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| **FORM F1** | **APPLICATION FORM** |

**I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**as a participant in the recruitment and selection process, knowing that false statements are punished in accordance with Article 326 of Law No. 286/2009 on the Criminal Code and understanding that any omission or inaccuracy in the presentation of information constitutes a false statement and is punished in accordance with the law, I hereby declare, on my own responsibility, the following:**

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| **SECTION 1** | | | |
| **CONTACT INFORMATION** | | | |
| **Name and Surname** |  | | |
| **Telephone** |  | **E-mail** |  |

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| **SECTION 2** | | | | | | | |
| **LOCATION OF THE APPLICATION** | | | | | | | |
| **I want to participate in the selection and nomination procedure of candidates for the position of member of the Board of Directors:** | | | | | | | |
| **A** |  | | **B** |  | **-** | |  |
| **in ...** | |  | | --- | |  |   name of public company | | | | | | |
| **I am authorised as a financial auditor and registered in the Public Electronic Registry by the competent authority in Romania, other Member State, the European Economic Area or Switzerland or I have at least 3 years of experience in statutory audit acquired by participating in statutory audit missions in Romania or in audit committees formed at the level of boards of directors/supervisory boards of public interest companies/entities, proven with supporting documents, in accordance with the provisions of Article 65, paragraph (3) and (31) of Law No.162/2017 on the statutory audit of the annual financial statements and consolidated annual financial statements and amending certain normative acts, as subsequently amended and supplemented.** | | | | | | | |
| **YES** | |  | | **NO** | |  | |

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| **STATUS**  **To comply with the provisions of Article 28, paragraph (5) and Article 33 of Government Emergency Ordinance No.109/2011,**  **I hereby declare the following:** | | | | | | |
| I am a civil servant or a person from other categories of personnel within the public supervisory authority or other public authorities or institutions | | | YES |  | NO |  |
| I am simultaneously exercising several mandates as member of the Board of Directors and/or the Supervisory Board in public companies whose headquarters are located in Romania | **No mandate** |  | **1 mandate** |  | **2 mandates** |  |
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| I am in the 3-year period of prohibition to exercise a public function of those provided at Article 1 of Law No. 176/2010 on integrity in the exercise of public functions and dignities, amending and supplementing Law No. 144/2007 on the establishment, organisation and functioning of the National Integrity Agency and amending and supplementing other normative acts | | | YES |  | NO |  |

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| **SECTION 3** | | | | | | | | | | |
| **DETAILED PROFESSIONAL BACKGROUND**  **(Fill in and, if applicable, add rows with the professional experience in the field of completed Bachelor studies)** | | | | | | | | | | |
| **University, faculty, for the completed Bachelor studies** | | |  | | | | **Title obtained (main field of study and specialization)** | |  | |
| **Item No.** | **Position** | | | **Employer** | **From** | **To** | | **Duration**  **(in years and months)** | | **Name of the attached supporting document** |
| **1** |  | | |  |  |  | |  | |  |
| **2** |  | | |  |  |  | |  | |  |
| **3** |  | | |  |  |  | |  | |  |
| **University, faculty, for other completed Bachelor studies** | | |  | | | | **Title obtained (main field of study and specialization)** | |  | |
| **Item No.** | | **Position** | | **Employer** | **From** | **To** | | **Duration**  **(in years and months)** | | **Name of the attached supporting document** |
| **1** | |  | |  |  |  | |  | |  |
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| **SECTION 4** | | |
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| **Master’s Degree**  **(field and university)** | **MBA/EMBA**  **(field and institution)** | **PhD**  **(field and institution)** |
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| **SECTION 5** | | | | | | |
| **PROFESSIONAL EXPERIENCE**  **(Fill in, in reverse chronological order, and add rows if necessary. Summarize experience with the same employer in different positions in a single row)** | | | | | | |
| **Total experience (in years and months)** | | | |  | | |
| **Item No.** | **Position** | **Company** | **From** | **To** | **Duration (in years and in months)** | **Name of the attached supporting document** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
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| **SECTION 6** | | | | | | |
| **MANAGEMENT AND/OR ADMINISTRATION EXPERIENCE**  **(Fill out the positions of middle manager, top manager, mandated officer and/or member of the Board of Directors, in reverse chronological order, and add rows if necessary. Summarize the experience within the same employer in different positions in a single row)** | | | | | | |
| **Total experience (in years and months)** | | | |  | | |
| **Item No.** | **Position** | **Company** | **From** | **To** | **Duration (in years and months)** | **Name of the attached supporting document** |
| **1** |  |  |  |  |  |  |
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| **SECTION 7** | | | | | | | |
| **INFORMATION ON MANDATE CONTRACTS** | | | | | | | |
| **Mandates in Boards of Directors/Directorates/Supervisory Boards / as Officer**  **currently held (duration of each mandate will be specified)** | | | | | | | |
| Type of Mandate | | | Public Company | | | Period | |
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| **Mandates in Boards of Directors/ Directorates / Supervisory Boards/ as Officer**  **held in the past (duration of each mandate will be specified)** | | | | | | | |
| Type of Mandate | | | Public Company | | | Period | |
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| **SECTION 8** | | | | | | | | |
| **PEOPLE WHO CAN GIVE REFERENCES ABOUT ME**  **(Fill in the requested information after having obtained the consent of these persons to use their contact details and after they have accepted the Form F4 CONSENT FOR PROCESSING PERSONAL DATA)** | | | | | | | | |
| **Item No.** | **Name and Surname** | **Institution/Company** | | **Phone Number** | **Email Address** | | **Relationship** | |
| **1** |  |  | |  |  | |  | |
| **2** |  |  | |  |  | |  | |
| I hereby give my consent for the indicated persons to be contacted and I hereby declare that I obtained the consent of the indicated persons and therefore I hereby attach Form F4 Consent for Processing Personal Data | | | | | **YES** | | **NO** | |
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