



DIRECTOR – APPLICATION FORM

This application form is required to be completed by a Member of the Jersey Mutual Insurance Society ('the Society') who wishes to apply to become a Director of the Society.

1. BASIC IDENTIFICATION DETAILS			
JMIS Member No:		Policy No:	
Title:			
Forename:			
Surname:			
Previous names/alias:			
Residential Address:			
Post Code:			
Home Telephone Number:			
Mobile Telephone Number:			
Email Address:			
Social Security Number:			
Date of Birth:		Place of Birth:	
Are you considered a 'Politically Exposed Person' ¹ ?			Yes No
If 'yes', please provide details of your position/former position:			
2. GENERAL DETAILS			
Do you have any professional qualification that would be considered relevant to the job role?	Yes	No	<i>If 'Yes', please provide details:</i>
Are you able to commit to the hours required to carry out the job role?	Yes	No	<i>If 'No', please provide details:</i>

¹ An individual (or immediate family member of) who is or has been entrusted with a prominent public function, including but not limited to: heads of government, senior politicians; senior government, judicial or military officials; senior executives of government owned entities; important political party officials



<p>How does your work history reflect the attitude and experience required to carry out the job role?</p>	<p><i>Please provide a brief summary:</i></p>
<p>Have you ever worked in a Director or Senior Management role previously?</p>	<p>Yes No</p> <p><i>If 'no', taking into account your previous work experience, are there any concerns or doubts that you may not be able to perform to the level that would be expected from carrying out this role?</i></p>
<p>3. REGULATORY HISTORY & KNOWLEDGE</p>	
<p>Have you ever worked in a regulatory environment?</p>	<p>Yes No</p> <p><i>If 'no', would you have difficulty in working within a disciplined working environment and the expectations of the Jersey Financial Services Commission?</i></p>
<p>Have you ever held 'Principal Person' status with the Jersey Financial Services Commission² or equivalent in any other jurisdiction?</p>	<p>Yes No</p> <p><i>If 'Yes', please provide details:</i></p>
<p>Are you familiar with the local regulatory requirements the Society operates under, including its obligations to comply with legislation applicable to financial services, data protection, financial crime and company law?</p>	<p>Yes No</p> <p><i>If 'No', are you comfortable to undertake additional training as may be required?</i></p>
<p>4. INTEGRITY</p>	
<p>Have you ever been convicted of any offence (other than those deemed as 'spent' under the Rehabilitation of Offenders (Jersey) Law 2001 or minor traffic offences)?</p>	<p>Yes No</p> <p><i>If 'Yes', please provide details:</i></p>

²Please note – Persons to whom the offer of appointment as Director is made will be required to apply for 'Principal Person' status with the Jersey Financial Services Commission, whom must provide no objection. The application is submitted via an online Personal Questionnaire submitted to them confidentially, however assistance can be provided by the Compliance function to ensure all relevant information is duly noted and completed as required. The application may include enquiries with external agencies to determine your integrity and financial standing.



Have you ever been convicted (or currently being investigated) of an offence involving fraud, theft, false accounting, serious tax offences or other dishonesty?	Yes No <i>If 'Yes', please provide details:</i>
Are you currently the subject of any ongoing criminal investigation or inquiry which the Society should be aware of?	Yes No <i>If 'Yes', please provide details:</i>
Have you ever been disqualified from acting as a director or controller, or from acting in the management or conduct of affairs for any legal person or arrangement?	Yes No <i>If 'Yes', please provide details:</i>
Have you ever been censured, disciplined or criticised (privately or publicly) by or at the instigation of any professional body, government department or other regulatory authority?	Yes No <i>If 'Yes', please provide details:</i>

DECLARATION

I confirm that I wish to be considered for appointment as a Director of the Jersey Mutual Insurance Society for the period 25 December [202x] to 24 December [202x] inclusive and confirm that the information contained within this form is true and complete³.

I further acknowledge, that should my application be approved and a contract of service offered to me by the Society, I will provide the documentation required to verify my identity, and understand that the Society may, upon review of this application, require further disclosure of information prior to my appointment.

Signed:

Date:

PRINT FULL NAME:

³ Please include any further details you feel are relevant to your application on the 'Additional Remarks' page.



ADDITIONAL REMARKS