

Cagayan Economic Zone Authority

PERSONAL PROBITY FORM

(STRICTLY CONFIDENTIAL)

This form is to be completed to enable suitability checks to be performed in connection with the conduct, ownership, management, or administration of a business licensed under the Offshore Virtual Currency Exchange.

Data Privacy Statement

Pursuant to the Data Privacy Act of 2012, the Cagayan Economic Zone Authority (**CEZA**) hereby informs you that the following information is being gathered for the purpose of your application for a CEZA offshore virtual exchange enterprise registration. Any and all information you may provide will be processed for such purpose and be administered by the CEZA and its authorized service providers. The processing of your data shall be done under strict confidence in data centers authorized by the CEZA. You are reminded that you have the right to correct or update your information. Should you object to the processing your data, please inform the CEZA and measures shall be taken to prevent further processing and transfer such information back to you as the data subject. The suspension of the processing of your data, however, may affect your application for CEZA registration.

By submitting any and all application requirements to the CEZA or its authorized representatives, you agree to the processing of your information as discussed above.

Signature: _____

CEZA PROBITY FORM (PERSONAL)

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PART 1
PERSONAL & PROFESSIONAL INFORMATION

GENERAL PERSONAL INFORMATION			
Surname		Given Name	
Alias or Nicknames		Middle Name	
Present Residential Address			
Company/Business Name			
Present Business Address			
Occupation		Email	
Tel. No.		Mobile No.	
Date of Birth		Place of Birth (City, Country)	
Citizenship (if naturalized in the Philippines, indicate Date and Certificate No.)		Distinguishing Marks	
Sex	___ Male ___ Female	Eye Color	
Height (cm)		Hair Color	
Weight (kg)		Complexion	

RESIDENTIAL DETAILS FOR THE LAST FIVE (5) YEARS		
Complete Address	Period (Month & Year)	
	From	To

Are you a registered voter or registered in an electoral roll? If yes, please provide for details below:	___ Yes	___ No
Electoral District	Electoral ID No.	If no, state reason:

Are you a holder of a valid Driver's License? If yes, please provide for details below:	___ Yes	___ No
License No.	Date and Place of Issue	Date of Expiry

Are you a holder of a valid Passport? If yes, please provide for details below:	___ Yes	___ No
Country and Passport No.	Date and Place of Issue	Date of Expiry

Signature: _____

EDUCATION				
Educational Institution Attended	Course	Period of Study	Date Graduated	Honors

PROFESSIONAL LICENSE(S)			
Nature of License and License No.	Issuing Authority	Date of Grant	Date of Renewal or Expiry

Do you belong to any professional body, association, or institute? If yes, please provide for details below:			___ Yes	___ No
Name of Association	Position	Member Since	Status	

Have you ever been investigated or disciplined by a professional body, association, or institute? If yes, please provide for details below:		___ Yes	___ No
Nature of Case	Case No., Venue, and Date of Filing	Case Status	

Have you ever served in any Armed Forces? If yes, please provide for details below:			___ Yes	___ No
Country	Branch or Arm of Service	Rank at Discharge		
Serial Number	Date of Entry	Date of Discharge		

While in the armed forces, were you ever investigated on, arrested for, or dismissed? If yes, please provide details below:		___ Yes	___ No
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Signature: _____

Nature of the Case	Venue and Date	Penalty or Procedure

FAMILY PARTICULARS (Details of deceased persons are respectfully requested. Kindly indicate if deceased, with a + symbol)

Are you married? If yes, please provide for details below:	___ Yes	___ No
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SPOUSE'S INFORMATION			
Surname		Given Name	
Alias or Nicknames		Middle Name	
Date of Marriage		Place of Marriage	
Present Residential Address			
Company/Business Name			
Present Business Address			
Occupation		Email	
Tel. No.		Mobile No.	
Date of Birth		Place of Birth (City, Country)	
Citizenship (if naturalized in the Philippines, indicate Date and Certificate No.)		Sex	___ Male ___ Female
Highest Educational Attainment	Educational Institution		
	Course		
	Period of Study		
	Year of Graduation		
Professional License	Nature of License and License No.		
	Issuing Authority		
	Date of Grant		
	Date of Renewal or Expiry		

FATHER			
Surname	Given Name	Date of Birth	Occupation
MOTHER			
Surname	Given Name	Date of Birth	Occupation

Signature: _____

SIBLINGS			
Surname	Given Name	Date of Birth	Occupation
CHILDREN			
Surname	Given Name	Date of Birth	Occupation

Signature: _____

PART 2
LEGAL AND REGULATORY INFORMATION

Have you, your spouse, or children applied for a firearm license and/or permit to carry outside residence? If yes, please provide for details below:		___ Yes	___ No
Name of Applicant	Date and Place of Application	Reason for Ownership	License No.

Have you ever been convicted for the commission of a crime or violation of a law?	___ Yes	___ No
Have you ever been investigated on by a law enforcement agency?	___ Yes	___ No
Have you ever been charged with the commission of a crime or violation of law?	___ Yes	___ No
Have you ever been arrested for the alleged commission of a crime or offense?	___ Yes	___ No
Have you ever been the subject of a temporary restraining order or protection order?	___ Yes	___ No
Have you ever been subjected to the cancellation or suspension of your driver's license?	___ Yes	___ No

(If your answer to any of the foregoing questions is yes, please attach the relevant documents for details.)

Have you ever been a party to a civil or labor relations lawsuit or are you aware of any such action against you that may be pending? If yes, please provide for details below:		___ Yes	___ No
Nature of Case	Case No., Venue, and Date of Filing	Case Status	

Have you ever had a final judgment held against you in court or in any administrative tribunal? If yes, please provide for details below:		___ Yes	___ No
Nature of Case	Case No., Venue, and Date of Filing	Case Status	

Signature: _____

Have you ever been dismissed or asked to resign from any employment or corporate position? If yes, please provide for details below:		___ Yes	___ No
Employer or Company and Address	Date	Reason	

PART 3
FINANCIAL INFORMATION

Have you ever become bankrupt, insolvent, or undergone any form of liquidation or debt restructuring? If yes, please provide for details below:		___ Yes	___ No
Nature of Case or Proceeding	Case No., Venue, and Date of Filing	Case Status	

Have you ever been involved in a company that was bankrupt, insolvent, or undergone any form of liquidation or debt restructuring? If yes, please provide for details below:		___ Yes	___ No
Name of Company	Nature of Case or Proceeding	Case Status	

Has your salary, wage, earnings, or other income ever been subject to garnishment order, attachment, or the like? If yes, please provide for details below:		___ Yes	___ No
Nature of Case or Proceeding	Case No., Venue, and Date of Filing	Case Status	

Have you ever had an article of ownership repossessed by a finance company or the like? If yes, please provide for details below:		___ Yes	___ No
Nature of Case or Proceeding	Venue, and Date of Filing	Case Status	

Signature: _____

Have you ever been in default with any of your tax liabilities or submissions? If yes, please provide for details below:		___ Yes	___ No
Nature of Liability	Venue and Period	Status	
Are you involved in any family trust agreement or any other form of trust? If yes, please provide for details below:		___ Yes	___ No
Trust	Relationship	Status	

Is there a company in which you have a controlling interest? A controlling interest is greater than fifty percent (50%) shareholding or representation on the Company Board? If yes, please provide for details below:			___ Yes	___ No
Name of Company	No. of Shares	Amount	% of Ownership	

Signature: _____

PART 4
BLOCKCHAIN AND CRYPTOCURRENCY ACTIVITIES

Prior to this date have you been associated with the ownership, administration, or management of: (i) offshore virtual exchange operations (OVCE); (ii) cryptocurrency business; (iii) blockchain production. If yes, please provide details below:		___ Yes	___ No
Nature of Operation or Involvement	Position	Description and Period of Involvement	

Have you been subject to a probity investigation by this or any other jurisdiction. If yes, please provide details below:		___ Yes	___ No
Regulator and Jurisdiction	Name of Probity Checker	Feedback Received, if any.	

List below all licenses, certificates, or approvals, obtained, Offshore Virtual Exchange-related or otherwise, whether issued in this State or elsewhere. Include any license or certificate, which has been cancelled, suspended, or had conditions attached. Explain the reason for any cancellation or suspension and the nature of any attached condition on an attachment page.

Type of License	License No.	Date and Place of Issue	Date of Expiry	Status

Signature: _____

PART 5
STATEMENT OF ASSETS AND LIABILITIES

ASSETS
(as of the period ending, 2021)

Assets	Value (USD)
TOTAL (USD)	

LIABILITIES
(as of the period ending, 2021)

Liabilities	Value (USD)
TOTAL (USD)	

Total Net Worth (Total Assets less Total Liabilities)	
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Note 1. Describe fully. Indicate secured and unsecured liabilities.
Note 2. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value.

Signature: _____

PART 6
SUMMARY OF DIRECTORSHIPS AND OTHER BUSINESSES

Name of Company	Address	Position	Nature of Business	Period of Appointment as Director or Officer (Month, Year)

PART 7
INFLUENCES, CONFLICT OF INTEREST, AND DISQUALIFIED PERSONS

The Cagayan Economic Zone Authority (**CEZA**) must be advised of any matter, which could be seen as having a potential undue or improper influence on the conduct or outcome of a probity investigation or the consideration of an application for a license. Disclosures must also be made of persons with a potential conflict of interest or who may be classified as disqualified persons.

Are you a spouse, child, or relative of:			
a) An elected/appointed functionary of the Philippine Government (whether Executive, Legislative, Judiciary, or Constitutional Commission); b) a staff member of a Member of the Philippines Government (whether Executive, Legislative, Judiciary, Constitutional Commission, or Local Government Unit); c) a staff member of the Philippines Public Service; or d) a Philippine Government Representative.		___ Yes	___ No
Name of Person Associated with Applicant	Position	Degree of Relationship	

Have you, or any of your associates, or employees, been involved in any lobbying, meetings, discussions, or negotiations with any CEZA official in regard to this probity investigation or, if applicable, this or any other application for an OVCE license?	___ Yes	___ No
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Signature: _____

If yes, please provide details of the official's name, name of persons acting on behalf of the company, and the date and nature of any lobbying, meeting, discussion, or negotiations held.		
Name of Person Acting on Behalf of Applicant	Name of Official and Designation	Date and Nature of Meetings

AUTHORITY FOR RELEASE OF INFORMATION BY THE INDIVIDUAL

I, _____, a citizen of _____, with residential address at _____, do hereby:

1. Acknowledge that, for the purpose of a probity clearance, I authorize Cagayan Economic Zone Authority (**CEZA**) and its accredited probity checker to make investigations about me for the purposes of determining my suitability for the purposes of Licensing under the Fintech/Offshore Virtual Currency Exchange (OVCE).

2. Authorize CEZA, its accredited probity checker, and any person conducting any investigations or enquiries on behalf of CEZA and the accredited probity checker for the purposes of the OVE, including any director, officer, personnel, consultant, or service provider, of the "**Regulator**" (collectively the "**Authorized Persons**"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the OVE, in any jurisdiction.

3. authorize officers of the "Regulator" or the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this Authority is presented to allow any Authorized Person to inspect and obtain copies of, or to release to any Authorized Person, any record, document, or other information of any kind in written, electronic or any other form, which relates to me and is held by the Government, bank, or financial institution.

4. authorize any officer of any police service, law enforcement agency, or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to any Authorized Person any information or official record of any kind in written, electronic, or any other form, which relates to me and is held by the police service, agency, or body, including any information relating to my personal and criminal history.

5. undertake that I will, at all times, hold free and harmless, and will sufficiently, and fully indemnify the Authorized Persons and keep the Authorized Persons indemnified against all actions, liabilities, suits, proceedings, claims, demands, damages, injuries, losses, costs, and expenses whatsoever which may

Signature: _____

be taken against the Authorized Persons or incurred or payable by the Authorized Persons in connection with any information or document provided herein, including any fault, negligence, omission, or misrepresentation on the part of the Applicant and its Directors, Officers, or personnel.

The aforesaid free and harmless and indemnity provision shall apply to, cover, and benefit, the directors, officers, employees, personnel, agents, representatives, consultants, and service providers of the Authorized Persons.

SIGNED on this ____ day of _____ 20____, at the City of _____.

Signature over Printed Name

Date

Signature: _____

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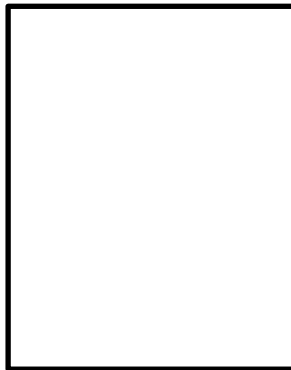
CERTIFICATE OF ACKNOWLEDGMENT AND UNDERTAKING

I, _____, a citizen of _____, with residential address at _____, do hereby depose and state that:

1. I am the person identified in this document;
2. I have personally completed this form or have supplied all the information indicated herein;
3. I am the person in the photograph attached below taken in July 2021.
4. I agree, if requested, to have my fingerprints taken and checked for the purpose of probity;
5. I agree, if requested, to provide my income tax returns or income tax assessments; and
6. I certify that the particulars contained herein are true and correct in every detail and fully disclose the information required for the completion of this Form and for all legal purposes it may fulfill.

Signature over Printed Name

Date



Signature: _____

CHECKLIST

Before submitting this Form please complete the following checklist. If you are unable to complete the checklist you are advised that delays in processing the application or conducting the probity investigation may be experienced. You should advise when the outstanding matters are to be submitted.

A. I hereby certify I have:

- ┆ Read the Instructions for Completion
- ┆ Signed each page of the Form
- ┆ Answered all questions in writing
- ┆ Answered all questions completely
- ┆ Completed and signed the Authority for Release of Information
- ┆ Completed and signed the Certificate of Acknowledgment and Undertaking

B. I have attached the following as part of the Pre-Probity Check :

- ┆ Proof of Identity
- ┆ Copy of passports
- ┆ Summary of work and business history/Curriculum Vitae
- ┆ Police Report or Clearance (if not attached, please indicate reason).

Reason for not attaching Police Report or Clearance:

C. I undertake to submit the following within one (1) month from the issuance of the Provisional License.

The Applicant affirms the completeness of this Personal Probity Form and the attached documents submitted herein and undertakes that the Applicant will, at all times, hold free and harmless, and will sufficiently, and fully indemnify the Authorized Persons and keep the Authorized Persons indemnified against all actions, liabilities, suits, proceedings, claims, demands, damages, injuries, losses, costs, and expenses whatsoever which may be taken against the Authorized Persons or incurred or payable by the Authorized Persons in connection with any information or document provided herein, including those arising from the fault, negligence, omission, or misrepresentation, on the part of the Applicant, and its Directors, Officers, or personnel. This provision shall cover and benefit the officers, directors, employees, personnel, agents, representatives, and consultants of the Authorized Persons.

I declare under the penalty of perjury, that this Application including the information herein and the attached documents have been made in good faith, verified by me, and is true and correct.

Signature over Printed Name

Date

Signature: _____

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ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN TO BEFORE ME in _____, this _____, Affiants exhibiting to me his/her competent evidence of identity, as follows:

<u>Name</u>	<u>Competent Evidence of Identity and No.</u>	<u>Date and Place of Issue; Date of Expiry</u>

all known to me and to me known, based on their competent evidence of identity, to be the same persons who personally executed this **Personal Probity Form** and they personally acknowledged to me that the same is their free and voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal on the date and at the place first above written.

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of 20____.

Signature: _____