

# FINANCIAL SUPERVISORY COMMISSION



Cook Islands

## CONFIDENTIAL FINANCIAL STATEMENT REPORT

FOR PERSONS WHO ARE OR WILL BE  
SIGNIFICANT SHAREHOLDERS AND ASSOCIATES

(FSCForm INL-4)

---

### INSTRUCTIONS

1. A confidential financial statement report must be completed and filed by each person who are or will be a significant shareholder of applicant. This does not apply to the Government of the Cook Islands or its agencies, external insurers.
2. A person has the same meaning as in Section 2 of the International Companies Act 1981-82.
3. A significant shareholder is a person who has or will be acquiring a significant interest in insurer as defined in Section 2(1) of Insurance Act 2008 and, for purposes of this form, will also include any person who is the ultimate beneficial owner of any company which is or will be a significant shareholder of insurer or any of its associates.
4. Supporting schedules to the financial statement should be attached when necessary to itemize or clarify summarized data. Care should be taken to assure that the dates and total amounts shown on the supporting schedules correspond to those on the financial statement. Supporting schedules are included for real estate and related loans and for proprietary interest. The methods by which real estate market values are determined must be described. If investment securities are shown as an asset and if those securities represent twenty-five percent (25%) or more of an individual's net worth, financial and cash flow statement of the company for the last two (2) years must be provided, unless the company is publicly traded on a national exchange.
5. Complete the first part of the enclosed Confirmation Inquiry Form which authorizes any insurance company or financial institution in which significant person or associate may have an account to confirm balance(s) of account as of a certain date. If you have accounts at more than one institution, please complete the appropriate number of forms. After completing Part I of the Confirmation Inquiry Form, it should be submitted to the Financial Supervisory Commission along with the completed Confidential Financial Statement Report. Do not send the Confirmation Inquiry Form directly to the confirming institution(s). All persons who have ownership interest in the account, for example, husband and wife, must sign the Confirmation Inquiry Form. Otherwise, the confirming institution may return the form in blank to the Financial Supervisory Commission, which may result in a delay in processing. Please provide account and loan numbers on forms.
6. Any person other than an individual or natural person must submit its most recent audited financial statements as " Attachment A-INL4" properly printed on the top right hand side of the cover page.
7. The Commission may require the submission of any other information, including appraisals, that it considers necessary to determine financial capability.

## CONFIDENTIAL FINANCIAL STATEMENT of

\_\_\_\_\_  
(Name of Applicant or Significant Shareholder)

\_\_\_\_\_  
(Date of Financial Information)<sup>1</sup>  
(Report all Amounts in Thousands of New Zealand Dollars)

ASSETS		LIABILITIES	
Cash on Hand & in Banks (Schedule 1)	\$	Notes & Accounts Payable to Banks (Schedule 6)	\$
Government Securities		Rents & Interest Due	
Accounts, Loans & Notes Receivable (Schedule 2)		Real Estate Taxes Due (Schedule 4)	
Marketable Stocks (Shares) & Bonds (Schedule 3)		Liens on Real Estate (Schedule 4)	
Real Estate (Schedule 4)		Other Taxes Due	
Proprietary Interests (Schedule 5)		Other Liabilities <sup>1</sup> (Itemise if over 10% of total assets)	
Other Assets <sup>1</sup> (Itemise if over 10% of total assets)			
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

GROSS ANNUAL INCOME		CONTINGENT LIABILITIES	
Salary & Pensions (for individuals only)	\$	As Endorser or Co-Maker	\$
Bonus & Commissions		On Leases or Contracts	
Dividends & Interest		Legal Claims	
Real Estate Income		Provision for Income Taxes	
Other Income (Itemise if over 10% of total assets)		Other Special Debts (Itemise if over 10% of total assets)	
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL CONTINGENT LIABILITIES</b>	<b>\$</b>

<sup>1</sup> As at end of month immediately preceding date of application.

Assets valued at \$\_\_\_\_\_ have been pledged or hypothecated to secure notes or obligations aggregating \$\_\_\_\_\_.  
I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$\_\_\_\_\_.

\_\_\_\_\_

**Schedule 1: Banking Relationships List all bank accounts**

Name of Bank/Financial Institution	Address	Type of Account	Account Number	Account Balance
<b>Total</b>				

**Schedule 2: Accounts, Loans & Notes Receivable**

Name and Address of Debtor	Date Originated	Description/Nature of Debt	Security Held	Maturity Date	Balance Due
<b>Total</b>					

**Schedule 3: Marketable Stocks (Shares) and Bonds. Include only those listed on recognised national exchanges.**

Face Value Bonds No. Shares of Stock	Description Of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Who	Present Market Value
<b>Total</b>						

**Schedule 4: Real Estate.** The legal and equitable title to all real estate listed in this statement is solely in the name of the signed except as follows:

Description of Street/Number	Dimensions or Acres	Improvements Consist Of	Outstanding Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Original Cost	Present Market Value
					Year	Amount		
<b>Total</b>								

**Schedule 5: Proprietary Interests**

Provide the following information regarding all business enterprises in which you hold a beneficial interest. The term "business enterprise" includes any corporation, association, partnership, business trust, sole proprietorship or other business which shares are not listed on a securities exchange or otherwise regularly traded. Under the heading "Form of Business," state the legal form of the business. Under "Nature of Business and Percentage of Ownership," explain what the business enterprise does and percentage of your ownership interest. Submit year-end financial statement including income and expense (profit and loss) and cash flow statements, for the last two years for each business interest in which you have an interest equal to twenty-five percent (25%) or more of your net worth.

Name and Address Of Business	Legal Form Of Business	Nature of Business and Percentage of Ownership	Date Acquired	Present Value
<b>Total</b>				

**Schedule 6: Notes & Accounts Payable.**

Name of Lender	Lender's Address	Due Dates & Payments	Security/Collateral	Outstanding Balance
<b>Total</b>				

## CERTIFICATION

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief.

I ALSO AUTHORISE the Financial Supervisory Commission to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Confidential Financial Statement.

I ALSO UNDERSTAND that the results of enquiries and information derived therefrom may be disclosed to the applicant.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print or Type Full Name)*

Declared to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

*(Seal)*

\_\_\_\_\_  
*(Notary Public Signature)*

\_\_\_\_\_  
*(Print or Type Full Name)*

## CONFIRMATION INQUIRY <sup>1</sup> (CONFIDENTIAL INFORMATION)

Financial Supervisory Commission  
PO Box 594  
Rarotonga  
COOK ISLANDS

**Part I**

\_\_\_\_\_ (Date)

\_\_\_\_\_  
(Name of Confirming Institution)

\_\_\_\_\_  
(Mailing Address)

Gentlemen:

Please furnish directly to the Financial Supervisory Commission at the address indicated above, the following information with respect to all accounts, including any loan accounts, maintained by me at your institution. If the answer to any item is "none," please so state.

\_\_\_\_\_ (Account Name/Print or Type)

\_\_\_\_\_ (Authorized Signature)

**Part II**

1. At the close of business on <sup>2</sup> \_\_\_\_\_, 20\_\_\_\_, our records showed the following balance(s) in (state currency) \_\_\_\_\_ to the credit of the above named customer (include certificate(s) of deposit, money market certificate(s), stocks, bonds, etc.). In the event that we could readily ascertain whether there were any balances to the credit of the customer not designated in this request, the appropriate information is given below.

Account Name	Account Number	Account Balance

2. The customer was directly liable to us in respect of loans, acceptances, etc. at the close of business on that date in the total amount \$ \_\_\_\_\_ as follows:

Date of Loan	Due Date	Interest		Amount	Description of Liability, Collateral, Security, Loans, Endorsers, Etc.
		Rate	Paid to		

3. The customer was contingently liable as endorser of notes discounted and/or guarantor at the close of business that date in the total amount of \$ \_\_\_\_\_ as follows:

Name of Maker	Date of Note	Due Date	Amount	Remarks

4. Other direct or contingent liabilities, open Letters of Credit, and relative collateral, were:

---

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Confirming Institution)

\_\_\_\_\_  
(Authorized Signature over printed name)

\_\_\_\_\_  
(Authorized Signature over printed name)

\_\_\_\_\_  
(Authorized Signature over printed name)

<sup>1</sup> Complete the first part of the enclosed Confirmation Inquiry Form which authorizes any bank or financial institution in which significant person or associate may have an account to confirm balance(s) of account as of a certain date. If you have accounts at more than one institution, please complete the appropriate number of forms. After completing Part I of the Confirmation Inquiry Form, it should be submitted to the Financial Supervisory Commission along with the completed Confidential Financial Statement Report. Do not send the Confirmation Inquiry Form directly to the confirming institution(s). All persons who have ownership interest in the account, for example, husband and wife, must sign the Confirmation Inquiry Form. Otherwise, the confirming institution may return the form in blank to the Financial Supervisory Commission, which may result in a delay in processing. Please provide account and loan numbers on forms.

<sup>2</sup> Date will be stated by the Financial Supervisory Commission when it forwards this Form.