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**Form F&P 2**

**Notification Only Form**

**NOTES**

*This form should be completed by the relevant regulated entity and by the individual concerned in ink and block capitals or typed and the signed original must be submitted to the Isle of Man Financial Services Authority (‘the Authority’). Individuals in Controlled Functions are required to be fit and proper to undertake those functions. Details of the fit and proper criteria and the definition of certain terms can be found in the Regulatory Guidance - Fitness and Propriety, which is available on the Authority’s website.*

*The areas covered by this form may not be exhaustive of the matters that the Authority will consider and it reserves the right to seek additional information where necessary.*

*Questions must be answered in full, please use the continuation sheet where necessary. Comments such as ‘see your records’ are not acceptable answers.*

*Forms that are incomplete or do not disclose full information will be returned and this may result in delays. The provision of incorrect information can be taken into account when considering whether an individual is ‘fit and proper’ for the proposed Controlled Function. The Authority does not accept responsibility for any loss incurred in these circumstances.*

***An offence may be committed under s 40 of the Financial Services Act 2008, s17 of the Collective Investment Schemes Act 2008, s52 Insurance Act 2008 and s46 Retirement Benefits Schemes Act 2000 for failing to supply any information required by the Authority, or for supplying false or misleading information.***

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| **INTRODUCTION** | | |
| **1.** | Name of regulated entity in connection with which this form is being completed:  *(One form per regulated entity is preferred, due to the importance of the declarations being specific to the role(s) and regulated entity. If the form does relate to more than one regulated entity* ***separate*** *individual and regulated entity declarations* ***for each regulated entity*** *must be provided)* |  |
| **2.** | Is this notification made under: | Financial Services Act 2008  Insurance Act 2008  Retirement Benefits Schemes Act 2000 |

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| **PERSONAL AND CONTROLLED FUNCTION DETAILS** | | |
| **3.** | Surname: |  |
| Forename(s): |  |
| Any previous name(s) by which the individual has been known: |  |
| **4.** | Current residential address: |  |
| **5.** | Date of birth: |  |
| **6.** | Which Notified Only Controlled Function(s) are the subject of this notification?  (if an individual has already been the subject of a notification for a Controlled Function there is no need to repeat that Controlled Function in this form)  Please refer to Appendix 2 of the Regulatory Guidance – Fitness & Propriety for descriptions: | R7. An individual trustee, that is not a professional trustee, of a retirement benefits scheme  R9. Company secretary of an Isle of Man incorporated regulated entity  R17. Person responsible for the submission of the regulatory returns to the Authority  R21B. Individual providing insurance advice  R23. Director (or equivalent) of a client entity of a CSP  R24. Director (or equivalent) of a body corporate acting as a director of a client entity of a CSP  R25. Trustee of a client trust of a TSP  R26. Director of a corporate trustee of a TCSP  R27. Council member of a client foundation of a TCSP |
| **7.** | Official job title of the proposed role: |  |
| **8.** | Commencement date of appointment to the Controlled Function(s): |  |

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| **DECLARATION BY INDIVIDUAL** | | |
| I,       [*name*], being the individual who is the subject of this notification, hereby declare that:   * I will maintain my fitness and propriety, in terms of my integrity, financial standing and competence at all times; * in my communications with the Authority, including the details set out within this form, I have been open and truthful, full and accurate in all respects and not misleading, and will continue to be so; * I have ensured I meet, will continue to maintain, the minimum competence requirements (where applicable) and that I have the appropriate qualifications, experience, competence and capacity to properly discharge the duties and functions of the controlled function(s); * I will conduct my affairs in a sound and prudent manner; * I understand the responsibilities relating to the Controlled Function, and I will ensure that in the performance of a Controlled Function I will comply with the relevant legislation and regulatory requirements; and * I will notify the regulated entity without delay if for any reason I no longer comply with the fitness and propriety standards.   I also authorise the Authority to disclose to any regulated entity, in connection with which I may be assessed, information that the Authority believes may be relevant to that entity’s assessment of my initial and continuing fitness and propriety. | | |
| Signed:  Name:  Date: |  |
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| **DECLARATION BY REGULATED ENTITY** | | |
| In submitting this form, I,       [*name*] being an individual officer holding a notified and accepted Controlled Function for       [*name of* *the regulated entity*] confirm that the regulated entity, in connection with the Controlled Function(s) set out in this form:   * is satisfied that the individual has the required knowledge, skills and experience appropriate for appointment in the Controlled Function(s); * confirms that the individual meets the requirements of the Authority’s Training and Competence Framework\* (where applicable) necessary for the for the appointment in the Controlled Function(s); * is satisfied, as a result of due diligence undertaken, that the individual is a fit and proper person; * affirms that sufficient due diligence has been conducted to determine that the information detailed in the form is, to the best of the regulated entity’s knowledge, complete, correct and not misleading; and * is satisfied that the individual is able to perform the Controlled Function(s) without being exposed to unmanaged material conflict. | | |
| Signed:  Position:  Name:  Date: |  |
| *\* If an individual does NOT meet the requirements of the Authority’s Training and Competence Framework, please use the continuation sheet to provide your rationale as to why you feel that the individual is competent to perform the specific Controlled Function for the regulated entity.* | |

🔒 **Data Protection Notice**

The Authority is registered with the Information Commissioner as a data controller under Isle of Man data protection legislation. The Authority collects and processes personal data to carry out its functions under relevant legislation and may share personal data with other parties where there is a legal basis for doing so. Information on how the Authority collects and processes personal data can be found in the [**Privacy Policy**](https://www.iomfsa.im/terms-conditions/privacy-policy/) on the Authority’s website:

[**https://www.iomfsa.im/terms-conditions/privacy-policy/**](https://www.iomfsa.im/terms-conditions/privacy-policy/)

Please call **+44 (0)1624 646000** if you have any queries.

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| **CONTINUATION AREA FOR ALL PARTS OF THIS FORM** |
| Please indicate relevant question number(s): |
| N.B. If there is not enough room on this page for your entries please attach separate sheets to this form as necessary. |