



Licenceholder Emergency Contact Personal Details

This form is for use by Financial Services Act 2008 licenceholders only

LICENCEHOLDER NAME

Emergency Contact Personal Details

Name:

Position within Licenceholder:

Telephone numbers for contact
outside of business hours:

Home

Mobile

Signed:

Date:

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.

By completing and signing this form, you hereby authorise the FSA to process this data as described above.

To ensure this information is kept up to date, the FSA Supervision Division will periodically seek confirmation from the Licenceholder by letter or e-mail that the details held are correct.

If any of the above details change please advise us as soon as possible to ensure that our records are kept up to 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.

For Office Use Only

(April 2007 version)	Input By – Date & Initials	Checked By – Date & Initials
Supervision Records Updated		
Finance Manager Advised		
IT Manager Advised		2