

# **FIT & PROPER REQUIREMENTS**

## **INSTITUTE OF CHARTERED ACCOUNTANTS OF NAMIBIA**

### **ICAN MEMBERSHIP**

**To be completed by all persons who wish to apply for registration or readmission as ICAN members.**

#### **SECTION A: PERSONAL INFORMATION**

Full name(s): \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Current Nationality: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Identification number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Mobile number: \_\_\_\_\_

## **SECTION B: FIT & PROPER ASSESSMENT**

Please answer the question below by ticking the relevant box. If the answer to any of your questions is yes, please provide full details on a separate page.

		<b><u>YES</u></b>	<b><u>NO</u></b>
1	Has any finding been made against you within a period of 5 years preceding the date of application in any civil or criminal proceedings by a court of law (whether in Namibia or elsewhere) in which they were found to have acted fraudulently, dishonestly, unprofessionally, dishonourably, or in breach of a fiduciary duty?		
2	Have you been found guilty by any court of law, professional, regulatory, supervisory or financial services industry (whether in Namibia or elsewhere) of an act of theft, fraud, forgery, perjury, dishonesty, negligence, incompetence or mismanagement of an offence under any law on corruption or any offence involving dishonesty within a period of 5 years preceding the date of this application?		
3	Have you within a period of 5 years preceding the date of this application been denied membership of any professional, regulatory, supervisory or financial services industry (whether in Namibia or elsewhere) on account of an act of dishonesty, negligence, incompetence or mismanagement?		
4	Have you been subject to any disciplinary or investigation proceedings by any regulatory authority (whether in Namibia or elsewhere), professional body, government body or agency body due to theft, fraud, forgery, perjury, dishonesty, negligence, incompetence or mismanagement?		
5	Have you ever been declared mentally unfit or incapable of entering into a valid contract by a competent court?		
6	Have you within a period of 5 years preceding the date of this application been dismissed or voluntarily resigned from office on account of misconduct relating to fraud or the misappropriation of money, whether in Namibia or elsewhere?		
7	Have you within a period of 5 years preceding the date of this application been de-registered in terms of public regulation as per the <b>Companies Act 28 of 2004</b> or the <b>Close Corporations Act 26 of 1988</b> , or any other relevant legislation?		
8	Has your estate ever been sequestrated within a period of 5 years preceding the date of this application?		

9	Have you ever been convicted of an offence or found to be liable or are you currently subject to an investigation under the <b>Financial Intelligence Act No. 13 of 2012</b> (FIA) and/or the <b>Prevention of Organised Crime Act No. 29 of 2004</b> (POCA) and/or the <b>Combating of Financing of Terrorist Act, Act no. 12 of 2012</b> and/or any similar crime in any other country?		
10	Do you have any additional information, which should be brought to the Institute's attention, which may have an impact on the evaluation, by the Institute of your good character and integrity?		

## **DECLARATION**

I, \_\_\_\_\_ (full names) hereby declare the following:

- The contents of this declaration are true and correct to the best of my knowledge and belief.
- I undertake to notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Institute of Chartered Accountants of Namibia as soon as possible, but in any event no later than 30 days from the day that the changes came to my attention.
- I know and understand the content of this declaration.
- I do not have objections to take the prescribed oath. I consider the prescribed oath to be binding on my conscience.

\_\_\_\_\_  
**Signature of Deponent**

**THUS SIGNED AND SWORN** before me at \_\_\_\_\_ on the  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ the Deponent  
having declared that he/she knows the contents of this Affidavit, that is true and correct , that  
he/she has no objection to taking the oath, that he/she considers the oath to be binding on  
his/her conscience.

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**COMMISSIONER OF OATHS**

**FULL NAMES:**

**CAPACITY:**

**ADDRESS:**