

Personal and Source of Wealth Declaration Form

- This form is to be completed by each relevant person (including founding members, administrators and the key officer) interested in obtaining an authorisation from the Authority for the Responsible Use of Cannabis (the ‘Authority’) in terms of the Authority on the Responsible Use of Cannabis Act (Cap. 628) and any regulations thereunder. The Authority may at its sole discretion request further information and documentation from the relevant person. The relevant person is required to complete all sections that may be applicable or relevant. Please complete in BLOCK CAPITALS and in **BLACK INK**.
- Supporting documents provided in languages other than Maltese and English must have a certified English translation attached thereto and certified that it is a true copy and translation of any original.
- Supporting documentation must be certified as true copies of the original as per instructions.
- Use N/A in response to any question which is not applicable.
- If, for any particular answer, there is not enough space on this form kindly attach a sheet hereto. Write the section number at the top of the sheet and the signature.
- If there are any changes in the information provided in this Form, it is the responsibility of the Cannabis Harm Reduction Association (“CHRA”, “Association”) to advise the Authority immediately.

Name of Association	
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Role within the Association	
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1. General Information

First Name		
Last Name		
Residential Address		
Place of Birth		Date of Birth
ID Card No.		Issue Date
		Expiry Date

Passport No.		Issue Date
Country of Issue		Expiry Date
Nationality		

Phone Number		Mobile Number
Email Address		

Supporting documentation: Please provide

- Copies of ID Card and Passport
- Copy of a recent Utility Bill / current Lease (Rental) Agreement / Bank Statement

2. Passports

List of countries where you have been issued with a passport

Country (1)		Issue Date
Passport Number		Expiry Date
Country (2)		Issue Date
Passport Number		Expiry Date
Country (3)		Issue Date
Passport Number		Expiry Date

Supporting documentation: Please provide

- Copies of any listed Passports

3. Residences

List of addresses at which you have been permanently a resident over the last ten (10) years beginning with your current address and working backwards. Show the period at each residence.

Month / Year <i>(Start Date)</i>	Address (Name/No/Street)		
City	Province/State	Country	

Month / Year <i>(Start Date)</i>	Address (Name/No/Street)		
City	Province/State	Country	

Month / Year <i>(Start Date)</i>	Address (Name/No/Street)		
City	Province/State	Country	

Month / Year <i>(Start Date)</i>	Address (Name/No/Street)		
City	Province/State	Country	

4. Arrests, Detentions and Litigation

4.1. Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction other than Malta?

Y N

Name of Offence	City / Country	Date of Offence	Result of Hearing or other disposition

4.2. Have you ever been a party in a civil lawsuit, in any jurisdiction including Malta, in which an amount exceeding €3,500 was claimed, or are you aware of any such action that may be pending against you?

Y N

4.3. Have you ever had a judgement entered against you in any jurisdiction including Malta? Y N

4.4. Has your salary, wage, earnings or other income been subject to a garnishee order, attachment or other judicial proceeding, in any jurisdiction including Malta? Y N

4.5. Have you ever had an article repossessed by a financial company or other institution in any jurisdiction including Malta? Y N

Supporting documentation: Please provide

- Police Conduct Certificate from any/all jurisdictions other than Malta where you have been a resident in the past 10 years as per [Section 3 - Residences](#)
- Copies of any judgements against you from all jurisdictions other than Malta

5. Statement of Wealth

Indicate your total Net Worth: *[please tick the relevant bracket below]*

- | | |
|--|--|
| <input type="checkbox"/> Less than EUR 100,000 | <input type="checkbox"/> Between EUR 500,000 and EUR 1 million |
| <input type="checkbox"/> Between EUR 100,000 and EUR 250,000 | <input type="checkbox"/> Between EUR 1 million and EUR 5 million |
| <input type="checkbox"/> Between EUR 250,000 and EUR 500,000 | <input type="checkbox"/> Greater than EUR 5 million |

Kindly tick any or all of the below sections to indicate those sources that have contributed towards the accumulation of your wealth as stated above: -

- Full-time Employment ([Complete Section 6](#))
- Part-time Employment ([Complete Section 6](#))
- Self-Employed / Business Owner ([Complete Section 7](#))
- Other Sources of Wealth ([Complete Section 10](#))

All other sections are to be filled in by all relevant persons, if and as applicable.

6. Employment History (if applicable)

Please provide details of employment covering the last 5 years.
(Attach separate sheet(s) if and as necessary)

Name of employer			
Nature of employer's business			
Relevant person's designation			
Start Date		End Date	
Employer's registered address			
Employer's place of business <i>(if different from above)</i>			
Employer's website			
Annual income inclusive of all bonuses			
<input type="checkbox"/> Full-time basis		<input type="checkbox"/> Part-time basis	

Name of employer			
Nature of employer's business			
Relevant person's designation			
Start Date		End Date	
Employer's registered address			
Employer's place of business <i>(if different from above)</i>			
Employer's website			
Annual income inclusive of all bonuses			
<input type="checkbox"/> Full-time basis		<input type="checkbox"/> Part-time basis	

Supporting documentation: Please provide

- Latest/Updated Curriculum Vitae (CV)
- Payslips from the last three months showing employer and amount received
- Statement (FS3 or equivalent) declaring annual salary and bonuses for the last two years in employment
- Bank statement showing receipt of latest salary going back 12 months
- Statement from the Commissioner for Revenue (CfR) showing the tax compliance status

6.1. Have you ever been dismissed, discharged or asked to resign from any employment in past five (5) years? Y N

Date	
Employer Name	
Name of person reporting to	
Cause of termination	

Date	
Employer Name	
Name of person reporting to	
Cause of termination	

7. Details of applicant's primary business *(if applicable)*

Name of business	
Nature of business	
Date of commencement of business operations	
Relevant person's designation <i>[shareholder/director/CEO etc]</i>	
Business' registered address	
Place of Business <i>(if different from the Registered Address)</i>	
Business' website	
Annual turnover/Revenue	
Period of business activity <i>[please indicate whether it is still current or period of activity]</i>	

Supporting documentation: Please provide

- The latest audited accounts, tax declaration and shareholders register extract
- Dividend Contract Note (if applicable)
- Tax declaration form
- In the case of self-employed, a recent official Tax Return/s for self-employed

Ignore if submitted as part of Section 6

- Latest/Updated Curriculum Vitae (CV)
- Bank statement showing receipt of drawdowns and other earnings going back 12 months
- Statement from the Commissioner for Revenue (CfR) showing the tax compliance status

8. Directorships and Business Affiliations *(if applicable)*

Are you currently involved or have any association in or with any entity/company as a shareholder, partnership or directorship or have any other business interests or affiliations? Y N

(If yes, please provide details on as an attached sheet)

Have you ever been involved in any company that has been in liquidation or receivership or been placed under Administration? Y N

(If yes, please provide details on as an attached sheet)

9. Financial Details

Have you ever become bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? Y N

(If yes, please provide details on as an attached sheet)

10. Other Sources of Wealth *(if applicable)*

Please tick all the appropriate source/s that contributed to your wealth and provide documentary evidence in support thereof:

Tick	Type	Provide any of the below as proof <i>(Certified as a True Copy):</i>
<input type="checkbox"/>	Sale of company or shares - Company Name: _____ Relevant person's share: _____ Total Amount: _____	Letter from a warranted professional (e.g. lawyer/accountant) detailing company sale; Copy of the contract of sale and bank / financial institution statement showing proceeds; Certificates, contract notes or statements in your name demonstrating the sale; Written confirmation of sale/ holding signed by an individual from a regulated profession on headed paper, clearly outlining the sale value of shares.
<input type="checkbox"/>	Investment income/savings/deposits Total Amount: _____	Bank statement showing name of customer, amount and enquiry of the source of wealth (showing how savings were acquired); Statement or documents relating to any investment; Bank statement showing the incoming redemption proceeds.
<input type="checkbox"/>	Property sale Sale Amount: _____	Copy of contract of sale clearly outlining the details of the property sold, the address, date of sale, value of property sold, and the parties involved; Title deed from land registry.

<input type="checkbox"/>	<p>Dividends / payment of shareholders loans</p> <p>Company Name: _____</p> <p>Dividend Income: _____</p> <p>Total payment of Loan: _____</p>	<p>Dividend contract note;</p> <p>Tax declaration form;</p> <p>Loan agreement and bank statement showing the transaction.</p>
<input type="checkbox"/>	<p>Rental Income</p> <p>Total Rental Income: _____</p>	<p>Copy of Rental / Lease Agreement for each property being rented out;</p> <p>Tax declaration form;</p>
<input type="checkbox"/>	<p>Inheritance</p> <p>Total Inherited: _____</p>	<p>Copy of Will or Grant of Probate, detailing the amount of inheritance;</p> <p>Written confirmation of inheritance signed by a warranted lawyer/ trustee/ executor on letter-headed paper, detailing the amount of inheritance;</p> <p>Tax clearance documents.</p>
<input type="checkbox"/>	<p>Gift <i>(amount exceeding EUR 5,000)</i></p> <p>Amount received: _____</p>	<p>Letter from donor (including identification documents of such) explaining the reason for the gift, the source thereof and nature of relationship;</p> <p>Legal document evidencing gift (deed of donation).</p>
<input type="checkbox"/>	<p>Maturing/Surrender Investment or Policy</p> <p>Date of maturity: _____</p> <p>Maturing Proceeds: _____</p>	<p>Letter from insurance / investment service provider clearly outlining policy/investment name, reference number and amount;</p> <p>Closing statement with the final surrender value</p>

<input type="checkbox"/>	<p>Divorce settlement or any other form of settlement or other form of compensation*</p> <p>Amount received: _____</p>	<p>Copy of the court order/ agreement;</p> <p>Written confirmation and details of settlement signed by a warranted lawyer * (e.g. court/ tribunal/arbiter/out of court settlement)</p>
<input type="checkbox"/>	<p>Retirement Income</p> <p>Pension Income: _____</p>	<p>Pension statement;</p> <p>Letter from the paying institution (if overseas)</p>
<input type="checkbox"/>	<p>Lottery/betting/casino win</p> <p>Amount won: _____</p>	<p>Letter from the relevant organisation;</p> <p>Statement of player account</p>
<input type="checkbox"/>	<p>Other Income Sources:</p>	<p>Appropriate supporting documentation</p>

11. Countries

Please indicate the countries with which you may have links or connections, in view of any wealth that may have been generated therefrom:

12. Source of Funds

The Source of Funds refers to the origin of the particular funds or assets which are the subject of the Cannabis Harm Reduction Association or the transaction which is to take place (e.g. the source of the amount being injected in the Association). In practice, it is the activity, event, contract, business, from which the funds used for such a purpose are generated or derived.

- a) Description of the (current and anticipated) origin of the funds:

13. Nature and Extent of Information and Documentation

The relevant person is to include as much detail as necessary within this form, which information needs to be accompanied by supporting documentation. The Authority may request any such additional documentation as it may consider necessary to support the whole application, including this Personal and Source of Wealth Declaration Form to be invested within the Association. All supporting documentation is to be provided as a Certified True Copy of the original.

14. Privacy

The Authority for the Responsible Use of Cannabis (“the Authority”) is a data controller under the terms of Regulation (EU 2016/679) General Data Protection Regulations and the Data Protection Act (Chapter 586 of the Laws of Malta). The information provided on this legal form will be processed for the purposes necessary for the Authority to carry out its functions and meet its legal obligations.

The data may be shared with third parties who fulfil a service on behalf of and under the express instructions of the Authority and other bodies where it is necessary to do so in order for such other bodies to carry out their functions and where the Authority is legally required or permitted to do so.

Any material or information which you send to us and which we record will be treated as confidential and will only be disclosed to others where it is necessary to do so for the Authority to carry out its functions or where the Authority is required by law to disclose such information.

15. Declaration

I hereby certify I am acting on my behalf and that all the information provided, and all the statements contained in and attached to this form are, to the best of my knowledge and belief, correct, accurate and complete, and that there are no other facts relevant to this form of which the Authority should be made aware of.

I also understand that any misrepresentation or failure to submit any information requested by the Authority shall be deemed as good and sufficient cause for the refusal to issue the approval and/or authorisation being applied for, or for an eventual revocation of the same if such misrepresentation or failure is discovered at a later stage.

I understand that knowingly making a false, misleading or otherwise incomplete declaration or statement to the Authority constitutes an offence.

I understand that if any of the information provided in relation to this form cease to be correct, or if there are any changes in relation thereto, I undertake to inform the Authority immediately particularly in case of material changes either prior to or subsequent to authorisation.

I understand that, in accordance with Article 13 of the Authority on the Responsible Use of Cannabis Act (Cap. 628) the Authority may request any kind of information from any person, as it may in its discretion, consider necessary for the performance of its functions or the fulfilment of the objectives under the Act or any binding instrument issued thereunder.

By signing this declaration, I confirm that I understand that the validity of this form is subject to the terms and conditions included herein and any other conditions that may be imposed by the Authority in relation thereto.

Relevant Person's Name <i>(in Block Letters)</i>	Signature	Date
Name of Witness <i>(in Block Letters)</i>	Capacity of Witness	
	Signature of Witness	Date

Note - Your application will not be considered unless all relevant questions have been completed and the required documents submitted in full. Failure to provide the above information or to provide further information when requested by the Authority may result in your application being determined based on the information available to the Authority at the time, which may affect the outcome of your application.

Warning - Any misrepresentation in completing this form may render the attached Declaration Form void.