicly criticized by any professional body to which you belong or have belonged whether in Jamaica or elsewhere?

Yes  No  If so, give particulars:

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35. Have you ever been dismissed or requested to resign from any office or employment; as a result of engaging in any business practice appearing to be deceitful, oppressive or otherwise improper business whether in Jamaica or elsewhere?

Yes [ ] No [ ] If so, give particulars:

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36. Have you ever been refused entry to any professional vocation or been the subject of an investigation/disciplinary procedure by any professional body?

Yes [ ] No [ ] If yes, give particulars:

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37. Have you ever been disqualified by a court or by virtue of any statutory enactment from being a director or acting in the management or conduct of the affairs of any Organization for the protection of the public against financial loss or any other reason?

Yes [ ] No [ ] If yes, give particulars:

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38. In connection with the formation or management of any partnership, business undertaking or corporation, have you been adjudged by a Court civilly or criminally liable for any fraud, misfeasance or other misconduct towards that corporation, or any member or customer thereof whether in Jamaica or elsewhere?

Yes [ ] No [ ] If so, give particulars:

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39. Have you ever been convicted of an offence under any Tax Laws in Jamaica or elsewhere?

Yes [ ] No [ ]

If yes, give particulars:

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40. Is the organization within which you hold a governance position tax compliant?

Yes [ ] No [ ] If no, give details:

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41. Organization(s) in which you provided voluntary service within the last five (5) years to include serving on the Board of any Charities (registered or otherwise):

DATE		NAME OF GROUP	NATURE OF MAIN BUSINESS	POSITION HELD
From	To			



42. Commercial or other organization(s) in which you and your immediate family have a business association or interest:

DATE JOINED	NAME OF COMPANY / ORGANIZATION	ADDRESS	NATURE OF MAIN BUSINESS	NATURE OF INTEREST [Position / % Shares]

43. Do you, at all times while acting in your capacity as a Director or Trustee of the Organization undertake to:

a. Act in good faith towards the Organization?

Yes [ ] No [ ]

b. Avoid conflict of interest between your other interests and the interests of the Organization?

Yes [ ] No [ ]

44. Have you acquainted yourself with and do you understand the rights and powers, as well as your responsibilities and duties as a Director/Trustee of the Organization as outlined in section 29 of the Charities Act, 2013?

Yes [ ] No [ ]

45.EMERGENCY CONTACT:

Name \_\_\_\_\_ M [ ] F [ ]

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

TRN: \_\_\_\_\_

**DECLARATION**

*I, \_\_\_\_\_, declare that this questionnaire and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the revocation of my appointment as a Governing Board Member of the Charitable Organization for which this questionnaire is being completed. I further UNDERTAKE, that as long as I am a Governing Board Member, I will notify the Charities Authority in writing or by electronic format of any material change in the accuracy of any information furnished or required to be furnished, no later than fourteen (14) days from the date that the change comes to my attention.*

*I make this solemn declaration conscientiously believing the same to be true and by virtue of the provision of the Voluntary Declaration Act. I hereby authorize the Charities Authority, or its duly authorized representative, to validate the accuracy of the information provided in connection with this fit and proper questionnaire.*

Dated the \_\_\_\_\_ day of \_\_\_\_\_ Year  
Date Month

Signed by the said  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) \_\_\_\_\_  
Name of Applicant Signature

in the presence of:  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) \_\_\_\_\_  
Justice of the Peace/Attorney-at-Law Signature