Fit and Proper Attestation.

UniMed

Note: UniMed's Fit and Proper and Conflicts of Interest Policies are available on request by emailing secretary@unimed.co.nz.

1. Attestation

Full name of person (including any previous names)

Residential address

Date of birth

For any of the questions below, you do not need to answer yes if the conviction is eligible for concealment under the Criminal Records (Clean Slate) Act 2004.

Have you ever been convicted or are currently the subject of any investigation (or charges) for criminal offending relating to:		
· dishonesty	· fraud, or	· misleading or deceptive conduct

◯ Yes ◯ No

If yes, please provide details

Have you ever been or currently are the subject of any investigation, criminal proceeding, or any action or decision taken or made by the:

• FMA • Commerce Commission • Registrar of Companies • Registrar of Financial Service Providers	• Reserve Bank of New Zealand • Takeovers Panel • Serious Fraud Office • Department of Internal Affairs	• NZX Limited, or • any of their predecessors, successors or overseas equivalents

which resulted in you:

- being found guilty or liable, or having a penalty or order imposed against you
- having a licence or authorisation declined, suspended or cancelled (in any profession, role or industry), or
- being banned from participating in, or refused entry to any profession, role or industry

◯ Yes ◯ No

If yes, please provide details

Have you ever been a Director or Senior Manager for an entity at a time the entity was the subject of a civil or criminal proceeding, action or decision taken or made by the:

• FMA • Commerce Commission • Registrar of Companies • Registrar of Financial Service Providers	• Reserve Bank of New Zealand • Takeovers Panel • Serious Fraud Office • Department of Internal Affairs	• NZX Limited, or • any of their predecessors, successors or overseas equivalents

which resulted in the entity:

- being found guilty or liable, or having a penalty or order imposed against it
- having a licence or authorisation declined, suspended or cancelled (in any profession, role or industry), or
- being banned from participating in, or refused entry to any profession, role or industry

◯ Yes ◯ No

If yes, please provide details

Has the:		
• FMA • Commerce Commission • Registrar of Companies • Registrar of Financial Service Providers	• Reserve Bank of New Zealand • Takeovers Panel • Serious Fraud Office • Department of Internal Affairs	• NZX Limited, or • any of their predecessors, successors or overseas equivalents
ever issued a warning about or to:		
• you: or • an entity where you were employed as a director or senior manager at the time the warning was issued or when any event relating to the issue or warning occurred.		

◯ Yes ◯ No

If yes, please provide details

Have you ever been:
• dismissed • asked to resign, or • been subject to disciplinary proceedings resulting from, or in respect of, a position of trust, fiduciary appointment, or similar (in New Zealand or overseas)

◯ Yes ◯ No

If yes, please provide details

2. Declaration and authorisation

I confirm the following statements are true and correct to the best of my knowledge:

- I am aware of and understand the provisions of the Fit and Proper Policy of UniMed.
- The list of the competencies required for my current, or contemplated role has been provided to me.
- I have not demonstrated a lack of willingness to comply with legal obligations, regulatory requirements or professional standards or have been obstructive, misleading or untruthful in dealing with regulatory bodies or a court;
- I have not perpetrated or participated in negligent, deceitful, or otherwise discreditable business or professional practices;
- I have not been reprimanded, disqualified, or removed by a professional regulatory body in relation to matters relating to my honesty, integrity, or business conduct;
- I have not been substantially involved in the management of a business or company which has failed, where that failure has been caused in whole or in part by deficiencies in management;
- I am not disqualified, to the best of my knowledge, under any applicable legislation from holding the position;
- I am aware of and understand the provisions of the Conflict of Interest Policy for UniMed and confirm I have no conflict of interest in performing the duties of the role;
- I authorise UniMed to carry out relevant background checks, including but not limited to credit checks, criminal history checks and relevant register checks as part of the fit and proper assessment process, reassessed at least every 3 years while I hold the position;
- I consent to UniMed providing to the RBNZ, the FMA, and any other regulator as required, information as may be required regarding the assessment of my fitness and propriety;
- I understand that continuous disclosure as to my fitness and propriety and the matters set out in this form and the Fit and Proper Policy is a requirement of my current or prospective role.

Privacy and consent statement

By signing this form, you consent to the collection, use, and storage of your personal information for the purpose of assessing your fitness and propriety for this role. Your information will be handled in accordance with the Privacy Act 2020, stored securely, and may be shared with regulatory authorities if required. You have the right to access and request correction of your information at any time.

Signed **Date**