



ISLE OF MAN
FINANCIAL SERVICES AUTHORITY

Lught-Reill Shirveishyn Argidoil Ellan Vannin

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.

INTRODUCTION	
1.	<p>Name of regulated entity in connection with which this form is being completed:</p> <p><i>(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)</i></p>
2.	<p>Is this notification made under:</p> <p>Financial Services Act 2008 <input type="checkbox"/></p> <p>Insurance Act 2008 <input type="checkbox"/></p> <p>Retirement Benefits Schemes Act 2000 <input type="checkbox"/></p>

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:

<p>6.</p>	<p>Which Notified Only Controlled Function(s) are the subject of this notification?</p> <p>(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)</p> <p>Please refer to Appendix 2 of the Regulatory Guidance – Fitness & Propriety for descriptions:</p>	<p><input type="checkbox"/> R7. A trustee, that is not a professional trustee, of a retirement benefits scheme</p> <p><input type="checkbox"/> R9. Company secretary of an Isle of Man incorporated regulated entity</p> <p><input type="checkbox"/> R17. Person responsible for the submission of the regulatory returns to the Authority</p> <p><input type="checkbox"/> R21B. Individual providing insurance advice</p> <p><input type="checkbox"/> R23. Director (or equivalent) of a client entity of a CSP</p> <p><input type="checkbox"/> R24. Director (or equivalent) of a body corporate acting as a director of a client entity of a CSP</p> <p><input type="checkbox"/> R25. Trustee of a client trust of a TSP</p> <p><input type="checkbox"/> R26. Director of a corporate trustee of a TCSP</p> <p><input type="checkbox"/> R27. Council member of a client foundation of a TCSP</p> <p><input type="checkbox"/> R28. Isle of Man Resident Officer (branch only)</p>
<p>7.</p>	<p>Official job title of the proposed role:</p>	
<p>8.</p>	<p>Commencement date of appointment to the Controlled Function(s):</p>	

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:

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 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 FORM

Please indicate relevant question number(s):

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