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|  | **DECLARATION OF INTEGRITY AND TRUSTWORTHINESS OF THE MEMBERS OF THE ADMINISTRATIVE COMMITTEE OF OCCUPATIONAL RETIREMENT BENEFITS FUNDS**[[1]](#endnote-2) | | | | |
|  | To be completed by virtue of the provisions of the Directive on Integrity, Qualifications and Experience of the Members of the Administrative Committee of Occupational Retirement Benefit Funds No. 1/2010. | | | | |
|  | Please use CAPITAL LETTERS. Use √ where appropriate. | | | | |
|  | **PART Α**[[2]](#endnote-3) | | | | |
| 1. | **FUND INFORMATION** | | | | |
| 1.1 | Name of Fund: …………………………………………………………………………………………………….……… | | | | |
| 1.2 | Registration Number of Fund: ……………………………………………………………………….……………………. | | | | |
|  | **PART Β** | | | | |
| 2. | **PERSONAL INFORMATION** | | | | |
|  | Complete the personal details of the members of the Administrative Committee. | | | | |
| 2.1 | Name and Surname: ………………………….…………………………………………………….…………………..... | | | | |
| 2.2 | ID Number or Passport Number: ………………………………………………..……………………………………… | | | | |
| 2.3 | Date of birth: ……………………………. | | | | |
| 2.4 | Date of election/appointment of the member to the Administrative Committee: …………………………. | | | | |
| 2.5 | Contact details. | | | | |
|  | Home Address: …………………………………………………………………………………………….…………….. | | | | |
|  | Home Tel. number: ………………………………………………. | Mobile number: ………….……………………… | | | |
|  | Work Tel. number: …………………………………………… | Fax number: ………………………….………….. | | | |
|  | E-mail: ……………………………………………………………..……………………………………….…………… | | | | |
|  | **PART C** | | | | |
| 3. | **INTEGRITY AND TRUSTWORTHINESS**[[3]](#endnote-4) | | | | |
|  | **If you answer YES to any of the below, please provide supporting clarifications in a separate document noting the number of the relevant question.** | | | | |
| 3.1 | Have you ever been convicted or have charges or any investigation proceedings pending against you regarding your professional conduct or offenses or violations involving malice, fraud, theft, embezzlement or money laundering in Cyprus or abroad? | | | **YES** | **NO** |
| 3.2 | Have you ever been convicted or have charges or any investigation proceedings pending against you for offenses or violations relating to misuse of confidential information and/or false statements during the provision of information required by application of the Law? | | | **YES** | **NO** |
| 3.3 | Have you ever been declared bankrupt or under liquidation and/or have any bankruptcy or liquidation procedures been brought against you? | | | **YES** | **NO** |
| 3.4 | Have you ever been banned or suspended in Cyprus or abroad from the right of exercising any activity relating to the management of pension funds, such as investing? | | | **YES** | **NO** |
| 3.5 | Have you ever been an active participant in cases (include any currently pending cases) which were the object of administrative or disciplinary control or been imposed to any administrative or disciplinary penalties from any former employers or professional associations and clubs, in Cyprus or abroad for: | | | | |
|  | * Serious administrative or disciplinary offenses? | | | **YES** | **NO** |
|  | * Improper performance on any of the duties assigned to you? | | | **YES** | **NO** |
|  | * Violations of any internal rules of operation of the company/organization or breach of the code of ethics and professional conduct? | | | **YES** | **NO** |
| 3.6 | Have you ever been directly or indirectly professionally involved or held a position in an investment management company, an investment services company, a banking institution, a cooperative credit institution or any other financial institution? | | | **YES** | **NO** |
| 3.7 | Is there any additional information or clarification/s (positive or negative) which you consider necessary for the evaluation of your integrity and trustworthiness? | | | **YES** | **NO** |
| 4. | **DECLARATION** | | | | |
|  | I ……………………………………………….…….. with ID number: ………………….. hereby submit the above declaration and I affirm in full awareness of the consequences of the Law that, in accordance to my knowledge and the information in my possession, the particulars contained in this document are true, correct, accurate and fully updated, and thus I undertake the responsibility to immediately notify the Supervisory Authority of any change in relation to the information provided above and notify the above mentioned authority for any other relevant information which may come to my knowledge after the signing date of the present declaration. I hereby authorise the Supervisory Authority to request from competent bodies/associations, any necessary information for the confirmation of the above mentioned particulars contained in the present declaration completed in accordance to the Directive on Integrity, Qualifications and Experience of the Members of the Administrative Committee of Occupational Retirement Benefit Funds No. 1/2010. | | | | |
|  | Signature: .…..…………….…………………………… | | Date: ……………………………….…………. | | |
|  | Supervisory Authority  Ministry of Labour and Social Insurance  Vironos Avenue 7, 1465 Nicosia  Telephone: 22-401678/827 - Fax:22-401674  Website: <http://www.mlsi.gov.cy/sid> | | | | |
|  | **In the case of a positive answer to a question in Part C, please provide supporting clarification:**  ………………………………………………………………………………………………………………………………. | | | | |

**Personal Data**

Update based on Chapter II of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and the abolition of Directive 95/46/EC (General Data Protection Regulation).

The personal data concerning a natural person of an applicant or an employer financing the Fund and declared in the application, will be kept on file and will be subject to legal processing in the sense of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27 2016 as applicable, by the Controller which is the Ministry of Labor and Social Insurance/Commissioner of Institutions for Occupational Pensions.

The Personal data contained in the records held by the Ministry of Labor and Social Insurance/Commissioner of Occupational Pensions may be shared or transmitted between the government agencies involved.

The management and processing of the personal data of natural persons will be done securely and confidentially and will be subject to the relevant provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016. I am also informed that, among other things, I have the rights to update, access, correct and delete personal data concerning me, as referred to in articles 13, 14, 15, 16, 17, 18 and 19 of Regulation (EU) 2016 /679 of the European Parliament and of the Council of April 27, 2016, for which the natural person can contact the Controller, which is the Ministry of Labor and Social Insurance / Superintendent of Institutions for Occupational Pension Benefits.

INFORMATION FOR COMPLETING THE DECLARATION OF INTEGRITY AND TRUSTWORTHINESS OF MEMBERS OF THE ADMINISTRATIVE COMMITTEE OF OCCUPATIONAL RETIREMENT BENEFIT FUNDS.

1. The declaration of integrity and trustworthiness of the members of the Administrative Committee of Occupational Retirement Benefit Funds, should be completed separately by each member of the committee (a copy of each page should be made) prior to his/her first participation in a meeting of the Fund’s Administrative Committee. [↑](#endnote-ref-2)
2. The information relating to the Fund, in Part A, should be completed exactly as stated on the certificate of registration of the Fund. [↑](#endnote-ref-3)
3. If any of the questions in Part C is answered positively, the Supervisory Authority will assess the relevant information and respond to the member of the committee within 20 working days from the receipt of the declaration. For this purpose the Authority may require the submission of further data and/or information in order to ensure the accuracy and validity of the information given to it. It should be noted that the Authority will respond to the members of the management committees only for the above mentioned reasons. It is provided that the aforementioned member should not participate in any of the meetings of the administrative committee before receiving the written reply of the Supervisory Authority. [↑](#endnote-ref-4)