



ISLE OF MAN  
FINANCIAL SERVICES AUTHORITY

*Lught-Reill Shirveishyn Argidoil Ellan Vannin*

## 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.***

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 <input type="checkbox"/> Financial Services Act 2008 <input type="checkbox"/> Insurance Act 2008 <input type="checkbox"/> Retirement Benefits Schemes Act 2000 <input type="checkbox"/>

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:	

## 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 exec or non-exec)
  - R5. Member of a governing body of a collective investment scheme (Authorised / Full International / Regulated and Recognised Funds only)
  - R6. Professional trustee of a retirement benefits scheme
  - R7. A 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

<p>8.</p>	<p>Provide date of cessation (or intended cessation) for each Controlled Function*, as well as the reason for cessation.</p> <p><i>* 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 <b>all</b> positions as director of <b>any</b> client entities of that CSP.</i></p>	<p>Date of cessation (or intended date of cessation, if submitted prior to the date):</p> <p>Reason:</p> <p><input type="checkbox"/> Continuation of employment – internal reorganisation of roles</p> <p><input type="checkbox"/> Resignation - provide date that notice of resignation was given: _____</p> <p><input type="checkbox"/> Redundancy - provide date that notice of redundancy was given: _____</p> <p><input type="checkbox"/> Retirement - provide date that notice of retirement was given: _____</p> <p><input type="checkbox"/> End of fixed term contract</p> <p><input type="checkbox"/> Suspension - provide date that notice of suspension was made: _____</p> <p><input type="checkbox"/> Other (please provide explanation)</p> <p><i>N.B. If there is not enough room on this page for your entries please use the continuation sheet.</i></p>
<p>9.</p>	<p>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:</p>	

## 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:

## DATA PROTECTION ACT 2002



**Data protection** The Isle of Man Financial Services Authority takes data protection very seriously. We are collecting personal data to process a notification that an individual has ceased 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):

DRAFT

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