

## **Annex II**

### **Questionnaire for the fit and proper assessment of members of the Board of Directors and key function holders of less significant institutions**

*Instructions for completing the questionnaire*

1. The questionnaire must be duly completed and signed by the appointee and the institution, with legalisation of the signature by a competent administrative authority.
2. The space provided under each question in the questionnaire is NOT indicative of the size of the required answer.
3. Where there is no competent authority to issue the required certificates, equivalent documents issued by an independent reliable source shall be submitted.
4. The certificates submitted together with this questionnaire should have been issued no more than three months before the submission of the questionnaire.
5. All questions must be duly completed, otherwise the necessary explanations should be provided.
6. Terms used and defined in Law 4261/2014, shall have the same meaning in this questionnaire.
7. Any false or misleading information or suppression of important information may give rise, in addition to criminal prosecution, also to doubts about the integrity of the appointee and, therefore, his suitability.
8. The questionnaire shall be submitted to the Department of the Bank of Greece that is responsible for the supervision of the institution.
9. Submission of the questionnaire and the documentation in paper form should be accompanied by an electronic file storage (a CD or USB) containing all the documentation in PDF format.

The questionnaire and the relevant documentation shall be submitted in a sealed envelope at the following address:

BANK OF GREECE

Banking Supervision Department or Supervised Institutions Inspection Department  
21, E. Venizelos Ave.

10250 Athens

Telephone: +30 210 3205019

Fax: +30 210 3205400

E-MAIL:

[dep.bankingsupervision@bankofgreece.gr](mailto:dep.bankingsupervision@bankofgreece.gr) or [Dep.supinspection@bankofgreece.gr](mailto:Dep.supinspection@bankofgreece.gr)

WEBSITE: [www.bankofgreece.gr](http://www.bankofgreece.gr)

*The data submitted in this questionnaire are covered by official/professional secrecy under Article 54 of Law 4261/2014.*

**Declaration by the appointee**

I, the undersigned, hereby solemnly declare that:

- a) The information provided in this questionnaire is complete and true and I agree to provide the Bank of Greece with any further information and clarifications in respect of this questionnaire;
- b) I am aware that any wilful or negligent provision of untrue or misleading information to the Bank of Greece also entails criminal sanctions;
- c) I hereby provide my express permission to the Bank of Greece and its duly authorised staff to seek and obtain information from any other party (including, but not limited to, my current and previous employers, institutions, other domestic or foreign supervisory or regulatory authorities), as necessary to verify data provided in this questionnaire;
- d) the institution shall be notified promptly of any change in the information in this questionnaire;
- e) I confirm that I am aware of the responsibilities arising from the EU and national legislation which are of relevance to the function for which a positive assessment is sought, and also confirm the intention to ensure continued compliance with them;
- f) I confirm that I am aware of the processing of personal data in accordance with [the privacy statement of the Bank of Greece](#) and, if required, of the European Central Bank;
- g) whenever needed or considered appropriate by the Bank of Greece, I shall assist and cooperate in order to achieve compliance with the obligations that are incumbent either upon myself personally or upon the institution concerned;
- h) this declaration extends to both the current and any future data and information concerning myself, which are collected for supervisory purposes.

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(Signature)

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(Full name and position)

.....

Place and date:

### **Declaration by the institution**

I, the undersigned, hereby confirm that:

- a) the information provided in this questionnaire is accurate and complete to the best of my knowledge;
- b) the institution will notify the Bank of Greece immediately in writing if there is any material change\* in the information provided;
- c) the institution has requested the full information necessary to assess the appointee's suitability and it has given due consideration to that information in determining the appointee to be fit and proper;
- d) the description of the function for which a positive assessment is sought accurately reflects the aspects of the activities of the institution which it is intended that the appointee will be responsible for;
- e) the institution believes, on the basis of due and diligent enquiry and by reference to the fit and proper criteria as laid down in national and EU law, that the appointee is a fit and proper person to perform the function as described in this questionnaire;
- f) the institution has made the appointee aware of the regulatory responsibilities associated with the function as described in this questionnaire;
- g) I have authority to submit this questionnaire and provide the declarations given by, and sign this questionnaire on behalf of, the institution.

Name:

Signature:

Position:

Date:

*\*A material change is a change that may affect the suitability of the appointee.*

## 1. **Identity of the supervised entity and appointee**

*Throughout Section 1 “you” means “the appointee”.*

### 1.1 **Information on the supervised entity**

1.1.1 Name of the supervised entity

1.1.2 Legal Entity Identifier Code

1.1.3 National company code (General Electronic Commercial Registry number)

1.1.4 Is the supervised entity a “CRD significant institution” in accordance with article 68 of Law 4261/2014?

☐ Yes

☐ No

☐ Not applicable

1.1.5 Governance structure of the supervised entity<sup>1</sup>

☐ One-tier structure

☐ Two-tier structure

☐ Other structure

If “Other structure” is selected, please specify which governance structure is adopted:

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<sup>1</sup> One-tier structure for supervised entities where a single board of directors performs management and supervisory tasks. Two-tier structure in the case of supervised entities where the various functions are performed by separate bodies (e.g. a management body in its management function in charge of the executive (management) function, and a management body in its supervisory function). Some supervised entities may also have hybrid governance structures.

1.1.6 Contact person within the supervised entity

Name	
Email	
Phone number	

## 1.2 Information on the appointee

### A. Name

1. Gender

☐ Male

☐ Female

☐ Other

2. Family name

3. First name

4. Middle name

5. Have you had or used other names at any time?

☐ Yes

☐ No

If "Yes" is selected, please provide the following details, specifying all names that you have ever used (e.g. family name at birth, other legal names, assumed names)

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Family name	
First name	
Middle name	
Date of name change	



B. Current residence

Address	
Postcode and city	
Country	
Start date of residence at this address:	
Have you lived in a country other than your current country of residence at any time during the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" is selected, please specify which country (or countries) and the period(s) of residence	

C. Other information on the appointee

1. Date of birth

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2. Place of birth

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3. Country

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4. Nationalities

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5.

Number of current valid identity document or passport	
Issuing country	
Expiry date	

6. Contact phone number (including country code)

7. Email address

D. Previous supervisory assessments

1. Have you ever been subject to any supervisory assessment in the financial sector (including assessments for functions abroad)?

☐ Yes

☐ No

If “Yes” is selected, please provide the following details on any supervisory assessments that the appointee has been subject to in the financial sector in the last five years, carried out by any supervisory authority in the financial sector.

Competent authority involved	Institution involved	Function involved	Start date of the term of office	End date of the term of office	Date of the decision <i>(if not applicable, date of application for an assessment)</i>

2. If any previous assessment has resulted in a negative decision, withdrawal of authorisation, or a positive assessment but with conditions, recommendations or obligations, please explain the reasons for this.

## **2. Function for which the questionnaire is submitted**

### **A. Information on the function for which the questionnaire is submitted**

1. State the name of the function to be held.

2. Provide a detailed description of the duties, responsibilities and reporting lines of the function. Please specify which other functions, if any, the appointee will exercise within the supervised entity.

3. Specify whether the appointee will be qualified as a formal independent<sup>2</sup> member of the Board of Directors.

☐ Yes

☐ No

☐ Not applicable

4. Is the application for the renewal of an appointment?

☐ Yes

☐ No

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<sup>2</sup> According to section 9.3 of Title IV of the present ECA

5. Additional details about the (planned) start date and length of the term of office<sup>3</sup>.

(Planned) date of the formal decision on the appointment issued by the competent governance body of the supervised entity	
(Planned) start date of the term of office	
(Planned) end date of the term of office <i>If the exact month is not known, please estimate a month by referring to a specific, not yet calendarised, event (e.g. approval of financial statements for YYYY):.</i>	

6. Is the appointee replacing another person?

☐ Yes

☐ No

If “Yes” is selected, please state the name of the person being replaced and the reasons for the replacement.

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7. Is the application or notification submitted within the time period stipulated in national law<sup>4</sup>?

☐ Yes

☐ No

☐ Not applicable

If “No” is selected, please state the reasons

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<sup>3</sup> If a date is not certain, please give an estimated date

<sup>4</sup> Chapter C of Title I of the present ECA

### 3. Experience

#### A. Education

Official degree or certificate	Level of educational qualification obtained	Field of study	Date issued	Educational organisation (e.g. university, centre of studies, etc.)
	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Certificate <input type="checkbox"/> Other			
	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Certificate <input type="checkbox"/> Other			

B. Practical experience related to banking and/or the financial sector gained in the last ten years

Position	Main responsibilities	Degree of seniority of the position / hierarchical level	Name of the entity. Please indicate the nature of the business and/or type of licence	Approximate number of subordinates in the appointee's area of responsibility	Areas of activity	Held from	Held to
		<input type="checkbox"/> Senior level <input type="checkbox"/> High level <input type="checkbox"/> Other managerial <input type="checkbox"/> Other					
		<input type="checkbox"/> Senior level <input type="checkbox"/> High level <input type="checkbox"/> Other managerial <input type="checkbox"/> Other					
		<input type="checkbox"/> Senior level <input type="checkbox"/> High level <input type="checkbox"/> Other managerial <input type="checkbox"/> Other					

C. Other relevant experience outside of banking and/or the financial sector (e.g. academic positions, political mandates, other non-commercial mandates, or other specialised experience)

Position	Main responsibilities	Degree of seniority of the position / hierarchical level	Name of the entity. Please indicate the nature of the business and/or type of licence	Approximate number of subordinates in the appointee's area of responsibility	Areas of activity	Held from	Held to

#### D. Presumption of sufficient experience

Does the appointee meet the presumption of sufficient experience?

☐ Yes

☐ No

Please justify your response.

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#### E. Assessment of the level of banking experience

General banking experience	Assessment by the appointee of the level of experience (high, medium, low)	Grounds for your answer
Banking and financial markets	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Legal requirements and regulatory framework	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Prevention of money laundering and terrorist financing	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Strategic planning, the understanding of an institution's business strategy or business plan and accomplishment thereof	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of an institution)	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Knowledge and experience of climate-related and environmental risks	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Accounting and auditing	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
Assessing the effectiveness of an institution's arrangements, ensuring effective governance, oversight and controls	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	



Interpreting an institution's financial information, identifying key issues based on this information and appropriate controls and measures	<input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low	
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#### F. Relevant training in the last five years

Has the appointee undertaken any relevant training in the last five years?

☐ Yes

☐ No

If "Yes" is selected, please provide details of the training.

Content of the training	Length (hours)	Year of completion

#### G. Training prior to the commencement of the function or within the first year of the commencement of the function

Will the appointee undertake training prior to the commencement of the function or within the first year of the commencement of the function<sup>5</sup>?

☐ Yes

☐ No

If "Yes" is selected, please provide details of the training.

Content of the training	Training provider (specify whether the provider is internal or external and state the names of external organisations)	Term (hours)	If the training will take place later than six months after the authorisation is granted, state the start and end date
<input type="checkbox"/> Banking and financial markets			

<sup>5</sup> The response to this question will be taken as confirmation by the supervised entity that the training programme will take place as shown.

<input type="checkbox"/> Legal requirements and regulatory framework  <input type="checkbox"/> Prevention of money laundering and terrorist financing  <input type="checkbox"/> Strategic planning, the understanding of an institution's business strategy or business plan and accomplishment thereof  <input type="checkbox"/> Risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of an institution)  <input type="checkbox"/> Risk management of climate-related and environmental risks  <input type="checkbox"/> Accounting and auditing  <input type="checkbox"/> Assessing the effectiveness of an institution's arrangements, ensuring effective governance,			
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oversight and controls			
<input type="checkbox"/> Interpreting an institution's financial information, identifying key issues based on this information and appropriate controls and measures			
<input type="checkbox"/> Other. In this case, please specify the content of the training in the row beneath this column			

#### 4. Reputation

*Throughout Section 4 “you” means “the appointee personally” and also includes all corporate entities, partnerships or unincorporated entities with which the appointee is or has been associated as a board member, key function holder, senior manager, owner, partner, associate, or qualifying shareholder. Information should be provided only for alleged wrongdoing which happened in the period in which the appointee was associated with the entity.*

*The answers to the questions below must include any situations that occurred in countries outside the European Union.*

##### A.

1. Are you or have been subject to any criminal<sup>6</sup> or relevant administrative or civil proceedings<sup>7</sup> (including any that are pending, concluded or under appeal)? Investigations, sanctioning proceedings or measures conducted or imposed by public or supervisory authorities or professional bodies (i.e. warnings, reprimands, etc.) in any jurisdiction are included in the scope of this question.

☐ Yes

☐ No

If “Yes” is selected, please provide the following details:

Type of proceedings	<input type="checkbox"/> Criminal <input type="checkbox"/> Administrative <input type="checkbox"/> Civil <input type="checkbox"/> Other
If “Other” is selected, please specify the type of proceedings	
Stage of proceedings	<input type="checkbox"/> Pending <input type="checkbox"/> Concluded <input type="checkbox"/> Under appeal
Provide a brief description of the charge, nature of the alleged wrongdoing (e.g.	

<sup>6</sup> Criminal records that have been deleted from the official criminal registry should not be listed. Criminal records that have not been deleted should be disclosed regardless of the time elapsed since the underlying facts.

<sup>7</sup> Refer to Section 8 of Title IV of the present ECA.

intentional or owing to negligence, etc.) and of the stage of the proceedings	
Authority in charge of the proceedings and file reference (if available)	

2. Are the proceedings related to you personally or related to an entity with which you are or have been associated?

☐ Yes, they are related to me personally

☐ Yes, they are related to an entity with which I am or have been associated

☐ No

A) In the case of alleged wrongdoing, proceedings, investigations or sanctions involving you directly:

i. Specify the circumstances of and reasons for your direct involvement

ii. Specify what you did to prevent and/or avoid the wrongdoing

iii. Could you have done more to avoid the alleged wrongdoing and did you learn anything from it?

B) In the case of alleged wrongdoing, proceedings, investigations or sanctions involving entities in which you hold or have held functions:

i. Specify the name of the entity involved

ii. Specify your role in the entity involved and whether you are or were responsible for a division or business line to which the proceedings (including sanctions or measures imposed) relate

- iii. Were you a member of the Board of Directors, a key function holder or a senior manager at the time of the alleged wrongdoing?

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- iv. In your role in the entity, what did you do to prevent and/or avoid the alleged wrongdoing?

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- v. Could you have done more to avoid the alleged wrongdoing and did you learn anything from it?

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3. Please provide the following details:

Date and/or time frame of the alleged wrongdoing	
Date on which the decision, ruling or finding was made (if applicable)	
Summary of the reasoning of the decision, ruling or finding	
Sanction or penalty received (or likely if convicted in the case of pending proceedings)	
Provide the range (namely the minimum and maximum level) of the sanctions that potentially could be or could have been applied	
Have the proceedings been settled (including through any out-of-court settlement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" is selected, please provide details (including the parties to the settlement, date, agreed settlement amounts and other relevant information)	
Provide details on your subsequent conduct,	

including lessons learned and remedial action taken	
Describe any other mitigating or aggravating factors <sup>8</sup>	
Were there any remuneration clawbacks linked to the above proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" is selected, please provide details	

**B.**

Are you or have you been personally subject to any disciplinary decisions<sup>9</sup> (including disqualification as a member of a Board of Directors or discharge from a position of trust)?

☐ Yes

☐ No

If "Yes" is selected, please provide the following details:

i. Reason for the disciplinary decision

ii. Date or time frame of the alleged wrongdoing

iii. Have you appealed against the disciplinary decision?

iv. If applicable, provide details of the entity involved in the decision

<sup>8</sup> By way of example, mitigating factors could include (i) the time elapsed since the alleged wrongdoing, (ii) the absence of further investigations or proceedings, (iii) the absence of dismissal from employment or any position of trust.

<sup>9</sup> For instance, in the context of professional activity or employment.

v. Any mitigating or aggravating factors

C.

Are you or have you been subject to any bankruptcy, insolvency or similar procedures?

☐ Yes

☐ No

If "Yes" is selected, please provide the following details:

i. Length of time since the date of the decision (if applicable)

ii. Status and (if not ongoing) outcome of the procedure (if final, please indicate whether it was considered intentional or owing to negligence)

iii. Precautionary or attachment measures

iv. Was the procedure triggered by you or by the entity concerned?

v. If applicable, provide details of the entity involved in the procedure

vi. Details of your personal involvement, particularly if you were declared responsible for the insolvency of the entity

vii. Any mitigating or aggravating factors



D.

Has any institution in which you hold or have held any managerial function, or whose management you influence or have influenced materially in any other way, ever been the subject of a bailout or a restructuring, recovery or resolution procedure?

☐ Yes

☐ No

If "Yes" is selected, please provide details:

E.

To your knowledge, have you personally ever been included in a list of unreliable debtors or do you have a negative record on a list established by a recognised credit bureau or have you been subject to an enforcement measure for a debt on any such list?

☐ Yes

☐ No

If "Yes" is selected, please provide details:

F.

Have you ever been the subject of a refusal of registration, authorisation, membership or licence to carry out a trade, business or profession, or have you had such a registration, authorisation, membership or licence withdrawn, revoked, suspended or terminated? This question refers also to previous suitability assessments by other competent authorities (including abroad)

☐ Yes

☐ No

If "Yes" is selected, please provide details:

G.

Apart from the cases already mentioned elsewhere in your replies, have you been directly or indirectly involved in a situation that led to concerns or suspicions of money laundering or terrorist financing?

☐ Yes

☐ No

If "Yes" is selected, please provide details:

H.

Have you personally ever failed to appropriately disclose any information of which the supervisor would reasonably have expected notice?

☐ Yes

☐ No

If "Yes" is selected, please provide details:

I.

To be completed by the supervised entity:

If the answer to any question above is “Yes”, assess the appointee’s reputation taking the relevant facts into consideration and expressly stating the reasons why such facts are not considered to affect his/her suitability.

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## 5. Conflicts of interest

*Throughout Section 5 “you” means “the appointee personally”, but also his/her close relatives (spouse, registered partner, cohabitee, child, parent or other relation with whom they share living accommodation) and any legal person in which the appointee is or was a board member, or a qualifying shareholder, at the relevant time.*

A.

Do you have any personal relationship with any of the following:

- other members of the Board of Directors and/or key function holders of the supervised entity, the parent undertaking or their subsidiaries
- qualifying shareholders of the supervised entity, the parent undertaking or their subsidiaries
- clients, suppliers or competitors of the supervised entity, the parent undertaking or the supervised entity's subsidiaries

☐ Yes

☐ No

If “Yes” is selected, please provide details:

B.

Are you currently involved either directly or indirectly in any legal proceedings or out-of-court disputes<sup>10</sup> against the supervised entity, the parent undertaking or their subsidiaries?

☐ Yes

☐ No

If “Yes” is selected, please provide the following details:

- i. The content and current status of the proceedings in question

- ii. Which entity (or entities) is(are) involved

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<sup>10</sup> These include alternative dispute resolution procedures provided by neutral out-of-court bodies such as conciliators, mediators and arbitrators, and out-of-court claims.

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C.

Do you personally or as a board member have any business, professional<sup>11</sup> or commercial relationship or have you had such a relationship in the past two years with any of the following:

- the supervised entity, the parent undertaking or their subsidiaries
- clients, suppliers or competitors of the supervised entity, the parent undertaking or the supervised entity's subsidiaries

☐ Yes

☐ No

If "Yes" is selected, please provide the following details:

Name of the entity	Main activities of the entity	Type of relationship with the entity	Start date and (if applicable) end date of the relationship	Annual payments made by the payer (in EUR thousands)	Annual payments made by the payer expressed as a percentage of the payer's (consolidated) gross revenue	Annual payments received by the payee expressed as a percentage of the payee's (consolidated) gross revenue

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<sup>11</sup> Such as holding a management or senior position.


D.

Are you subject to any cooling-off period (either under an agreement or under the law)?

☐ Yes

☐ No

E.

Do you have any financial obligations towards the supervised entity, the parent undertaking or their subsidiaries cumulatively exceeding EUR 200,000 (excluding private mortgages<sup>12</sup>) or any loans of any value that are not negotiated “at arm’s length” or that are non-performing<sup>13</sup> (including private mortgages)?

☐ Yes

☐ No

If “Yes” is selected, please provide the following details:

Name of the debtor ( <i>if other than the appointee, indicate the relationship with the appointee</i> )	Name of the entity	Nature of the obligation (e.g. <i>mortgage, personal loan, credit line</i> )	Amount of the obligation, specifying the granted and the drawn amount ( <i>in EUR millions</i> )	Guarantee ( <i>if any</i> ) (type and amount)	Status of the obligation (e.g. performing, non-performing)	Conditions of the obligation	Start date of the obligation	Value of the obligation expressed as a percentage of the total loans of the debtor	Value of the obligation expressed as a percentage of the total eligible capital <sup>14</sup> of the supervised entity

<sup>12</sup> Private mortgages of any value do not need to be disclosed (if they are performing, negotiated at arm’s length and not contrary to any internal credit approval rules) if they are not of a commercial/investment nature. Moreover, all personal loans (e.g. credit cards, overdraft facilities and car loans) granted to the appointee by the supervised entity (if performing, negotiated at arm’s length and not contrary to any internal credit rules) do not need to be disclosed as long as they are cumulatively under the threshold of EUR 200,000. Note that such mortgages or loans should be disclosed if they are, or are likely to become, non-performing for any reason

<sup>13</sup> Or subject to forbearance measures.

<sup>14</sup> As defined in Regulation (EU) No 575/2013 of the European Parliament and of the Council of 26 June 2013 on prudential requirements for credit institutions and amending Regulation (EU) No 648/2012, OJ L 176 27.6.2013, p. 1.



					<input type="checkbox"/> Performing <input type="checkbox"/> Non-performing	<input type="checkbox"/> Market conditions <input type="checkbox"/> Negotiated at arm's length <input type="checkbox"/> Special conditions <input type="checkbox"/> Supported under the collective bargaining agreements <input type="checkbox"/> Contracts with standardised terms applied together and on a regular basis to a large number of customers <input type="checkbox"/> Other			
					<input type="checkbox"/> Performing <input type="checkbox"/> Non-performing	<input type="checkbox"/> Market conditions <input type="checkbox"/> Negotiated at arm's length <input type="checkbox"/> Special conditions <input type="checkbox"/> Supported under the collective bargaining agreements <input type="checkbox"/> Contracts with standardised terms applied			

						together and on a regular basis to a large number of customers <input type="checkbox"/> Other			
					<input type="checkbox"/> Performing  <input type="checkbox"/> Non-performing	<input type="checkbox"/> Market conditions <input type="checkbox"/> Συνήφθη υπό Negotiated at arm's length <input type="checkbox"/> Special conditions <input type="checkbox"/> Supported under the collective bargaining agreements <input type="checkbox"/> Contracts with standardised terms applied together and on a regular basis to a large number of customers <input type="checkbox"/> Other			

F.

Do you have any financial interest (such as ownership or investment)<sup>15</sup> in any of the following?

- the supervised entity, the parent undertaking or their subsidiaries
- clients, suppliers or competitors of the supervised entity, the parent undertaking or the supervised entity's subsidiaries

☐ Yes

☐ No

If "Yes" is selected, please provide the following details:

Name of the entity	Main activities of the entity	Type of relationship between the entity and the supervised entity	Start date of the financial interest	Size of the financial interest (expressed as a percentage of the capital and voting rights of the entity or value of the investment)

G.

Do you in any way represent a shareholder of the supervised entity, the parent undertaking or their subsidiaries?

☐ Yes

☐ No

☐ Not applicable

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<sup>15</sup> Current shareholdings of less than 1% or other investments of an equivalent value do not need to be disclosed.

If “Yes” is selected, please provide the following details:

i. Name of the shareholder

ii. Size of the participation (as a percentage of the capital and voting rights)

iii. Nature of the representation

H.

Do you personally have or have you had in the past two years any position of high political influence (internationally, nationally or regionally/locally)?

☐ Yes

☐ No

If “Yes” is selected, please provide the following details:

i. The nature of the position

ii. The specific role and responsibilities of this position

iii. The relationship between this position (or the entity where this position is or was held) and the supervised entity, the parent undertaking or their subsidiaries

I.

Do you have any other relationships, positions or involvement that are not covered in the questions above and could affect the interests of the supervised entity?

☐ Yes

☐ No

If “Yes” is selected, please provide the following details:

- i. Nature and content of the relationship, position or involvement

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- ii. Start date of the relationship, position or involvement

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- iii. How this relationship, position or involvement may affect your appointment

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I.

To be completed by the supervised entity:

If the answer to any of the questions above is “Yes”, assess whether the potential conflict of interest is material taking also into consideration the Annex V of the present ECA (if it is not considered material, give the grounds for this finding) and indicate how the potential conflict of interest is proposed to be mitigated or managed.

Please include relevant documentation (if applicable by-laws, rules of procedure, conflict of interest policy etc.).

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## 6. Time commitment

A.

Information to be provided by the supervised entity:

The supervised entity is required to provide its assessment on how much time is the appointee expected to commit to his/her functions (the time commitment for similar positions within the institution, similar entities in the group or other supervised entities must be taken into account as a peer comparison).

B.

Assessment by the appointee regarding his / her time commitment for the functions.

C.

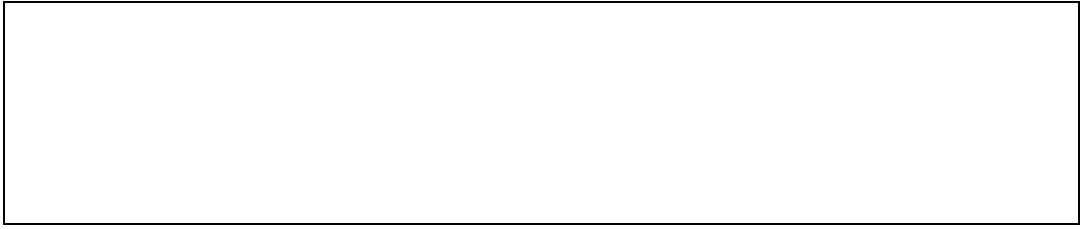
Has an additional non-executive directorship been authorised by a competent authority (par. 6 article 83 of Law 4261/2014)?

☐ Yes

☐ No

☐ Not applicable

If "Yes" is selected, please specify the competent authority:



#### D. List of executive and non-executive directorships and other professional activities

	Entity (please state whether the entity is listed)	Country	Description of the entity's activity	Size of the entity <sup>16</sup> (in EUR millions)	Function within the entity	Privileged counting (par. 4 of article 83 of Law 4261/2014) <sup>17</sup> or no counting <sup>18</sup>	Additional responsibilities (such as membership of committees, Chair functions, etc.)	Time commitment per year (in days) <sup>19</sup>	Term of mandate (start date and end date)	Number of meetings per year <sup>20</sup>	Any additional information or comments
Function for which this questionnaire is being completed					<input type="checkbox"/> Executive function <input type="checkbox"/> Non-executive function <input type="checkbox"/> Key function holder <input type="checkbox"/> Branch manager <input type="checkbox"/> Other activities <sup>21</sup>	<input type="checkbox"/> Yes, part of a group <input type="checkbox"/> Yes, part of an institutional protection scheme <input type="checkbox"/> Yes, a qualifying holding <input type="checkbox"/> No, nor part of any group, institutional protection scheme or qualifying holding					

<sup>16</sup> E.g. year-end data on total assets for a financial entity or data on total turnover and international presence for other entities.

<sup>17</sup> Privileged counting applies to directorships held within the same group, in institutions that are part of the same institutional protection scheme and in undertakings in which the institution holds a qualifying holding. It applies only in cases of "CRD significant institutions" according to article 68 of Law 4261/2014.

<sup>18</sup> This applies to directorships in organisations that do not pursue predominantly commercial objectives and positions representing the State. It applies only in cases of "CRD significant institutions" according to article 68 of Law 4261/2014.

<sup>19</sup> Please include time needed for attendance at meetings of the Board of Directors, additional responsibilities such as (but not limited to) membership of committees, training, preparation and follow-up time needed for the meetings, buffer for crises, etc

<sup>20</sup> Meetings of the Board of Directors and board committees and any other meetings that the appointee will be involved in owing to the position.

<sup>21</sup> "Other activities" means lecturing, charity work, pursuing a profession different from a directorship etc.



All other directorships and/or activities <sup>22</sup>					<input type="checkbox"/> Executive function <input type="checkbox"/> Non-executive function <input type="checkbox"/> Key function holder <input type="checkbox"/> Branch manager <input type="checkbox"/> Other activities <sup>21</sup>	<input type="checkbox"/> Yes, part of a group <input type="checkbox"/> Yes, part of an institutional protection scheme <input type="checkbox"/> Yes, a qualifying holding <input type="checkbox"/> No, nor part of any group, institutional protection scheme or qualifying holding						
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<sup>22</sup> For each directorship or other activity, a separate row needs to be filled in.

E.

Total number of executive directorships if privileged counting is applied and if exceptions are not counted.

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F.

Total number of non-executive directorships if privileged counting is applied and if exceptions are not counted.

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G.

If privileged counting is applied, please provide details of any synergies that exist between the entities concerned, such that there is a legitimate overlap in terms of the time commitment with respect to those entities.

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H.

Total days per year of time committed to all functions over and above the function for which this questionnaire is being completed<sup>23</sup>.

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<sup>23</sup> Do not include the time commitment for the function in the supervised entity for which this questionnaire is being completed (since this time is already recorded in question "A").

## 7. Collective suitability

*To be completed by the supervised entity if the appointee is being appointed as a member of the Board of Directors*

### A.

Is the supervised entity subject to national requirements<sup>24</sup> on gender diversity?

☐ Yes

☐ No

If "Yes" is selected, in making this appointment, is the supervised entity compliant with the national requirements on gender diversity?

☐ Yes

☐ No

### B.

In making this appointment, is the supervised entity compliant with its internal target or rules for gender diversity in the composition of the Board of Directors?

☐ Yes

☐ No

☐ No internal target or rules exists

### C.

In making this appointment, is the supervised entity compliant with its internal principles for other aspects of diversity?

☐ Yes

☐ No

☐ Not applicable/no internal principles exist

### D.

Describe the extent to which the appointee contributes to the collective suitability of the Board of Directors. In addition, explain in general terms the weaknesses that have

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<sup>24</sup> Par. 5 of article 80 of Law 4261/2014

been identified in the Board of Directors' collective composition and the extent to which the appointee contributes to solving some or all of these weaknesses

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E. List of members of the Board of Directors (as applicable)

First name, last name	Functions	Date of appointment or renewal	Skills and main areas of expertise or training received
	(Member of the management body in its management function; Chair of the management body in its management function; Deputy Chair of the management body in its management function; Chief Executive Officer (CEO); Deputy Chief Executive Officer (CEO); Chief Financial Officer (CFO); Chief Risk Officer (CRO); Member of the management body in its supervisory function; Chair of the management body in its supervisory function; Deputy Chair of the management body in its supervisory function; member of the Board of Directors appointed under par. 2A of article 38 of Law 4557/2018)		(banking and financial markets; legal requirements and regulatory framework; prevention of money laundering and terrorist financing; strategic planning, the understanding of a credit institution's business strategy or business plan and accomplishment thereof; risk management (identifying, assessing, monitoring, controlling and mitigating the main types of risk of a credit institution); climate-related and environmental risks; accounting and auditing; assessing the effectiveness of a credit institution's arrangements, ensuring effective governance, oversight and controls; interpreting a credit institution's financial information, identifying key issues based on this information and appropriate controls and measures; insurance; IT; human resources; other)

## 8. Additional information and Annexes

### A.

If there is any other information that the appointee or the supervised entity considers to be relevant to the assessment, it should be included here.

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### B.

Please upload (if applicable) the following Annexes:

Annexes	
1	Criminal record check
2	Board minutes regarding the appointment (draft if final version not yet available)
3	Minutes of the Nomination Committee (draft if final version not yet available), any other minutes regarding the appointment and/or other records of suitability assessments conducted within the supervised entity
4	Copy of identity card/passport
5	Suitability reports (both individual and collective in the case of tasks performed in a collegiate body)
6	CV
7	Conflict of interest policy
8	Diversity policy

## **9. National Specificities**

1. State the sources and total amount of your income.

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2. Please state below the position which you hold or will hold within the supervised entity by checking all boxes which apply:

☐ **Member of the board of directors**

- ☐ Executive director
- ☐ Non-executive director
- ☐ Non-executive independent director
- ☐ Chairperson of the board of directors
- ☐ Vice-chairperson of the board of directors
- ☐ Managing director
- ☐ Deputy managing director
- ☐ Person effectively directing the business of the institution
- ☐ Representative of the Greek State under Law 3723/2008
- ☐ Representative of the Hellenic Financial Stability Fund under Law 3864/2010
- ☐ Other – Please provide details:

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☐ **Key function holder**

- ☐ Head of the internal audit function
- ☐ Head of the risk management function
- ☐ Head of the compliance function
- ☐ Chief Financial Officer
- ☐ Member of the audit committee

☐ Other – Please provide details:

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☐ **AML/CTF Officer under article 38 of Law 4557/2018**

3. For the positions disclosed in question “B” of section “Experience”, please provide the reason for leaving each position.

4. For the positions disclosed in question “C” of section “Experience”, please provide the reason for leaving each position.

5. Are you the subject of any enforcement action that is in progress or has been suspended, in Greece or abroad, in connection with debts to public agencies or private individuals?

☐ Yes

☐ No

If “Yes” is selected, please provide details below:

6. Describe the current condition of your debts. Have you provided any guarantees or commitments or any other personal or physical collateral in connection with any financial claims on, or obligations of, any other natural or legal person?

☐ Yes

☐ No

If "Yes" is selected, please provide details below:

7. Do you have financial interests in any of the following:

- other members of the Board of Directors and/or key function holders of the supervised entity, the parent undertaking or their subsidiaries
- qualifying shareholders of the supervised entity, the parent undertaking or their subsidiaries

☐ Yes

☐ No

If "Yes" is selected, please provide details below:

8. Do you have any financial obligation (including private mortgages) towards the supervised entity, the parent undertaking or their subsidiaries exceeding EUR 50.000 that is not disclosed in question "E" of section "Conflicts of Interest"?

☐ Yes

☐ No

If "Yes" is selected, please provide the following information: name of debtor, name of entity, nature and amount of the obligation, relevant period of the obligation.

9. Please attach the following Annexes:



Annexes	
1	Transcript of criminal record for judicial use or other equivalent document for non-residents
2	Evidence of residence
3	Authenticated copies of income tax returns in Greece or abroad (for income taxed abroad) and tax review forms for the last three years
4	Copy of approval or rejection decision of a supervisory authority
5	Authenticated copies of qualifications
6	Single Certificate of Judicial Solvency
7	Other documentation (judgements/ decisions) in case you have answered affirmatively in any of the questions of section "Reputation"
8	Other. Please specify