MICROCREDIT INSTITUTIONS PERSONAL QUESTIONNAIRE

APPLICABLE FOR PROPOSED SUBSTANTIAL SHAREHOLDERS, AND OFFICERS OF MICROCREDIT INSTITUTIONS (MCI) APPOINTED OR PROPOSED TO BE APPOINTED UNDER SECTION 2(2) OF THE MICROCREDIT ACT, 2021

l(a)	in electronic and hardcopy of the completed Personal Questionnaire and re ne,First Name-PQ-2021. The hardcopy Personal Questionnaire and relev		ompletion.						
(a) I					e following naming conv	vention:			
				NSHIP(S) INFORMATION					
(b)	Name of Microcredit Institutions (MCI) or proposed MCI in connect	tion with which this questionr	naire is being completed.	Money Lending Limited					
(h)			Position/Relationshi	ip	Start Date (MM/DD/YYYY)				
	Position or relationship with the MCI or proposed MCI.		Director			1-Jun-17			
			Yes/No (Enter Y for Yes and N for		COMMENTS				
	Have you completed a Fit and Proper questionnaire within the las	t 12 months?	Y	No) Y					
			Name of Entity(ies)	Capacity/Role	Capacity/Role Date of Subr				
(c)	If yes, state the positions(s) or relationships with the entity(s) for v completed:	which the questionnaire was	Maribec Limited	Managing Directo		Jul-17			
		SECTION II - E	BIOGRAPHICAL INFOR	MATION					
		de a certified passport-size	d colour photograph and atta	ch to the Personal Questionnaire)					
2(0)		First Name	Middle Name(s)		Last Name Bourdain				
		Michelle Chelle	Andrea		Bourdain				
	Please state maiden name, if applicable	-			Black				
		Female							
` '		Married							
`'	Home Address								
_		270 Julius Ceasar Avenue							
_		Pennyside Kingston 9							
_		St. Andrew							
		N/A							
_	Country	Jamaica							
_	Address of Employment/Business	Vallialou							
_		13 High Street							
_		N/A							
_		Kingston 5							
	Parish/State	St. Andrew							
	Postal / Zip Code	N/A							
-	Country	Jamaica							
(h)	Occupation	Human Resource Practition	ner						
(i)	Taxpayer Registration Number (issued by Tax Administration Jam	naica. If not applicable, please in	ndicate N/A in the space provided.		111-102-000				
(j)	Place of Birth				\				
	Parish or City & State	St. Andrew							
	Country	Jamaica							
(k)	Date of Birth (MM/DD/YYYY)	12-Dec-70							
(l)	Nationality	Jamaican							
(m) l	If Naturalized Citizen, indicate:								
		N/A N/A							
(n)	If not Jamaican, complete the following:								
[- Work Permit Number	N/A							
	- Passport No. or other unique Identification Number (ID)	N/A							
	- Place of Issue of Passport or other ID mentioned above	N/A							
	State all the places (local or international) where you have residen	d for six or more months after		Also include the period of residence.	Peri	od of Residence			
3 :				Country	From	То			
-	, and the second	City/Parish		- Country					
	Street Name	City/Parish Kingston 9, St. Andrew		Jamaica	2015	Present			
	Street Name 270 Julius Ceasar Avenue			-	2015 1998				
	Street Name 270 Julius Ceasar Avenue 15 Forrester Patch 4975 Daubon Lane	Kingston 9, St. Andrew St. Ann Atlanta		Jamaica Jamaica USA	1998 1993	Present 2015 1998			
	Street Name 270 Julius Ceasar Avenue 15 Forrester Patch 4975 Daubon Lane	Kingston 9, St. Andrew St. Ann		Jamaica Jamaica	1998	Present 2015			
	Street Name 270 Julius Ceasar Avenue 15 Forrester Patch 4975 Daubon Lane	Kingston 9, St. Andrew St. Ann Atlanta		Jamaica Jamaica USA	1998 1993	Present 2015 1998			
	Street Name 270 Julius Ceasar Avenue 15 Forrester Patch 4975 Daubon Lane	Kingston 9, St. Andrew St. Ann Atlanta		Jamaica Jamaica USA	1998 1993	Present 2015 1998			

Name (Print): Michelle Bourdain

	M	ICROCREDIT INSTITUT	TIONS PERSONAL C	QUESTIONNAIRE				
		SECTION III - CONN						
4(a)	Information on Immediate Relatives:	Spous		Father		Mother		
	First Name	John		Webster		Maureen		
	Middle Name	Washing	ton	Alexander		Maragaret		
	Last Name	Bourda	in	Black	Black			
4(b)	Other Names Used (Trade Names, Aliases, Pseudonyms for professional reasons).	Johnny	В	N/A	N/A			
	Taxpayer Registration Number (issued by Tax Administration Jamaica. If not applicable, please							
4(c)	indicate N/A in the space provided and complete passport information below)	100-111-	100	120-787-100	1	118-454-100		
	Passport No. or other unique Identification Number (ID)	N/A		N/A		N/A		
	Place of Issue of Passport or other ID mentioned above	N/A		N/A		N/A		
4(d)	Home Address	Spous	e	Father		Mother		
	Address 1	270 Julius Ceas		475 Hamilton Avenue	J	Jeffers Ville		
	Address 2	N/A		N/A		N/A		
	Address 3/City	Kingstor	n 9	Morris Town	Je	ffers Ville PA		
	Parish/State	St. Andr	ew	New Jersey		St. Mary		
	Postal / Zip Code	N/A		08045		N/A		
	Country	Jamaic	a	USA		Jamaica		
4(e)	Address of Employment/Business	Spous	е	Father	Mother			
	Address 1	45 Bronlow A	Avenue	Retired		Retired		
	Address 2	Doncast		N/A	. 1	N/A		
	Address 3/City	Kingstor		N/A		N/A		
	Parish/State	Kingsto		N/A		N/A		
	Postal / Zip Code	Kingsto		N/A		N/A		
	Country	Jamaic		N/A		N/A		
4(f)	Nationality	French		Jamaican		Jamaican		
	Address(es) while living overseas	Spous		Father		Mother		
7(9)	Address 1	357 Rue Pa		475 Hamilton Avenue	475 H	lamilton Avenue		
	Address 2	N/A	iotoui	N/A	4.01.	N/A		
	Address 3/City	Cabour	rg	Morris Town	N	Morris Town		
	Parish/State	N/A		New Jersey	1	New Jersey		
	Postal / Zip Code	14930		8045		08045		
	Country	France	e	USA		USA		
	Particulars of children over the Age of 18 years (please include	le step-children)						
4(h)			\rightarrow		TPN (or equivale	ant ID number for overseas		
	First Name	Middle Name(s)		ast Name		TRN (or equivalent ID number for overseas jurisdiction)		
	Giselle	Genevieve		Bourdain	100-100-100			
		\rightarrow						
		Yes/No (Entry Vice and Mer-		COMMENTS				
		Yes/No (Enter Y for Yes and N for No)		COMMENTS				
	Please indicate whether you or any of your immediate calculations	(Enter Y for Yes and N for No)		COMMENTS				
	Please indicate whether you or any of your immediate relatives are Politically Exposed Persons?	(Enter Y for Yes and N for		COMMENTS				
		(Enter Y for Yes and N for No) N						
		(Enter Y for Yes and N for No) N	PLOYMENT/ACADE					
4(1)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each	h place of employment: det	MIC PROFILE	and the duties attache	ed to your position; the dates o		
4(1)	are Politically Exposed Persons?	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each	h place of employment: det	MIC PROFILE	and the duties attache	ed to your position; the dates o		
4(1)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each	h place of employment: det	MIC PROFILE	and the duties attache	ed to your position; the dates o		
4(1)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each on(s) for leaving. See sheet "Qui	h place of employment: det estion 5(a)"	MIC PROFILE ails of the type of business; your job title				
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each on(s) for leaving. See sheet "Que First Name John	h place of employment: det estion 5(a)" Last Name	MIC PROFILE ails of the type of business; your job title Position/ Occupation Lecturer	Telephone No. (876) 333-3331	Email Address		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each on(s) for leaving. See sheet "Qui	h place of employment: det estion 5(a)" Last Name	MIC PROFILE ails of the type of business; your job title Position/ Occupation	Telephone No.	Email Address		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for each on(s) for leaving. See sheet "Que First Name John	n place of employment: det estion 5(a)" Last Name Doe Brown	MIC PROFILE ails of the type of business; your job title Position/ Occupation Lecturer	Telephone No. (876) 333-3331	Email Address		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM questionnaire, including for each on(s) for leaving. See sheet "Quit First Name John Jane	n place of employment: det estion 5(a)" Last Name Doe Brown	MIC PROFILE ails of the type of business; your job title Position/ Occupation Lecturer Lawyer	Telephone No. (876) 333-3331	Email Address joed@yahoo.com janed@gmail.com		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for eact on(s) for leaving. See sheet "Qui First Name John Jane Qualificat	n place of employment: det estion 5(a)" Last Name Doe Brown tion	MIC PROFILE ails of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM questionnaire, including for each on(s) for leaving. See sheet "Qui First Name John Jane Qualificat Phd - Fins	n place of employment: det estion 5(a)" Last Name Doe Brown tion ance omics	MIC PROFILE ails of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution Berk University	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred 2010		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for eact on(s) for leaving. See sheet "Que First Name John Jane Qualificat Phd - Fina MSC-Econo	n place of employment: det estion 5(a)" Last Name Doe Brown tion ance omics	MIC PROFILE alls of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution Berk University George State University	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred 2010 1998		
5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of thi employment, the name and address of your employer(s) and reas Provide information for two references.	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for eact on(s) for leaving. See sheet "Que First Name John Jane Qualificat Phd - Fina MSC-Econo	n place of employment: det estion 5(a)" Last Name Doe Brown tion ance omics	MIC PROFILE alls of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution Berk University George State University	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred 2010 1998		
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5(a)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas Provide information for two references.	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for eact on(s) for leaving. See sheet "Que First Name John Jane Qualificat Phd - Fina MSC-Econo	n place of employment: det estion 5(a)" Last Name Doe Brown tion ance omics	MIC PROFILE alls of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution Berk University George State University	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred 2010 1998		
5(a) 5(b)	are Politically Exposed Persons? Give details of your employment history up to the filling date of this employment, the name and address of your employer(s) and reas Provide information for two references.	(Enter Y for Yes and N for No) N SECTION IV - EM s questionnaire, including for eact on(s) for leaving. See sheet "Que First Name John Jane Qualificat Phd - Fina MSC-Econo	n place of employment: det estion 5(a)" Last Name Doe Brown tion ance omics	MIC PROFILE alls of the type of business; your job title Position/ Occupation Lecturer Lawyer Institution Berk University George State University	Telephone No. (876) 333-3331 (876) 444-4141	Email Address joed@yahoo.com janed@gmail.com Year Conferred 2010 1998		

	М	ICROCREDIT INSTIT	UTIONS PERSONAL (QUESTIONNAIRE	
	Kindly indicate 'Y' for 'YES or 'N' for 'NO'		V - PROFESSIONAL C	ONDUCT n in this section is 'YES', please give details in the Comments o	column.
6	PROFESSIONAL CONDUCT		Yes/No (Enter Y for Yes and N for No)	COMMENTS	
	Have you at any time been charged with or convicted of any offence or otherwise	found liable by a Civil Criminal or	i i		
	Military Court (excluding minor road traffic offences) whether in Jamaica or elsew	vhere?			
	If charged, please give details of the charge, and the outcome of the matter (eg. or court proceeding started and the outcome of those proceedings)				
6(a)	If convicted, the date of conviction and full particulars of the offence (including a and the penalty imposed.	ny offences taken into consideration)	N		
	In relation to a civil proceeding, please state the complaint, the outcome of the m withdrawn, court proceedings started and the outcome of those proceedings) and the date of the judgment or unling and full particulars of the circumstances result any other complaint) taken into consideration and the penalty, sanction or remed	d if a finding of liability was imposed, ing in the civil proceeding (including			
	Has a suit ever been brought against you in your personal capacity?				
6(b)	Please state the subject matter of the suit, also indicate if pending, and if not stathe comments column.	te how the matter was resolved in	N		
6(c)	Have you ever been the subject of any investigation or of disciplinary procedures criticised by any professional body or trade association or other body which oper which you belong or have belonged whether in Jamaica or elsewhere? If yes, gi	ates in a representative capacity, to	N		
6(d)	In connection with the formation or management of any legal person or arrangen Court chilly or criminally liable for any fraud, misteasance or other misconduct to arrangement, or any member or customer thereof whether in Jamaica or elsewho comment column.	wards that legal person or	N		
6(e)	Have you ever been disqualified by a Court or by virtue of any statutory enactmer acting in the management or conduct of the affairs of any legal person or arrange elsewhere? If yes, give details in the 'comment' column.		N		
6(f)	Has a bankruptcy petition ever been served on you, or any legal person or arrang shareholder or held the position of director or manager in any jurisdiction? If yes column.		N		
6(g)	Have you ever, in any jurisdiction				
	i) Been adjudged bankrupt by a Court? If yes, give details in the 'comment' colur		N		
	Had a receiving or administrative order made against you? If yes, give details Had your property seized? If yes, give details in the 'comment' column.	in the 'comment' column.	N N		
	iv) Entered into any arrangement, or other composition with your creditors? If ye column.	s, give details in the 'comment'	N		
6(h)	Whether in Jamaica or elsewhere, have you ever been a shareholder, director of management of a legal person or arrangement:	, or directly concerned in the			
	i) Which has been served with a petition to wind up? If yes, give details in the 'cr		N		
	ii) Which has been wound up by a Court? If yes, give details in the 'comment' co iii) The licence of which has been revoked? If yes, give details in the 'comment'		N N		
	(iv) Where the application for a licence has been refused? If yes, give details in t		N		
	v) Which has been placed in receivership? If yes, give details in the 'comment' or		N		
	 w) Which has entered into any arrangement or other composition with its credito comment column. 		N		
	 Which has had an administrative order made against it? If yes, give details in Which has been sued? If yes, give details in the 'comment' column. 	n the 'comment' column.	N N		
	ix) Which has been charged by law enforcement authorities regarding the comm give details in the 'comment' column.	ission of a criminal offence? If yes,	N		
	x) Which has been sanctioned for any criminal offence? xi) Whose business has been adjudged to have been conducted imprudently or	fraudulently? If yes, give details in	N		
	the 'comment' column. xii) Which has failed to meet the solvency requirements prescribed by law or by		N N		
	If yes, give details in the 'comment' column. xiii) To which financial assistance has been given by a government agency to ef	fect a restructuring? If yes, give	N		
	details in the 'comment' column. xiv) Which has been placed under Temporary Management/Judicial Managemer administrative censure or penalty, or formal statutory censure action or which ha Order or any other intervention process by the relevant regulatory authority? If yet	s been the subject of a Vesting	N		
	column. Whether in Jamaica or elsewhere, have you ever been a shareholder, director, or	been directly concerned in the			
6(i)	management or conduct of affairs of a legal person or arrangement which has be liquidation, whilst you were associated with it? If yes, give details in the 'comment' column including name of company and name		N		
6(i)	Are you in compliance with tax and other statutory obligations imposed on you?		Y		
6(j)	If no, give details in the 'comment' column. If yes, please provide a copy of you	our Tax Compliance Certificate.	1		
6(k)	Has any bank or other financial institution with which you or any legal person or or managed by you ever threatened or commenced legal action/cupt proceedings with you or your legal person or arrangement as a result of outstanding debts own arrangement, or due to your not honouring other facilities afforded you (e.g. guar yes, give details in the 'comment' column.	or declined doing any new business ed by you or the legal person or	N		
6(I)	Do you have any immediate relative who holds a position as a substantial shareh this questionnaire is being completed? If yes, give details in the 'comment' colur		N		
6(m)	Are you currently a beneficial owner or shareholder (holding at least 5% of issue companies or other corporations engaged in financial services as defined in Sec Commission Act? If yes, please provide response in Sheet "Question 6 (m)"	d share capital) of any limited liability tion 2 of the Financial Services	N		
6(n)	Are, or is it proposed that, any of the shares of the Licensee that are registered in charged or pledged to any person (individual, corporation, partnership or busines of the name(s) of person, the number and class of shares.		N		
6(o)	Do any of the legal persons and arrangements of which you are currently or have owner, or otherwise involved in the management of maintain a business relations undertake business with the microredit institution (MCI) for which this Personal If yes, give details in the 'Comments' column.	hip or prospectively plan to	N		
			Declaration		
		First Name	Middle Name	Last Name	
	l,	Michelle	Andrea	Bourdain	
	declare that the answers to the above questions are true and that I am information which if submitted would most likely render me unfit, will co microcredit institution for which this questionnaire is being completed, appointing MCI with which this questionnaire is being completed of an business days from the day that the changes come to my attention.	institute a breach of the Banking I further UNDERTAKE, that as lo	Services Act (section 38) and ma eng as I continue to be a substanti	y result in my being disbarred from acting in the position indicated in al shareholder or officer of the MCI for which this questionnaire is be	this statement in relation to the ing completed, I will notify the
	Date: (MM/DD/YYYY)		30-A	ug-21	
			nil	Que	
	Signature of Declarant:		7766		
	In the presence of : Justice of the Peace (JP)/Attorney-at-Law/Notary Public	First Name	Middle Name	Last Name	
	or and a seco (or primariley-at-Law/Hotal y Public	Victor	Jones	Last Name Beckles	
			A /		
	Signature of JP/Attorney-at-Law/Notary Public:		Victor Joe	chr	
	Affix Seal of Office, if JP, or Stamp of Office, if Attorney-at-Law/Notary Public				

MICROCREDIT INSTITUTIONS PERSONAL QUESTIONNAIRE

NOTES:

Please note the following:

- Applicants are required to submit the following items along with the Personal Questionnaire and Schedules:

 a) A certified passport-sized colour photograph taken within the last six (6) months

 b) Tax Compliance Certificate

 c) The credit reports accessed by the applicant

 d) Receipts for the police clearance reports

 e) Cheque representing FID Comprehensive Financial Profile Report payment
- 2 Further information may be required and will be requested as needed.

3 Photographs

At the conduct of the first assessment and at five year intervals thereafter, applicants are required to submit a recent passport-sized, colour photograph, certified by a JP, or an Attorney-at-Law or a Notary Public, along with the completed hardcopy of the Personal Questionnaire. Additionally, the digital version of the colour passport picture which is to accompany the electronic version of the Personal Questionnaire, must be 24 bits per pixel, in JPEG file format and must be least than or equal to 240 klobyles. The naming convention for the picture should observe the following format Last Name-First Name-Pic-2021. Photographs should have been taken within the last 6 months of the respective submission date. Candidates who are subject to JCF reports are not required to submit a photograph as the likeness of the applicant is carried on the face of the certificate issued by that organization.

4 Clearance Reports

Clearance reports are required from Overseas law enforcement agencies where the candidate has either worked or resided overseas for six or more months, after attaining the age of eighteen

- JCF Report:
 (1) After paying the requisite fee at the Inland Revenue Department, the relevant candidate should attend at the offices of the Criminal Investigation Branch (CIB) Headquarters, 34 Duke Street, Kingston with the original receipt to facilitate fingerprinting exercises;
 (2) Upon fingerprinting, the CIB will affix the pick-up date on the original receipt and return it to the candidate;
- (3) The candidate should return the original annotated receipt to the licensee who should submit same to the Bank of Jamaica to enable direct collection of the Police Report by the Bank of Jamaica.

FID Reports:
Licensees are required to submit cheques made payable to the FID to the Bank of Jamaica to facilitate requests for FID Reports.
Comprehensive Financial Profile Report (Cost: \$6,000.00, as at 2020)

Microcredit Institutions Personal Questionnaire

Question 5(a)

Give details of your employment history up to the date of this questionnaire, including for <u>each</u> place of employment: details of the type of business; your job title and the duties attached to your position; the dates of employment, the name and address of your employer(s) and reason(s) for leaving. (Please submit the above information in the Schedule below.)

EMPLOYMENT PROFILE

(List Current Employment First)

			•	Address								
	Name of Entity	Address 1	Address 2	City/Parish	Zip / Postal Code	Country	Nature of Business	Job Title	Duties Attached to Your Position	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Reason(s) for Leaving
Co. 1	Maribec Limited	13 High Street	Kingston 5	St. Andrew		Jamaica	Bill Payment	Managing Director	Management of day to day operations	4-Jan-15		
Co. 2	Johnny B Enterprise	13 Main Street	St. Anns Bay	St. Anns		Jamaica	Harberdashery	Chief Financial Officer	Managed all the company's finances	25-Jul-98	13-Dec-14	Company restructuring
Co. 3	Sunrise Financials	12 Golfe Links Parks		Atlanta	33339	USA	Tax preparation	Chief Operating Officer	General management and tax preparation	8-Sep-94	12-Jun-98	Return to Jamaica
Co. 4										•		
Co. 5												
Co. 6												
Co. 7												
Co. 8												
Co. 9												
Co. 10												
Co. 11												
Co. 12												
Co. 13												
Co. 14												
Co. 15												
Co. 16												
Co. 17												
Co. 18												
Co. 19												
Co. 20												

Name (Print): Michelle Bourdain Declaration Date: August 30, 2021

MICROCREDIT INSTITUTIONS PERSONAL QUESTIONNAIRE

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Have you ever been or are you currently a beneficial owner or shareholder (holding at least 5% of issued share capital) in any limited liability companies or other corporations engaged in financial services as defined in Section 2 of the Financial Services Commission Act? If yes, state:

		Address of Companies/Societies/Corporations									
	Name of Companies/ Societies/ Corporations	Address 1	Address 2	City/Parish	Zip/Postal Code	e Country	Nature of Business	Number of Shares	Class of Shares Held	Date of Termination	Method of Termination of Shareholding
Co. 1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co. 2											
Co. 3				4							
Co. 4											
Co. 5											
Co. 6											
Co. 7											
Co. 8											
Co. 9											
Co. 10											
Co. 11											
Co. 12											
Co. 13											
Co. 14											
Co. 15											