

SUITABILITY REASSESSMENT FORM
for members of bodies of supervised entities

The purpose of this form is to simplify and consolidate the process of carrying out and documenting the suitability reassessment of members of bodies of supervised entities.

Using this form and completing it correctly helps to ensure that the assessment is carried out in accordance with the criteria arising from legal regulations and recommendations of the supervisory authority and that information resulting from the assessment, reported to the supervisory authority, exhaustively presents the results of the assessment.

Using the form does not prevent supervised entities from considering circumstances and criteria of the suitability assessment of members of bodies other than those covered by the form. Likewise, using the form does not prevent the supervisory authority from requesting additional information, clarifications or required data and from taking other initiatives as a part of investigative and administrative procedures.

This form is available among others in electronic format in the online service of the supervisory authority (www.knf.gov.pl). Please use that access to the form and complete it, to the extent which requires no hand-written signature, by electronic means.

This is to inform you that access of third parties to information included in completed forms presented to the supervisory authority will be limited in accordance with Article 5(2) of the Act of 6 September 2001 concerning access to public information (Journal of Laws of 2018, item 1330, as amended). According to Article 5(2) of the Act, access to public information shall be limited due to privacy of natural persons or business secret; such limitation shall not apply to information concerning persons holding public functions relating to such functions, including the conditions of delegating and performing functions, and when a natural person or entrepreneur waive such rights.

In the event of any change of facts or knowledge on which information and documents referred to in this form are based, reassessment should be carried out immediately and without a specific order; it should be documented in the applicable form; and the results should be presented to the supervisory authority.

Irrespective of individual assessment of a member of the body, in connection with any planned/actual change in the composition of a body of the supervised entity, reassessment of the collective suitability of the body should be carried out as well; we recommend to use a dedicated form available in the online service of the supervisory authority.

SECTION 1 – to be completed by the person subject to the assessment

I. Identification of the person subject to the assessment

1. First name:	
2. Surname:	
3. Birth name:	
4. Sex ¹ :	
5. Nationality:	
6. Contact details (address/phone/email):	
7. Registered address (permanent or temporary) ² :	
8. Residence address ³ :	
9. PESEL identifier ⁴ :	

II. Appendices to the reassessment form

- 1) the following appendices apply to members of management boards and supervisory boards of banks which are joint-stock companies: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J;
- 2) the following appendices apply to members of management boards and supervisory boards of co-operative banks: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J, W.K;
- 3) the following appendices apply to the president of the management board and one member of the management board of a State-owned bank: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J;
- 4) the following appendices apply to members of the management board of an institutional protection scheme: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J;
- 5) the following appendices apply to members of management boards and supervisory boards of insurance companies: W.A., W.D, W.E, W.F, W.G, W.I, W.J;
- 6) the following appendices apply to directors and deputy directors of main branches of insurance companies: W.A, , W.D, W.E, W.F, W.G, W.I, W.J;
- 7) the following appendices apply to members of management boards and supervisory boards of open-ended and employee pension fund companies: W.D, W.E(e), W.F(e), W.I, W.J.

Please attach appendices in which information/declarations presented in relevant enclosures to the previous suitability assessment form have changed, have been updated or have become out of date,⁵ as well as the following mandatory appendices if not presented in assessment during the last 12 months: Appendix E (clean criminal record), Appendix F (guarantees), and Appendix J (dedicating time). We recommend to use templates published in the online service of the supervisory authority.

¹ This field is mandatory only if such information is necessary for the implementation of the diversity policy established by the entity.

² This field is mandatory only for banks.

³ This field is mandatory only for banks.

⁴ This field is mandatory only for banks.

⁵ For example, concerning the implementation of recommendations issued after the previous suitability assessment, new courses and university programmes, new obligations, results of a new inspection etc.

Appendix W.A – education	<input type="checkbox"/>
Appendix W.D – assessment of skills	<input type="checkbox"/>
Appendix W.E – clean criminal record	<input type="checkbox"/>
Appendix W.F – guarantees	<input type="checkbox"/>
Appendix W.G – independent judgment – conflict of interest	<input type="checkbox"/>
Appendix W.H – independent judgment – behavioural characteristics	<input type="checkbox"/>
Appendix W.I – combining functions	<input type="checkbox"/>
Appendix W.J – dedicating time	<input type="checkbox"/>
<input type="checkbox"/> I have the full legal capacity. <input type="checkbox"/> I declare that data contained in other appendices which are not attached hereto have not changed since the last suitability assessment dated ... and the declarations contained therein are up to date. <input type="checkbox"/> I give my consent for the processing of my personal data contained in this form and the documents attached hereto for the purposes of my suitability assessment for the function of a member of a body of a supervised entity carried out by the financial market supervisory authority. The data controller is the entity named in section II.1 of this form. Data contained in this form may be disclosed to the financial market supervisory authority in connection with the performance of statutory obligations concerning suitability assessment of members of bodies of supervised entities. I declare that I have been informed that I can withdraw my consent at any time without affecting the lawfulness of processing based of consent before its withdrawal.	
Date and signature of the person subject to the assessment:	

SECTION 2 – to be completed by the entity carrying out the assessment

III. Current position

1. Entity name ⁶ :	
2. Body and position:	<p>Management board:</p> <ul style="list-style-type: none"> <input type="checkbox"/> President of the management board <input type="checkbox"/> Member of the management board⁷ <input type="checkbox"/> Member of the management board responsible for risk management⁸ <input type="checkbox"/> Member of the management board supervising management of significant risk⁹ <p>Supervisory board</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chair of the supervisory board <input type="checkbox"/> Member of the supervisory board¹⁰ <input type="checkbox"/> Management of the insurer's main branch <input type="checkbox"/> Director <input type="checkbox"/> Deputy director
3. Position name:	
Scope of obligations:	
4. Reporting organisational units:	

IV. Reasons for suitability reassessment

1. Reasons for assessment ¹¹ :	<input type="checkbox"/> periodic assessment carried out at least once per year/every two years ¹²
	<input type="checkbox"/> control/review of corporate governance rules
	<input type="checkbox"/> assessment before the end of the term of office ¹³ /assessment before appointment for the next term of office ¹⁴
	<input type="checkbox"/> the following changes of the scope of competences or requirements for the position:
	<input type="checkbox"/> notification that the person subject to the assessment has been charged in criminal proceedings or tax criminal proceedings or has caused significant losses

⁶ For an institutional protection scheme (IPS), enter the name of the IPS manager in this field.

⁷ Including Vice-President of the Management Board, First Deputy President of the Management Board, etc.

⁸ Dedicated responsibility for risk is mandatory for insurance companies, including Vice-President of the Management Board, First Deputy President of the Management Board, etc.

⁹ Dedicated responsibility for significant risk is mandatory for banks, including Vice-President of the Management Board, First Deputy President of the Management Board, etc.

¹⁰ Including Deputy Chair of the supervisory board, etc.

¹¹ More than one reason may be selected.

¹² Delete if not applicable.

¹³ Applicable to the banking sector.

¹⁴ Applicable to the sectors other than banking.

	<input type="checkbox"/> identification of new circumstances which may impact the assessment, in particular identified cases of potential conflicts of interest
	<input type="checkbox"/> the person has been assigned additional competences/appointed to additional positions (assessment of dedicating time and conflict of interest)
	<input type="checkbox"/> regular or serious negative individual or collective reassessment of management board members (guarantees of members of the supervisory board in the context of appointment/retention of the aforementioned persons to/on the management board)
	<input type="checkbox"/> identified serious violations of obligations of members of the management board/supervisory board
	<input type="checkbox"/> planned dismissal of a member of a body of the supervised entity
	<input type="checkbox"/> other:
V. Previous suitability assessment	
1. Date of previous suitability assessment:	
2. Type of previous suitability assessment:	<input type="checkbox"/> first assessment <input type="checkbox"/> reassessment
3. Reason for previous suitability reassessment ¹⁵ :	
4. A copy of the previous assessment form together with appendices is attached hereto. <input type="checkbox"/>	
VI. Summary of the assessment	
<p>The results of the assessment (fulfilled/not fulfilled) are mandatory for all criteria applicable to the given position which have changed since the previous assessment. Otherwise, the assessment and results are optional (depending on the suitability policy established by the entity) and may be marked as “not applicable”:</p> <ol style="list-style-type: none"> 1) the following appendices apply to members of management boards and supervisory boards of banks which are joint-stock companies: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J; 2) the following appendices apply to members of management boards and supervisory boards of co-operative banks: W.A, W.D, W.E, W.F, P.W, W.H, W.I, W.J, W.K; 3) the following appendices apply to the president of the management board and one member of the management board of a State-owned bank: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J; 4) the following appendices apply to members of the management board of an institutional protection scheme: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J; 	

¹⁵ If applicable.

- 5) the following appendices apply to members of management boards and supervisory boards of insurance companies: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J;
- 6) the following appendices apply to directors and deputy directors of main branches of insurance companies: W.A, W.D, W.E, W.F, W.G, W.H, W.I, W.J;
- 7) the following appendices apply to members of management boards and supervisory boards of open-ended and employee pension fund companies: W.D, W.E(e), W.F(e), W.I, W.J.

For all criteria of assessment, complete the applicable appendices describing details of the assessment; we recommend to use templates published in the online service of the supervisory authority.

<p>1. Competences – knowledge and experience:</p> <p style="text-align: right;">Appendix W.A</p> <p style="text-align: right;">Comments:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – education</p>
<p>2. Competences – skills:</p> <p style="text-align: right;">Appendix W.D</p> <p style="text-align: right;">Comments:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – skills</p>
<p>3. Competences – Polish language</p> <p style="text-align: right;">Comments:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable</p>
<p>4. Guarantees – clean criminal record:</p> <p style="text-align: right;">Appendix W.E</p> <p style="text-align: right;">Comments:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p> <p><input type="checkbox"/> – clean criminal record</p>
<p>5. Guarantees – reputation:</p> <p style="text-align: right;">Appendix W.F</p> <p style="text-align: right;">Comments:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – guarantees</p>
<p>6. Guarantees – independent judgment – conflict of interests and financial standing:</p> <p style="text-align: right;">Appendix W.G</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – independent judgment</p>

Comments:	
7. Guarantees – independent judgment – behavioural characteristics: Appendix W.H Comments:	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable <input type="checkbox"/> – behavioural characteristics
8. Dedicating time Appendix W.I Comments:	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable <input type="checkbox"/> – dedicating time
9. Combining functions Appendix W.J Comments:	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> not applicable <input type="checkbox"/> – combining functions
VII. Recommended measures	
1. As a result of the assessment, concerning the existing position of the person subject to the assessment, the following recommendations are issued:	<input type="checkbox"/> immediately dismiss the person subject to the assessment from the position; <input type="checkbox"/> suspend the person subject to the assessment until appropriate corrective measures are taken; <input type="checkbox"/> no measures – the person subject to the assessment will not hold the function for reasons other than dismissal; <input type="checkbox"/> retain the person subject to the assessment in the position; <input type="checkbox"/> appoint the person subject to the assessment for the next term of office.
2. Concerning identified areas for improvement, the following corrective actions are recommended:	<input type="checkbox"/> concerning the candidate’s education, experience and skills – refer the person subject to the assessment to additional courses/training; <input type="checkbox"/> concerning dedicating time – implement solutions enabling increased engagement of the person subject to the assessment: <input type="checkbox"/> concerning dedicating time – implement solutions reducing necessary engagement of the person subject to the assessment:

	<input type="checkbox"/> concerning the number of positions held – resignation of the person subject to the assessment from functions held at the same time: <input type="checkbox"/> concerning conflict of interest – elimination of identified conflicts of interest or implementation of solutions enabling to manage conflicts of interest: <input type="checkbox"/> other:
<input type="checkbox"/> According to the best knowledge of the entity which carries out the assessment, the data contained in other appendices not attached hereto have not changed since the previous suitability assessment dated <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> and the declarations contained therein are up to date.	
Date and signature of a duly authorised representative of the entity:	

Appendix W.A to the suitability assessment form for members of bodies of supervised entities

EDUCATION

SECTION 1 – to be completed by the member of the body of the supervised entity

I. University education – completed since the declaration submitted in the previous assessment

1	University:		Title obtained:			
	Department/unit:		Format:	<input type="checkbox"/> day programme	<input type="checkbox"/> extramural (evening/weekend programme)	
	Faculty:		Degree:	<input type="checkbox"/> 1st (BA/Eng.)	<input type="checkbox"/> 2nd (MA)	
	Additional information:				Year completed	
					Enclosure – certificate	<input type="checkbox"/> (encl. no.)
Completed to eliminate gaps	<input type="checkbox"/> yes Date of the assessment which identified gaps:			<input type="checkbox"/> no		

II. University programmes, academic degrees and titles – completed since the declaration submitted in the previous assessment

1	University:		Academic title or degree obtained:		
	Faculty/discipline:		Year of completing the programme or obtaining the title/degree		
	Additional information:				Enclosure – certificate
Completed to eliminate gaps	<input type="checkbox"/> yes Date of the assessment which identified gaps:			<input type="checkbox"/> no	

III. Post-graduate programmes, applications, certificates and other additional training – completed since the declaration submitted in the previous assessment				
1	Educational institution:		Subject:	
	Title/qualifications:		Year completed:	
	Additional information:		Enclosure – certificate:	<input type="checkbox"/> (encl. no.)
	Completed to eliminate gaps	<input type="checkbox"/> yes Date of the assessment which identified gaps:		<input type="checkbox"/> no
IV. Special training – completed since the declaration submitted in the previous assessment				
1	Educational institution:		Year completed:	
	Subject:		Enclosure – certificate:	<input type="checkbox"/> (encl. no.)
	Additional information:			
	Completed to eliminate gaps	<input type="checkbox"/> yes Date of the assessment which identified gaps:		<input type="checkbox"/> no
V. Special professional qualifications – acquired since the declaration submitted in the previous assessment				
No.	Type of qualifications	Entry no.	Year acquired	Enclosure – certificate
1				<input type="checkbox"/> (encl. no.)
	Completed to eliminate gaps	<input type="checkbox"/> yes Date of the assessment which identified gaps:		<input type="checkbox"/> no

Date and signature of the
member of the body of
the supervised entity:

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SECTION 2 – to be completed by the entity carrying out the assessment

VI. Education requirements and assessment

No.	Requirement ¹	Source of the requirement ²	Requirement date ³	Date fulfilled ⁴	Fulfilment
1					<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled <input type="checkbox"/> pending fulfilment

Date and signature of a duly authorised representative of the entity:

¹ The method of eliminating gaps in education, defined in the previous suitability assessment carried out by the supervised entity or by the supervisory authority as a part of supervisory activities, for instance through additional training, courses, postgraduate programmes, etc.

² For instance, the previous suitability assessment carried out by the supervised entity which indicated the obligation to meet the requirement.

³ Date when the requirement was imposed.

⁴ Date by which the member of the body is obliged to fulfil the requirement, i.e., complete specific training or courses or obtain the required certificate.

Appendix W.D to the suitability assessment form for members of bodies of supervised entities

COMPETENCES (reassessment)

This form is to be used in individual reassessment of a member of a body of the supervised entity. The purpose of this form is to determine changes in level of competences and to compare it with competences expected in the given position. It should be noted that the level of expected competences should be defined for each position by the supervised entity. When defining the expected level of competences, the supervised entity should consider the requirement that the body as a whole has the necessary level of competences in all areas (a dedicated form is available for the collective assessment of the suitability of the body); however, that does not mean that every position requires competences at an equally high level in all areas.

The section of the form marked in **orange** is to be completed by the supervised entity; the section of the form marked in **blue** is to be completed by the candidate. It is good practice of supervised entities to complete fields dedicated to additional requirements at the end of each section in the column "competence description" and the column "level required by the entity" before presenting the form to the candidate and to complete the columns "assessment carried out by the entity" and "assessment of fulfilment of the requirements" after receiving the form completed by the member of the body.

I. Competences of managing the supervised entity¹					
No.	Competence description	Has the level of your competences changed since the appointment/previous assessment (self-assessment) ²	In the opinion of the supervised entity, has the level of competences of the member of the body changed since the appointment/previous assessment (assessment carried out by the entity) ³	Has the level required by the entity changed since the appointment/previous assessment (level required by the entity) ⁴	Assessment of fulfilment of the requirements ⁵

¹ Points 4–9 are not applicable to candidates for functions in statutory bodies on the pension market.

² Select one option and provide justification of the candidate's self-assessment, in particular taking into account professional and academic achievements.

³ Select one option and provide justification, in particular where the assessment is different from the self-assessment of the member of the body.

⁴ Select one option.

⁵ If the value in the field "assessment carried out by the entity" is equal to or greater than the value in the field "level required by the entity", select the option "fulfilled"; otherwise, select the option "not fulfilled".

1	<p>Knowledge of the market The member of the body knows the financial market in general, in particular the sector of activity of the supervised entity and in particular the Polish market.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
		<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high Justification:	
2	<p>Knowledge of legal requirements and the regulatory framework The member of the body knows the regulations, the recommendations of supervisory authorities and the codes of good practice which govern activities in the sector of the financial market in which the supervised entity is active.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
		<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<p><i>If you have checked "YES", define the currently required level of competences (Level required by the entity)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high Justification:	
3		<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	

	<p>Strategic planning (management skills) The member of the body understands the business strategy/business plan of the institution and is able to implement them.</p>	<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
4	<p>Knowledge of the management system including risk management The member of the body understands the risk management methodology: identification, assessment, monitoring, controlling and mitigating the key risks to which the institution is exposed.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
		<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	
5	<p>Accounting and financial audit</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	

	The member of the body has up-to-date knowledge of accounting, accounting standards and financial auditing.	<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
6	<p>Supervision, control, internal audit</p> <p>The member of the body understands the principles and standards of the audit and internal control system.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
7		<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	

	<p>Interpreting financial information (financial and accounting skills)</p> <p>The member of the body is able to interpret financial data and accounting data, use such data in order to carry out an analysis, and draw conclusions necessary for the management of the entity while taking into account the market situation.</p>	<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
8	<p>Insurance skills</p> <p>The member of the body is able to interpret insurance-related information, use presented information in order to carry out an analysis and draw conclusions necessary for the management of the entity while taking into account the market situation.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
9	<p>Actuarial function skills</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	

	The member of the body understands the importance and role of the actuarial function in the entity, is able to analyse data and interpret information taking into account the entity's strategy and the market situation.	<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
10	Knowledge of the Polish language ⁶	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
	The member of the body has evidenced knowledge of the Polish language, efficiently communicates in Polish with employees (including both everyday topics and industry topics), understands topics raised during meetings of the body; is able to use Polish in presentations and speeches at conferences, workshops or key meetings.	<p><i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><i>If you have checked "YES", define the currently required level of competences (Level required by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	

⁶ On the pension market, to be completed only by members of the body and [candidates] for a function on the management board of the pension fund company taking into account the provisions of Article 41(1a) of the Act on the Organisation and Operation of Pension Funds.
On the insurance market, to be completed only by candidates for a function on the management board of the insurance taking into account the provisions of Article 50(4) of the Insurance and Reinsurance Act.

11	Other (enumerate):	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
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II. Competences of managing risks of the activity of the supervised entity⁷					
No.	Competence description	Has the level of your competences changed since the appointment/previous assessment (self-assessment) ⁸	In the opinion of the supervised entity, has the level of competences of the member of the body changed since the appointment/previous assessment (assessment carried out by the entity) ⁹	Has the level required by the entity changed since the appointment/previous assessment (level required by the entity) ¹⁰	Assessment of fulfilment of the requirements ¹¹
1	Risk 1 (describe) ¹²	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

⁷ Not applicable to candidates for functions in statutory bodies on the pension market.

⁸ Select one option and provide justification of the candidate's self-assessment, in particular taking into account professional and academic achievements.

⁹ Select one option and provide justification, in particular where the assessment is different from the candidate's self-assessment.

¹⁰ Select one option.

¹¹ If the value in the field "assessment carried out by the entity" is equal to or greater than the value in the field "level required by the entity", select the option "fulfilled"; otherwise, select the option "not fulfilled".

¹² When preparing the form to be completed by a candidate, the supervised entity should enumerate risks to which the activity of the supervised entity is exposed, including as a minimum the following:

- in the banking sector: business model – business risk and strategic risk; credit risk – credit risk, concentration risk, collective borrower default risk, counterparty risk, settlement/delivery risk, FX crediting risk; market risk – position risk, FX risk, commodity price risk, interest rate credit valuation adjustment; operational risk – business risk, IT risk, legal risk, model risk, AML risk; liquidity and financing – liquidity risk, market liquidity risk, intraday liquidity risk, liquidity concentration risk, financing risk; capital management – leverage risk, insolvency risk; governance – compliance risk, reputational risk; systemic risk – systemic risk and contagion risk;
- in the insurance sector: risks generated by the insurer's business profile, including actuarial risk, market risk, credit risk, liquidity risk, operational risk and other risks significant to the insurer.

		<input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	Justification:	Justification:	
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III. Competences of managing the key areas of activity of the supervised entity ¹³					
No.	Competence description	Has the level of your competences changed since the appointment/previous assessment (self-assessment) ¹⁴	In the opinion of the supervised entity, has the level of competences of the member of the body changed since the appointment/previous assessment (assessment carried out by the entity) ¹⁵	Has the level required by the entity changed since the appointment/previous assessment (level required by the entity) ¹⁶	Assessment of fulfilment of the requirements ¹⁷
1	Business line 1 (describe) ¹⁸	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the currently required level of competences (level required by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

¹³ Not applicable to candidates for functions in statutory bodies on the pension market.

¹⁴ Select one option and provide justification of the candidate's self-assessment, in particular taking into account professional and academic achievements.

¹⁵ Select one option and provide justification, in particular where the assessment is different from the candidate's self-assessment.

¹⁶ Select one option.

¹⁷ If the value in the field "assessment carried out by the entity" is equal to or greater than the value in the field "level required by the entity", select the option "fulfilled"; otherwise, select the option "not fulfilled".

¹⁸ When preparing the form to be completed by a candidate, the supervised entity should enumerate the entity's business lines.

IV. Personal competences¹⁹					
No.	Competence description	Has the level of your competences changed since the appointment/previous assessment (self-assessment) ²⁰	In the opinion of the supervised entity, has the level of competences of the member of the body changed since the appointment/previous assessment (assessment carried out by the entity) ²¹	Has the level required by the entity changed since the appointment/previous assessment (level required by the entity) ²²	Assessment of fulfilment of the requirements ²³
1	<p>Authenticity Words and actions of the member of the body are consistent and his/her behaviour is in line with the values and beliefs he/she voices. The candidate openly voices his/her intentions, ideas and opinions, encourages others to be open and honest, and properly informs the superior of actual situations, thus recognising existing risks and problems.</p>	Not applicable	<input type="checkbox"/> NO <input type="checkbox"/> YES Justification:	Not applicable	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

¹⁹ Not applicable to candidates for functions in statutory bodies on the pension market

²⁰ Select one option and provide justification of the self-assessment of the member of the body, in particular taking into account professional and academic achievements.

²¹ Select one option and provide justification, in particular where the assessment is different from the candidate's self-assessment.

²² Select one option.

²³ If the value in the field "assessment carried out by the entity" is equal to or greater than the value in the field "level required by the entity", select the option "fulfilled"; otherwise, select the option "not fulfilled".

2	<p>Language The member of the body is able to communicate orally in an organised and conventional way and to write in his/her mother tongue or in the language used at work at the location of the institution.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
3	<p>Determination The member of the body makes decisions on time on the basis of available information, acts swiftly or in accordance with prescribed procedures, for instance by expressing his/her opinions and without delaying decisions.</p>	<p>Not applicable</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES Justification:	<p>Not applicable</p>	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
4	<p>Communication The member of the body is able to communicate in an understandable and socially acceptable manner and in proper form. He/She focuses on communicating and obtaining clear and transparent information and encourages active feedback.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

5	<p>Judgment The member of the body is able to correctly assess information and diverse courses of action and to draw logical conclusions. He/She verifies, identifies and understands significant issues. He/She has the skill of holistically evaluating the situation, reaching beyond the perspective of the position held, in particular when resolving problems which could pose a threat to the continuity of the business.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
6	<p>Client-centricity and high standards The member of the body focuses on ensuring high standards and, to the extent possible, finds way to raise them further. In particular, he/she refuses to approve the development and introduction of products and services and the investment of capital expenses where he/she is unable to properly measure the risk without an understanding of the structure, framework or key assumptions of the proposed solution. He/She identifies and tests clients' expectations and needs and ensures that clients get correct, complete and understandable information. In particular, he/she takes into consideration product value for clients as well as product adequacy and suitability.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>

7	<p>Leadership The member of the body defines directions of activity and shows leadership, supports team work, motivates employees and ensures that they have professional competences adequate to their functions or necessary to achieve their targets. He/She is open to criticism and facilitates constructive debate.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
8	<p>Loyalty The member of the body identifies with the organisation and shows engagement. He/She demonstrates that he/she can dedicate sufficient time to work and duly perform his/her obligations, defends the interests of the organisation, and acts objectively and critically. He/She identifies and anticipates potential conflicts of interest.</p>	<p style="text-align: center;">Not applicable</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES Justification:	<p style="text-align: center;">Not applicable</p>	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
9	<p>External awareness The member of the body monitors the status of the organisation on an on-going basis, the balance of powers in the organisation and the established operating methods. He/She has a good understanding of the economic situation locally and globally (including financial, economic and social development) which may impact the organisation and the interests of different entities. The candidate is able to use such information efficiently.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

10	<p>Negotiating The member of the body identifies and discloses interests in a manner aiming to reach a consensus with a view to negotiating objectives.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
11	<p>Conviction The member of the body is able to influence others' opinions by using the skill of convincing others and his/her natural authority and tact. He/She has a strong personality and the ability to remain adamant.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

12	<p>Team work The member of the body is aware of the interests of the group and contributes to common goals; he/she is able to work as a part of the group.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>
13	<p>Strategic skills The member of the body is able to create and develop realistic plans and strategies of future development (among others based on scenario analysis) which implies the skill of setting long-term goals. He/She appropriately considers risks to which the organisation is exposed and takes the right steps to manage such risks.</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high</p> <p>Justification:</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high</p>	<p><input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled</p>

14	<p>Resilience to stress The member of the body is resilient to stress and able to act logically even under strong pressure and at times of uncertainty.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
15	<p>Sense of responsibility The member of the body understands internal and external conditions and motivations, evaluates them carefully and takes them into account. He/She is able to draw conclusions and is aware that his/her actions influence the interests of stakeholders.</p>	<p style="text-align: center;">Not applicable</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES Justification:	<p style="text-align: center;">Not applicable</p>	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
16	<p>Charing meetings The member of the body is able to chair meetings efficiently and effectively, creating the atmosphere of openness and encouraging everyone to participant on equal terms; he/she understands the responsibilities and obligations of others.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled

17	Other (enumerate):	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (self-assessment)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If you have checked "YES", define the current level of your competences (assessment carried out by the entity)</i> <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high Justification:	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled
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Date and signature of the member:	
Date and signature of a duly authorised representative of the entity:	

Appendix W.E(b)

to the suitability reassessment form for members of bodies of banks

CLEAN CRIMINAL RECORD

SECTION 1 – to be completed by the member of the body of a bank

I. Place of residence abroad and clean criminal record

Since the declaration submitted in the previous assessment:

I have had a place of residence outside the Republic of Poland. A certificate of a clean criminal record issued by the National Criminal Records (KRK) and certificates of a clean criminal record issued by the competent authorities of all countries in which I have had a place of residence in that period are attached hereto.¹

I have not had a place of residence outside the Republic of Poland. A certificate of a clean criminal record issued by the National Criminal Records (KRK) is attached hereto.¹

II. Pending proceedings

a/ Since the declaration submitted in the previous assessment:

I have not been charged in criminal proceedings, except for charges concerning offences prosecuted by private indictment, or in tax criminal proceedings pending before Polish or foreign judicial authorities.

I have been charged in criminal proceedings, except for charges concerning offences prosecuted by private indictment, or in tax criminal proceedings pending before Polish or foreign judicial authorities as follows:

b/ Since the declaration submitted in the previous assessment:

I have notified the supervisory authority within 30 days of being charged as referred to above. yes
 no

I have not been indicted in connection with charges raised in criminal proceedings, except for charges concerning offences prosecuted by private indictment, or in tax criminal proceedings pending before Polish or foreign judicial authorities.

I have been indicted in connection with charges raised in criminal proceedings, except for charges concerning offences prosecuted by private indictment, or in tax criminal proceedings pending before Polish or foreign judicial authorities as follows:

No.	Enclosures
1.	

¹ The obligation of presenting the relevant certificates does not apply to persons who have presented a certificate to the entity carrying out the assessment in the last two years (in the case of significant entities – in the last year).

I confirm the declarations presented in this form and I am aware of criminal liability for misrepresentation in accordance with Article 31a of the Act – Banking Law and Article 233 of the Criminal Code.

Date and signature of the member of the body:	
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SECTION 2 – to be completed by the entity carrying out the assessment

III. Summary of the assessment carried out by the entity

The information presented by the member of the body of the bank in this form adversely impacts the assessment of his/her clean criminal record in connection with suitability to hold the function.

yes

no

Date and signature of a duly authorised representative of the entity:

Appendix W.F (b)

to the suitability reassessment form for members of bodies of banks

GUARANTEES

SECTION 1 – to be completed by the member of the body of a bank

I. Administrative sanctions

Since the declaration submitted in the previous assessment:

no administrative sanctions have been imposed on me.

the following administrative sanctions have been imposed on me (enumerate):

II. Administrative sanctions imposed on other entities in connection with the responsibilities of the member of the body of the bank

Since the declaration submitted in the previous assessment:

no administrative sanctions have been imposed on other entities in connection with my responsibilities.

the following administrative sanctions have been imposed on other entities in connection with my responsibilities (enumerate):

III. Judicial proceedings which could adversely impact my financial standing

Since the declaration submitted in the previous assessment:

I am not and have not been a party to judicial proceedings.

I am or have been a party to the following judicial proceedings (enumerate):

IV. Administrative, disciplinary or enforcement proceedings

Since the declaration submitted in the previous assessment:

I am not and have not been a party to administrative, disciplinary or enforcement proceedings.

I am or have been a party to administrative, disciplinary or enforcement proceedings.

V. Financial losses at the place of work

Since the declaration submitted in the previous assessment:

I have not caused documented financial losses at my current place of work.

I have caused the following documented financial losses at my current place of work (enumerate):

VI. Prohibition of carrying out economic activities on own account

Since the declaration submitted in the previous assessment:

I have not been sanctioned with a prohibition of carrying out economic activities.	<input type="checkbox"/>
I have been sanctioned with a prohibition of carrying out economic activities in the following circumstances:	<input type="checkbox"/>
VII. Prohibition of holding a function	
Since the declaration submitted in the previous assessment:	
I have not been sanctioned with a prohibition of holding the function of a representative or a prohibition of holding the function of a proxy of an entrepreneur, a member of the supervisory board and of the audit committee in a joint-stock company, a limited joint-stock company, a limited open partnership, or a co-operative.	<input type="checkbox"/>
I have been sanctioned with a prohibition of holding the function of a representative or of a proxy of an entrepreneur, a member of the supervisory board and of the audit committee in a joint-stock company, a limited joint-stock company, a limited open partnership, or a co-operative in the following circumstances (enumerate):	<input type="checkbox"/>
VIII. Refusal of a permission or authorisation	
Since the declaration submitted in the previous assessment:	
I have not been refused any permission or authorisation in connection with my existing or planned activities or function held in an entity which operates on the financial market.	<input type="checkbox"/>
I have been refused a permission or authorisation in connection with my existing or planned activities or function held in an entity which operates on the financial market in the following circumstances (enumerate):	<input type="checkbox"/>
IX. Revoked permission or authorisation	
Since the declaration submitted in the previous assessment:	
no permission or authorisation has been revoked in connection with my existing or planned activities or function held in an entity which operates on the financial market.	<input type="checkbox"/>
a permission or authorisation has been revoked in connection with my existing or planned activities or function held in an entity which operates on the financial market in the following circumstances (enumerate):	<input type="checkbox"/>
X. Termination of employment on the initiative of the employer/client:	
Since the declaration submitted in the previous assessment:	
my employment in any form in an entity which operates on the financial market has not been terminated on the initiative of the employer or client.	<input type="checkbox"/>

my employment in any form in an entity which operates on the financial market has not been terminated on the initiative of the employer or client in the following circumstances (enumerate):	<input type="checkbox"/>
XI. Liquidation, bankruptcy, recovery or restructuring proceedings:	
Since the declaration submitted in the previous assessment:	
no liquidation, bankruptcy, recovery or restructuring proceedings have been or are carried out against entities in which I hold or have held a managerial function or in which I hold or have held a stake equal to or greater than 10% of the total vote or of the share capital or of which I am or have been the parent entity.	<input type="checkbox"/>
the following liquidation, bankruptcy, recovery or restructuring proceedings have been or are carried out against entities in which I hold or have held a managerial function or in which I hold or have held a stake equal to or greater than 10% of the total vote or of the share capital or of which I am or have been the parent entity:	<input type="checkbox"/>
XII. Supervisory measures	
Since the declaration submitted in the previous assessment:	
no supervisory measures have been taken by the competent supervisory authority (or equivalent measures by other authorised entities under other laws) against me in connection with non-compliances in the activity of entities subject to supervision exercised by the competent supervisory authority in which I am or have been a member of the managing body in the period when such supervisory measures were taken.	<input type="checkbox"/>
the following supervisory measures have been taken by the competent supervisory authority (or equivalent measures by other authorised entities under other laws) against me in connection with non-compliances in the activity of entities subject to supervision exercised by the competent supervisory authority in which I am or have been a member of the managing body in the period when such supervisory measures were taken:	<input type="checkbox"/>
XIII. Supervisory measures against other entities	
Since the declaration submitted in the previous assessment:	
no supervisory measures have been taken by the competent supervisory authority (or equivalent measures by other authorised entities under other laws) against an entity in which I hold or have held a stake equal to or greater than 10% of the total vote or of the share capital or of which I am or have been the parent entity in connection with non-compliances in the activity of such entity if such entity carries out or has carried out activities subject to supervision of the competent supervisory authority in the country of its establishment.	<input type="checkbox"/>

<p>the following supervisory measures have been taken by the competent supervisory authority (or equivalent measures by other authorised entities under other laws) against an entity in which I hold or have held a stake equal to or greater than 10% of the total vote or of the share capital or of which I am or have been the parent entity in connection with non-compliances in the activity of such entity if such entity carries out or has carried out activities subject to supervision of the competent supervisory authority in the country of its establishment:</p>	<input type="checkbox"/>
<p>I confirm the declarations presented in this form and I am aware of criminal liability for misrepresentation in accordance with Article 31a of the Act – Banking Law and Article 233 of the Criminal Code.</p>	
<p>Date and signature of the member of the body:</p>	

SECTION 2 – to be completed by the entity carrying out the assessment

XIV. Performance of obligations of the member of the management body

List of significant areas in banks' activities – to be used as appropriate in the assessment of the performance of obligations of persons subject to the assessment:¹

1. designing, implementing and ensuring the operation of the risk management system;
2. approving established types of limits used in risk controls and their levels;
3. approving new products before their addition to the bank's offer;
4. executing internal control;
5. enabling whistleblowing in the case of any breach of the law and the bank's procedures and ethical standards;
6. management of information technology and ICT environment security;
7. management of model risk in banks, implementation and operation of the model risk management process;
8. management of liquidity risk;
9. management of operational risk;
10. internal capital assessment methodology;
11. establishment of an appropriate reporting framework including reporting to the supervisory board;
12. other, not covered by points 1-11, relevant to the person subject to the assessment.

As the holder of the function of a member of the management body, the person subject to the assessment performs/fails to perform² delegated obligations in accordance with the requirements of the Commercial Companies Code, the Act – Banking Law, the Regulation of the Minister of Economic Development and Finance concerning the risk management system and the internal control system, the remuneration policy and the specific methodology of internal capital estimation in banks, and PFSA guidelines and recommendations.

Description and comments concerning the assessment:

¹ A detailed description of these areas is presented in the Methodology of the suitability assessment of members of bodies of entities supervised by PFSA, section 2.2.1.2.3.8.

² Delete if not applicable.

XV. Membership of committees		
1.	The person subject to the assessment is a member of a committee active in the entity:	
	Obligations on the committee:	
	The person subject to the assessment performs/fails to perform ³ the obligations on the committee.	
	Description and comments concerning the assessment:	
XVI. Non-compliances in connection with the obligations of a member of the body of the bank identified in inspections⁴		
2.	Inspecting body:	
	Inspection period:	
	Inspection as at:	
	Scope of the inspection:	
	Scope of responsibilities as at the inspection date:	
	Identified non-compliances in connection with obligations:	
	Measures taken to eliminate non-compliances:	
XVII. Non-compliances in connection with the obligations of a member of the body of the bank identified in supervisory activities of the supervisory authority		
1.	Supervisory activity:	
	Supervisory activity period:	
	Supervisory activity as at:	
	Scope of the supervisory activity:	
	Scope of responsibilities as at the supervisory activity date:	

Identified non-compliances in connection with obligations:	
Measures taken to eliminate non-compliances:	
XVIII. Summary of the assessment carried out by the supervised entity	
The information presented in this form adversely impacts the assessment of his/her guarantees in connection with suitability to hold the function of a member of the body of the bank.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Date and signature of a duly authorised representative of the entity:	

³ Delete if not applicable.

⁴ This concerns inspections relating to the function held by the member in the supervised entity which carries out the assessment, including audits and internal control, audits by third parties (e.g., IPS), inspections by administrative bodies other than PFSA; the analysis should cover the period since the appointment/previous assessment.

Appendix W.G(b) – banking sector
to the suitability assessment form for members of bodies of banks
FINANCIAL STANDING AND CONFLICT OF INTEREST

SECTION 1 – to be completed by the candidate

I. Economic activity of the candidate	
Since the declaration submitted in the previous assessment:	
I do not and have not carried out economic activities.	<input type="checkbox"/>
I carry out or have carried out economic activities (enumerate):	<input type="checkbox"/>
Since the declaration submitted in the previous assessment, persons sharing my household:	
do not and have not carried out economic activities.	<input type="checkbox"/>
carry out or have carried out economic activities (enumerate):	<input type="checkbox"/>

II. Shareholdings	
Since the declaration submitted in the previous assessment:	
I do not hold and have not held shares or other interest in a company.	<input type="checkbox"/>
I hold or have held the following shares or other interest in companies:	<input type="checkbox"/>
Since the declaration submitted in the previous assessment, persons sharing my household:	
do not hold and have not held shares or other interest in a company.	<input type="checkbox"/>
hold or have held the following shares or other interest in companies:	<input type="checkbox"/>

III. Judicial proceedings which could adversely impact my financial standing	
At present and since the declaration submitted in the previous assessment:	
I am not and have not been a party to judicial proceedings.	<input type="checkbox"/>
I am or have been a party to the following judicial proceedings (enumerate):	<input type="checkbox"/>

IV. Administrative, disciplinary or enforcement proceedings which can or could adversely impact my financial standing	
At present and since the declaration submitted in the previous assessment:	
I am not and have not been a party to administrative, disciplinary or enforcement proceedings which can or could adversely impact my financial standing.	<input type="checkbox"/>
I am or have been a party to administrative, disciplinary or enforcement proceedings which can or could adversely impact my financial standing.	<input type="checkbox"/>

V. Certificates issued by the competent tax authority
--

A certificate of no outstanding tax liabilities is attached hereto.	<input type="checkbox"/>	
A certificate which specifies the amount of outstanding tax liabilities is attached hereto.	<input type="checkbox"/>	
VI. Candidate's conflict of interest declarations		
At present and since the declaration submitted in the previous assessment:	At present	Last 5 years
I hold directly or indirectly shares of a commercial law company or the right to appoint at least one member of the management board of such company which carries out activities competitive to the entity in which I hold/will hold a function.	<input type="checkbox"/>	
<i>Enumerate companies competitive to the entity in which you hold/will hold a function:</i>		
I hold directly or indirectly shares in another economic entity (e.g., mutual insurance company, co-operative bank, co-operative savings and loans association) or the right to appoint at least one member of the management board of such entity which carries out activities competitive to the entity in which I hold/will hold a function.	<input type="checkbox"/>	
I have shared economic interest with the entity in which I hold/will hold a function in relation to my economic activity, intellectual property rights or other interest.	<input type="checkbox"/>	
<i>Describe the object of your relations with the entity in which you hold/will hold a function:</i>		
a company of which I am a partner/shareholder holds a loan/credit granted by the entity in which I hold/will hold a function.	<input type="checkbox"/>	
I hold a loan/credit granted in connection with my economic activity by the entity in which I hold/will hold a function.	<input type="checkbox"/>	
my close person ¹ holds a significant block of shares of the entity in which I hold/will hold a function.	<input type="checkbox"/>	
I am/have been an employee/associate ² of an entity which holds a significant block of shares of the entity in which I hold/will hold a function.	<input type="checkbox"/>	<input type="checkbox"/>
my close person is an employee of the entity in which I hold/will hold a function or an entity subject to prudential consolidation.	<input type="checkbox"/>	
I am/have been an employee/associate of a person who is an employee of the entity in which I hold/will hold a function or an entity subject to prudential consolidation.	<input type="checkbox"/>	<input type="checkbox"/>
I am/have been an employee of another entity, which may generate actual or potential conflict of interest.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Enumerate the entities referred to above:</i>		
I am a partner/shareholder/member of a body of an entity which is a significant contractor ³ of the entity in which I hold/will hold a function.	<input type="checkbox"/>	
<i>Enumerate the entities referred to above:</i>		

my close person is a significant contractor or a member of a body of a significant contractor of the entity in which I hold/will hold a function.	<input type="checkbox"/>	
<i>Enumerate the entities referred to above:</i>		
I am an employee/associate of an entity which is a significant contractor or of a person who is a member of a body of a significant contractor of the entity in which I hold/will hold a function.	<input type="checkbox"/>	
<i>Enumerate the entities referred to above:</i>		
I am a member of a body of an entity which carries out activities competitive to the entity in which I hold/will hold a function.	<input type="checkbox"/>	
<i>Enumerate the competitive entities referred to above:</i>		
my social activity generates a conflict of interest with the activity of the entity in which I hold/will hold a function.	<input type="checkbox"/>	<input type="checkbox"/>
Date and signature of the candidate:		

¹ A close person within the meaning of this questionnaire is a spouse, a partner, a relative by blood or a relative by kinship up to the second line, and a person in the relationship of adoption, care or guardianship with the candidate.

² Being an associate within the meaning of this questionnaire means any association other than under an employment agreement, e.g., under a work or service contract or any other civil law contract.

³ A significant contractor within the meaning of this questionnaire means for instance a significant service provider or consulting company.

SECTION 2 – to be completed by the entity carrying out the assessment			
VII. Established solutions for the management of identified conflicts of interest			
No.	Identified non-compliance:	Established management solutions:	Are the solutions effective?
1.			<input type="checkbox"/> yes <input type="checkbox"/> no
Summary of the assessment carried out by the entity			
The information presented by the member of the body in this form adversely impacts the assessment of his/her independent judgment due to the risk of a conflict of interest in connection with suitability to be appointed to the position of a member of the body of the supervised entity.			<input type="checkbox"/> yes <input type="checkbox"/> no
Date and signature of a duly authorised representative of the entity:			

Appendix W.H

to the suitability assessment form for members of bodies of supervised entities

INDEPENDENT JUDGMENT

SECTION 1 – to be completed by the member of the body

I. Ability to ask the right questions of members of bodies of the supervised entity

Please describe (and document to the extent possible) a selected case since the declaration submitted in the previous assessment where you showed the ability to address problematic issues to members of bodies of the supervised entity:

--

II. Group thinking

Please describe (and document to the extent possible) a selected case since the declaration submitted in the previous assessment where you showed the ability to counteract group thinking:

--

Date and signature of the candidate:

--	--

SECTION 2 – to be completed by the entity carrying out the assessment

III. Assessment of behavioural characteristics of the member of the body

Please describe (and document to the extent possible) actions of the member of the body since the previous assessment reflecting behavioural characteristics underlying independence of judgment, together with their assessment. Consider in particular:

- 1) voting at meetings of the body on potentially controversial matters in the same way as or in a different way than the majority;
- 2) exercising or refraining from exercising the right of veto;
- 3) asking questions to other members of the bodies of the entity in writing or for the minutes.

--

IV. Summary of the assessment carried out by the entity

The information presented in this form adversely impacts the assessment of his/her independent judgment in connection with suitability to perform the function of a member of the body of the supervised entity.

- yes
 no

Date and signature of a duly authorised representative of the entity:

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Appendix W.I to the suitability assessment form for members of bodies of supervised entities

COMBINING FUNCTIONS (REASSESSMENT)

SECTION 1 – to be completed by the member of the body to update and inform the reassessment of the member of the body of the supervised entity in the case of changes since the date of the declaration presented in the previous assessment

I. Functions held on supervisory boards/as non-executive director

No.	Entity	Function/Position	Capital group/Institutional protection scheme	The entity performing the assessment holds a significant block of shares ¹	Representative of the Treasury	Currently held/to be held	Sector
1.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> currently held <input type="checkbox"/> to be held	<input type="checkbox"/> banking <input type="checkbox"/> pension <input type="checkbox"/> capital <input type="checkbox"/> insurance <input type="checkbox"/> other financial <input type="checkbox"/> non-financial

Total number of positions on supervisory boards

Total number of positions on supervisory boards including positions counted as one²

¹ This means a stake held directly or indirectly in the entity, representing at least 10% of the capital or of the votes or providing significant impact on its management.

² Positions on supervisory boards of entities of the same capital group or held in entities subject to the same institutional protection scheme or entities in which the banks holds a significant stake of shares are counted as one.

II. Functions held on management boards/as executive director							
No.	Entity	Function/Position	Capital group/Institutional protection scheme	The entity performing the assessment holds a significant block of shares ³	Currently held/to be held	Sector	
1.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> currently held <input type="checkbox"/> to be held	<input type="checkbox"/> banking <input type="checkbox"/> pension <input type="checkbox"/> capital	<input type="checkbox"/> insurance <input type="checkbox"/> other financial <input type="checkbox"/> non-financial
Total number of positions on management boards							
Total number of positions on management boards including positions counted as one⁴							
III. Declaration concerning combined functions: ⁵							
MEMBER OF THE MANAGEMENT BOARD OF A BANK							
Content				Answer	Comments		
I hold or will hold at the same time functions of a member of the management board or of the supervisory board of entities of the same capital group.				<input type="checkbox"/> yes <input type="checkbox"/> no			

³ This means a stake held directly or indirectly in the entity, representing at least 10% of the capital or of the votes or providing significant impact on its management.

⁴ Positions on management boards of entities of the same capital group or held in entities subject to the same institutional protection scheme or entities in which the banks holds a significant stake of shares are counted as one.

⁵ Select as appropriate.

The number of functions held at the same time exceeds or will exceed the functions of one member of the management board and two members of the supervisory board (not applicable to functions held in entities which carry out no economic activities and representatives of the Treasury).	<input type="checkbox"/> yes <input type="checkbox"/> no	
My competences include supervising the management of significant risks in the activities of the bank. ⁶	<input type="checkbox"/> yes <input type="checkbox"/> no	
I meet the criterion of obtaining the permission to hold one additional function (concerning a significant body) in the body, which will result in exceeding the number of functions defined in point 2, and which requires a notification of the European Banking Authority.	<input type="checkbox"/> yes <input type="checkbox"/> no	
MEMBER OF THE SUPERVISORY BOARD OF A BANK		
I hold at the same time functions of a member of the supervisory board of several entities of the same capital group.	<input type="checkbox"/> yes <input type="checkbox"/> no	
The number of functions held at the same time exceeds or will exceed four functions of a member of the supervisory board.	<input type="checkbox"/> yes <input type="checkbox"/> no	
I meet the criterion of obtaining the permission to hold one additional function (concerning significant banks) in the body, exceeding the number of functions defined in point 2, which requires a notification of the European Banking Authority.	<input type="checkbox"/> yes <input type="checkbox"/> no	

⁶ In accordance with Article 22a(6)(1) and (2) of the Act – Banking Law, the position of the president of the management board of a bank shall not be combined with the position of the member of the management board supervising the management of significant risk in the activities of the bank and the management of such risk shall not be delegated to the president of the management board of a bank.

Such limitations do not apply to co-operative banks associated in an associating bank in accordance with Article 20a(1)(1) and (2) of the Act – Banking Law, provided that such bank has not established the position of the member of the management board supervising the management of significant risk in the activities of the bank in accordance with Article 20a(2) of the Act – Banking Law.

In accordance with Article 22a(6)(3) of the Act – Banking Law, supervision of the area of activities of the bank generating risks whose management he/she supervises shall not be delegated to the member of the management board supervising the management of significant risk.

MEMBER OF THE MANAGEMENT BOARD OF AN INSURANCE OR INSURANCE COMPANY		
<p>I am a member of the managing body of:</p> <p>1) an investment fund company or an AIC within the meaning of the Investment Fund Act, which is authorised to carry out activities;</p> <p>2) an entity which carries out brokerage activities within the meaning of the Act of 29 July 2005 on Trading in Financial Instruments (Journal of Laws of 2018, item 2286, 2243 and 2244) or other activities involving trading in financial instruments within the meaning of the Act;</p> <p>3) an open-ended pension fund;</p> <p>4) a bank;</p> <p>5) a reinsurance company.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	
MEMBER OF THE MANAGEMENT BOARD OF A PENSION FUND COMPANY		
<p>I sit on a managing body or a supervising body of entities referred to in Article 42(1) of the Act on the Organisation and Operation of Pension Funds. I also have an employment agreement, a work contract or another similar legal relationship with entities referred to in Article 42(1) of the Act.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	
MEMBER OF THE SUPERVISORY BOARD OF A PENSION FUND COMPANY		
<p>I have not been appointed as a shareholder of the company, a party related to a shareholder, a member of the managing body or the supervising body of a shareholder of the company, a member of the managing body or the supervising body of entities being a party related to a shareholder of the company, or a person holding an employment agreement, a work contract or another similar legal relationship with a shareholder or an entity being a party related to a shareholder.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	

Date and signature:	
---------------------	--

SECTION 2 – to be completed by the entity carrying out the assessment	
IV. Summary of the assessment carried out by the entity	
The information presented by the member of the body in this form adversely impacts the assessment of his/her independent judgment in connection with suitability to be appointed as a member of the body of the supervised entity.	<input type="checkbox"/> yes <input type="checkbox"/> no
Date and signature of a duly authorised representative of the entity:	

Appendix W.J

to the reassessment form for members of bodies of supervised entities

DEDICATING TIME

SECTION 1 – to be completed by the member of the body of the supervised entity¹

This section of the declaration is filled out to update and inform the reassessment of the ability of the member to dedicate sufficient time in the case of changes since the date of the declaration presented in the previous assessment

I. Declaration of the member of the body of the supervised entity

I have been informed about the expected minimum time necessary for due performance of my obligations and I declare my readiness to dedicate the following amount of time:

I am ready to dedicate more time in periods of peak activity, e.g., in the case of restructuring or other crises.

My current place of residence is:

- in the city of my place of employment
- outside the city of my employment, in Poland
- outside Poland, in the European Union
- outside the European Union

Approximate travel time from the place of residence to the place of work/functions²:

¹ In the pension sector, the Appendix covers members of the supervisory board of a pension fund company and members of the supervisory board of an employee pension fund company appointed otherwise than in accordance with Article 45(1) of the Act on Open-ended Pension Funds.

² Aggregate number of hours per year.

II. Time spent in other positions/functions									
No.	Position/function				Time spent currently		Planned time spent after appointment to the position		
					# meetings per year	Days per year	# meetings per year	Days per year	Travel time ³
a) Other positions/functions in the same entity									
1.	Position:								
b) Positions/functions in other entities of the same capital group									
1.	Position:			Entity size ⁴ <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large					
	Entity:								
	Scope of activities:								
	Seat/place of performing obligations:	Country:	City:						
c) Positions/functions in other commercial entities (including own economic activities)									
1.	Position:			Entity size <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large					
	Entity:								
	Scope of activities:								
	Seat/place of performing obligations:	Country:	City:						
d) Other non-commercial activities (e.g., social/teaching)									
1.	Position:			Entity size <input type="checkbox"/> Micro					
	Entity:								
	Scope of activities:								
		Country:	City:						

³ Time spent to travel in connection with the function held – aggregate number of days per year.

⁴ According to the classification laid down in Article 7 of the Act – Entrepreneur Law.

Seat/place of performing obligations:				<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large					
			Total a) + b) + c) + d)						
e) Synergies in connection with functions held in one capital group⁵									
No.	Obligations	Positions covered by synergies	Time currently spent thanks to synergies (days per year)	Planned time savings thanks to synergies (days per year)					
1.									
		Total (all items in (e))							
		Total time spent including synergies [(a+b+c+d)-e]							
IV. Additional obligations not covered by II									
Date and signature of the member of the body of the supervised entity:									

⁵ Overlapping obligations performed by the member at the same time while holding several functions in the capital group taking into account in particular activities performed on behalf of the entity or as a substitute of a member of the body of the supervised entity.

SECTION 2 – to be completed by the entity carrying out the assessment		
VI. Assessment of the body’s assumptions and expectations		
1) Participation in meetings		
total number	present	absent
2) Long-term absence		
reason	number of days	
3) Substitution provided in the absence of another member of the body of the supervised entity		
function/position	number of days	
4) Assessment of preparation for and engagement in meetings of the body		
VIII. Summary of the assessment carried out by the entity		
The information presented in this form adversely impacts the assessment of the ability to dedicate sufficient time in connection with suitability to perform the function/hold the position in the body of the supervised entity.		<input type="checkbox"/> yes <input type="checkbox"/> no
Date and signature of a duly authorised representative of the entity:		