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**Form F&P 5**

**Individual Controlled Function Cessation Form**

**NOTES**

*This form should be completed in ink and block capitals or typed and the signed original must be submitted to the Isle of Man Financial Services Authority (‘the Authority’). Details of the fit and proper criteria and definitions 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 in the review of the cessation of Controlled Functions and it reserves the right to seek additional information where necessary.*

*Questions in the form 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 a person is ‘fit and proper’. 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: |  | |
| **2.** | Which legislation is this notification of cessation of Controlled Function made in relation to : | Collective Investment Schemes Act 2008  Financial Services Act 2008  Insurance Act 2008  Retirement Benefits Schemes Act 2000 |  |

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| **DETAILS OF INDIVIDUAL WHOSE CONTROLLED FUNCTION(S) HAVE CEASED** | | |
| **3.** | Surname: |  |
| Forename(s): |  |
| Any previous name(s) by which the individual has been known: |  |
| **4.** | Current residential address: |  |
| **5.** | Telephone number: |  |
| **6.** | Email address: |  |

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| **DETAILS OF THE CESSATION OF APPOINTMENT TO A CONTROLLED FUNCTION** | | |
| **7.** | Appointments to Controlled Function(s) that have ceased or will be ceasing (tick all that apply, with reference to the Regulatory Guidance – Fitness and Propriety): | R1. Controller of the regulated entity and its immediate parent  R2. Controller / Ultimate beneficial owner  R4. Director of a regulated entity (either executive or non-executive)  R5. Member of a governing body of a collective investment scheme (Authorised / Full International / Regulated and Recognised Funds only)  R6. Professional individual trustee of a retirement benefits scheme  R7. An individual trustee, that is not a professional trustee, of a retirement benefits scheme  R8. Chief executive  R9. Company secretary of an Isle of Man incorporated regulated entity  R10. Key person  R11. Appointed actuary of an insurer  R12. Principal control officer – of an entity regulated under the Insurance Act 2008  R13. Head of compliance  R14. Head of internal audit  R15. MLRO  R16. DMLRO  R17. Person responsible for the submission of the regulatory returns to the Authority  R18. Senior manager with significant influence  R19. Financial controller  R20. Head of operations  R21. Senior manager with responsibility for persons providing investment or insurance advice  R21A. Individual providing investment advice  R21B. Individual providing insurance advice  R22. Head office personnel who have a clear and direct responsibility for the branch or who will be overseeing the work of the branch as a key person  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  R27. Council member of a client foundation of a TCSP  R28. Isle of Man Resident Officer (branch only)  R29. Other insurance manager |
| **8.** | Provide date of cessation (or intended cessation) for each Controlled Function\*, as well as the reason for cessation.  *\* Please note: it is the date cessation of the Controlled Function as a whole that is the subject of this form. For example, if an individual in Controlled Function R23 ceases to be a director of a client entity of a CSP, this form is not required in respect of each such directorship. It is only needed when that individual ceases to hold* ***all*** *positions as director of* ***any*** *client entities of that CSP.* | Date of cessation (or intended date of cessation, if submitted prior to the date):  Reason:  Continuation of employment – internal reorganisation of roles  Resignation - provide date that notice of resignation was given:  Redundancy - provide date that notice of redundancy was given:  Retirement - provide date that notice of retirement was given:  End of fixed term contract  Suspension - provide date that notice of suspension was made:      ­­­­­  Other (please provide explanation)    *N.B. If there is not enough room on this page for your entries please use the continuation sheet.* |
| **9.** | Please disclose any other matters that you believe may be material to this cessation, or further explanations that you may wish to give regarding the reason for cessation: |  |

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| **DECLARATION BY REGULATED ENTITY** | | |
| In submitting this Form F&P 5, I,       [*name*] being an individual officer holding a notified and accepted Controlled Function for       [*name of regulated entity*] confirm that the regulated entity, in connection with the Controlled Function(s) set out in this form:   * will ensure that this cessation does not expose the regulated entity to enhanced risk; * will ensure, for mandatory roles, that those are appropriately covered by other personnel who have received the necessary acceptance (as required); * has informed its Supervisory Team within the Authority of the relevant details if the cessation is connected with the individual’s breach of the fitness and propriety criteria. | | |
| Signed:  Position:  Name:  Date: |  |
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| 🔒 **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. |