



Licenceholder Emergency Contact Details Amendment

This form is for use by Deposit Takers licensed under the Financial Services Act 2008 only (and other licenceholders if specifically requested by the Isle of Man Financial Services Authority (FSA"))

LICENCEHOLDER NAME	
---------------------------	--

Please indicate if this is addition or removal of an emergency contact or amendment to an individual's personal contact details. For amendments to personal contact details and for additional emergency contacts added, an Emergency Personal Contact Details form should be completed by the individual.

Personal contact details are recorded on the FSA Supervision Division database for the sole purpose of ensuring a nominated representative of the Licenceholder can be contacted in the event of an emergency.

1. Name:	
----------	--

Position with Licenceholder:	
------------------------------	--

Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
-------------------------------------	---

2. Name:	
----------	--

Position with Licenceholder:	
------------------------------	--

Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
-------------------------------------	---

3. Name:	
----------	--

Position with Licenceholder:	
------------------------------	--

Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
-------------------------------------	---

4. Name:	
----------	--

Position with Licenceholder:	
------------------------------	--

Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
-------------------------------------	---

I confirm that there are no changes to the existing emergency contact details already supplied to the Isle of Man Financial Services Authority, with the exception of those detailed above.

Effective Date:	
-----------------	--

Completed on behalf of the above named licenceholder by:	
--	--

Position with Licenceholder:	
------------------------------	--

Signature :	
-------------	--

Date:	
-------	--

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](#) on the Authority's website:

<https://www.iomfsa.im/terms-conditions/privacy-policy/>

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