



ISLE OF MAN  
FINANCIAL SERVICES AUTHORITY

*Lucht-Reill Shirveishyn Argidoil Ellan Vannin*

## Form F&P 1 Individual Questionnaire

### NOTES

*This questionnaire should be completed by the individual concerned, and the relevant regulated entity, 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 questionnaire may not be exhaustive of the matters that the Authority will consider in assessing whether an individual is fit and proper to act in the proposed capacity. The Authority reserves the right to seek additional information where necessary.*

*All convictions (with the exception of summary motoring offences) must be brought to the attention of the Authority. By virtue of the Rehabilitation of Offenders Act 2001, spent convictions must also be disclosed to the Authority separately – see question 25.*

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

*Questionnaires 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.***

## INTRODUCTION

<b>1.</b>	Name of regulated entity in connection with which this questionnaire is being completed:  <i>(One questionnaire per regulated entity is preferred, due to the importance of the declarations being specific to the role(s) and regulated entity. If the questionnaire does relate to more than one regulated entity <b>separate</b> individual and regulated entity declarations <b>for each regulated entity</b> must be provided)</i>	
<b>2.</b>	Is this application made under:	Collective Investment Schemes Act 2008 <input type="checkbox"/> Financial Services Act 2008 <input type="checkbox"/> Insurance Act 2008 <input type="checkbox"/> Retirement Benefits Schemes Act 2000 <input type="checkbox"/>

## PERSONAL DETAILS

<b>3.</b>	Surname:	
	Forename(s):	
	Any previous name(s) by which you have been known:	
<b>4.</b>	Current residential address:	
<b>5.</b>	Telephone number:	
<b>6.</b>	Email address:	
<b>7.</b>	Country and place of birth:	
<b>8.</b>	Date of birth:	

9.	Nationality and any former nationality:	
10.	National Insurance number:	
11.	<p>Controlled Function(s) being applied for (not those already held).</p> <p>Please refer to Appendix 2 of the Regulatory Guidance – Fitness and Propriety for descriptions:</p> <p><i>(Please note if the Controlled Function is a Controller (R1, R2 or R3) please use form F&amp;P3 or F&amp;P 4, as appropriate)</i></p>	<p><input type="checkbox"/> R4. Director of a regulated entity (either exec or non-exec)</p> <p><input type="checkbox"/> R5. Member of a governing body of a collective investment scheme (in respect of Authorised / Full International / Regulated and Recognised schemes only)</p> <p><input type="checkbox"/> R6. Professional trustee of a retirement benefits scheme</p> <p><input type="checkbox"/> R8. Chief executive</p> <p><input type="checkbox"/> R10. Key person _____</p> <p><i>(only tick R10 if the Authority has requested you to do so, and annotate the nature of the request next to the box)</i></p> <p><input type="checkbox"/> R11. Appointed actuary of an insurer</p> <p><input type="checkbox"/> R12. Principal control officer – of an entity regulated under the Insurance Act 2008</p> <p><input type="checkbox"/> R13. Head of compliance</p> <p><input type="checkbox"/> R14. Head of internal audit</p> <p><input type="checkbox"/> R15. MLRO</p> <p><input type="checkbox"/> R16. DMLRO</p> <p><input type="checkbox"/> R18. Senior manager with significant influence</p> <p><i>(if R18, please refer to description in the Regulatory Guidance – Fitness and Propriety, and attach a diagram showing the individual's reporting line vis-a-vis the regulated entity's Board)</i></p> <p><input type="checkbox"/> R19. Financial controller</p> <p><input type="checkbox"/> R20. Head of operations</p> <p><input type="checkbox"/> R21. Senior manager with responsibility for persons providing investment or insurance advice</p> <p><input type="checkbox"/> R21A. Individual providing investment advice</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> R29. Other insurance manager (non-life insurers only)</p>
12.	Official job title of the proposed role:	
13.	Please provide a summary of the core regulatory responsibilities of the role:	

14.	<p>Will you also have roles with other regulated entities, or non-regulated entities <b>within the same group</b>? If yes, provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Will you also have roles with other regulated entities, or non-regulated entities <b>outside of the group</b>? If yes, provide details, and ensure any conflicts are declared to the relevant entities:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Do you confirm that you will have sufficient time to dedicate to the regulated entity to properly fulfil this role? If no, provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Are you, or will you be, employed by the regulated entity on a permanent basis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If no, provide details of any agreement that will be in place.</p>	<hr/>
	<p>Is the role full time or part time?</p>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	<p>If part-time please state approximately how many hours per month:</p>	<p>_____ number of part time hours per month</p>

15.	<p>Are you currently, or have you in the last 10 years been, a director, controller or senior manager (reporting to the Board) of any body corporate?</p> <p>If yes, provide details of all bodies corporate with which you have held such a role and the countries in which they are or were established (use continuation sheet if necessary).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<b>Body</b>	<b>Role</b>	<b>Country of Establishment</b>	<b>Current (mark C) / Past (show date ceased)</b>
16.	<p>Are you a trustee, enforcer or protector of any trust in a personal capacity, other than in the course of your employment?</p> <p>If yes, provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17.	<p>Academic qualifications:</p> <p>Provide details of any higher academic qualifications (for example degrees or diplomas).</p>	<b>Qualification</b>	<b>Subject</b>	<b>Establishment</b>	<b>Year</b>
18.	<p>Details of professional qualifications:</p>	<b>Qualification</b>	<b>Subject</b>	<b>Establishment</b>	<b>Year</b>
19.	<p>If you are a current member of any professional or other relevant trade bodies, provide details including name of each body, year of admission and membership number:</p>	<b>Membership No.</b>	<b>Body</b>	<b>Membership Status</b>	<b>Year of admission</b>

<p><b>20.</b></p>	<p>In relation to the Controlled Function(s) applied for on this form – do you meet the requirements (if any) of the Training and Competence Framework?</p> <p>If no, provide details:</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr/>
<p><b>21.</b></p>	<p>Do you have any close connection with any employee or member of the Authority, for example family, friends, close business relationship, shared business interests etc.:</p> <p>If yes, provide details:</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr/>
<p><b>22.</b></p>	<p>Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, controller, key person or company secretary, ever applied to any regulatory authority in any jurisdiction, including the Isle of Man, for a licence or other authority to carry on banking, investment business, services to collective investment schemes, corporate or trust services, crowdfunding, payment services, insurance, retirement benefit or other financial services activity?</p> <p>If yes, provide details:</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr/>
<p><b>23.</b></p>	<p>Have you previously been approved by a financial services regulatory authority in any jurisdiction, including the Isle of Man?</p> <p>If yes, provide details:</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr/>

## 24. CAREER HISTORY

*Beginning with your current occupation or employment, please give full details of all occupations and employment during the past **ten** years.*

*If there are any gaps in your employment history, explanations must be provided.*

Name and address of employer:		
Nature of business:		
Position held:		
Dates:	From:	To:
Name and address of employer:		
Nature of business:		
Position held:		
Dates:	From:	To:
Name and address of employer:		
Nature of business:		
Position held:		
Dates:	From:	To:
Name and address of employer:		
Nature of business:		
Position held:		
Dates:	From:	To:
Name and address of employer:		
Nature of business:		
Position held:		
Dates:	From:	To:

## DISCLOSURES

*The disclosures required in the following questions are with regard to all jurisdictions. If you answer yes to any of these questions, please provide full details, using the continuation sheet where necessary.*

\*delete as appropriate

25.	<p><b>Current convictions</b> (you do not need to disclose parking or speeding offences, however all other motoring offences must be disclosed).</p> <p>Do you have any current (i.e. not spent) convictions? (the question relates to convictions by any court, including civil and military courts)</p> <p>If <b>yes</b> please provide full details, including the court by which you were convicted, the offence, the penalty imposed and the date of the conviction.</p> <p><b>Spent convictions</b> For spent convictions please send full details <b>separate to this form</b> in writing, directly to: Head of Policy and Authorisations, Isle of Man Financial Services Authority, PO Box 58, Finch Hill House, Bucks Road, Douglas, Isle of Man, IM99 1DT.</p> <p>All correspondence will be dealt with in the strictest confidence and the Authority will acknowledge receipt.</p>	*Yes/No
26.	Are you the subject of any current criminal proceedings or investigations (to the best of your knowledge and belief)?	*Yes/No
27.	Is there any outstanding civil litigation against you (including in any capacity as a trustee of a trust) or any body corporate of which you are an officer; or are there any current proceedings issued by you?	*Yes/No
28.	Have you ever been censured, disciplined or criticised or barred entry by any professional body or trade association or by a Court of Law or by any officially appointed enquiry, or held a practising certificate and have surrendered it, had it revoked, withdrawn or qualified (for example made subject to any conditions)?	*Yes/No
29.	Have you, or any body corporate, partnership, legal arrangement or unincorporated institution with which you are, or have been associated as, a director, controller, senior manager, key person or company secretary, been the subject of a successful investigation, fined or reprimanded by a governmental, professional or other regulatory body, or have you ever been questioned or given evidence in connection with such an investigation?	*Yes/No
30.	Has a court or other authority ever disqualified you from acting as director of a company, or from acting in the management or conduct of affairs of any company, partnership or unincorporated association; or has a court ever removed you as a trustee?	*Yes/No
31.	Have you ever been suspended from any office, asked to resign, had your contract terminated, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct?	*Yes/No
32.	Have you ever been dismissed from any office or employment?	*Yes/No



33.	Have you ever been declared or has a court ever adjudged you bankrupt or have any money judgements been made against you which have not been satisfied in full?	*Yes/No
34.	Have you, in connection with the formation or management of any body corporate, partnership or unincorporated body, ever been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or toward any members thereof?	*Yes/No
35.	Has any body corporate, partnership or unincorporated institution with which you were associated as a director, controller, manager, partner or company secretary, been compulsorily wound up, or made a compromise or other arrangement with its creditors, or ceased trading in circumstances where its creditors did not receive, or have yet to receive, full settlement of their claims, either while you were associated with it, or within one year after you ceased to be associated with it?	*Yes/No
36.	Have you, in any capacity, ever had a formal warning or been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry or by any professional or regulatory body or any trade association to which you have belonged or do belong; or been the subject of a regulatory order/direction?	*Yes/No
37.	Has any body corporate, partnership or unincorporated institution with which you are, or have been, associated as a director, controller, senior manager, partner or company secretary ever been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry?	*Yes/No
38.	Have you ever been the subject of a disciplinary enquiry or internal investigation carried out by, or on behalf of, an employer or in connection with a post or office held, which has resulted in disciplinary action being taken?	*Yes/No
39.	Has a regulatory body turned down any application made by you, or by any company or partnership with which you are, or have been, associated as a director, controller, manager, company secretary or partner?	*Yes/No

**OTHER RELEVANT INFORMATION**

<p><b>40.</b></p>	<p>Please disclose any other matters that you believe may be material to this application:</p>	
<p><b>41.</b></p>	<p><b><i>To be completed by the regulated entity</i></b>          Has the individual been subject to a criminal records check in the last 12 months which has been provided to the regulated entity / applicant company?</p> <p>If yes, state the date the check was undertaken.</p> <p>If no, provide reasons for this decision (use the continuation sheet if necessary).</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date: _____</p> <p>Reasons: _____</p>

## DECLARATION BY INDIVIDUAL

I, \_\_\_\_\_ [name], applying to hold the Controlled Function(s) of -  
\_\_\_\_\_ with  
\_\_\_\_\_ [name of regulated entity] 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, and will continue to maintain, the minimum competency 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 referred to above without delay if for any reason I no longer comply with the fitness and propriety standards.

I also confirm that I understand that the Authority may undertake independent checks to validate any or all of the information provided on this form, both on receipt of the form and on a continuing basis, and I hereby consent to the release of any relevant information by the Authority to any person, body or institution (including the constabulary) for the purpose of the application to which this questionnaire relates.

Accordingly, I also authorise any persons, bodies, or institutions, named in the Questionnaire, together with any person, body, or institution, that the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment of my initial and continuing fitness and propriety.

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:

## DECLARATION BY REGULATED ENTITY

In submitting this questionnaire, I, \_\_\_\_\_ [name]  
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 questionnaire 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 ensure question 20 is answered appropriately, and use the continuation sheet to provide your rationale as to why you feel that the individual is competent to perform the specific Controlled Function(s) for the regulated entity.*

## DATA PROTECTION ACT 2002



**Data protection** The Authority takes data protection very seriously. We are collecting personal data to process your application to hold a Controlled Function. We may pass information to other persons under statutory information sharing powers, and this may include to Isle of Man Government Departments, to other regulators internationally or otherwise as required to enable the Authority to perform its functions. Further information on the data protection arrangements can be found on our website using the following link:  
<http://www.iomfsa.im/investor/datasubjectaccessrequests.xml>

**CONTINUATION AREA FOR ALL PARTS OF THIS QUESTIONNAIRE**

Please indicate relevant question number(s):

DRAFT

N.B. If there is not enough room on this page for your entries please attach separate sheets to this questionnaire as necessary.