



**ISLE OF MAN  
FINANCIAL SERVICES AUTHORITY**

*Lught-Relll Shirveishyn Argidoil Ellan Vannin*

**DECLARATIONS FOR ACCOUNTS AND CHANGE IN ACTIVITY RESTRICTIONS**

This document is an extract from Schedule 3 to the Insurance (Special Purpose Vehicles) Regulations 2015. Whilst care has been taken to ensure the accuracy of the content of this document, the Insurance and Pensions Authority does not accept responsibility for the accuracy of forms submitted.

**DECLARATION OF DIRECTORS AND INSURANCE MANAGER**

**To the Supervisor**

(State the name of the ISPV in respect of which this declaration is being given (the "ISPV"). If this declaration is in respect of a protected cell of a PCC: state the name of that cell and its PCC, and in such case the cell and all the matters relating to its PCC which may affect the cell shall be "the ISPV" for the purposes of this declaration.)

For the period: from: \_\_\_\_\_ to: \_\_\_\_\_

(The period covered by this declaration must correspond to the period, as applicable —

- from the date of the ISPV's authorisation (where this is the first post-authorisation declaration of the ISPV); or
- from end of the period covered by the ISPV's last such declaration (where this is a subsequent declaration); and
- to a date no more than 21 days before the ISPV's submission of this declaration (in accordance with Regulation 19(2) of the Insurance (Special Purpose Vehicles) Regulations 2015 ("the Regulations")); or
- to a date corresponding to the date of an application for change in activity restrictions as referred to in Regulation 6(2) of the Regulations (where such an application is being made),

or such other period as may be agreed by the Supervisor in writing.)

**Declaration**

We, being duly authorised to do so —

- (1) confirm that at all times during the period covered by this declaration the ISPV has complied with the requirements of the Insurance Act 2008 and the Insurance (Special Purpose Vehicles) Regulations 2015 ("the Regulations"), and we are not aware of any circumstances which would invalidate any previous such declaration of the ISPV; and
- (2) without limiting any other requirement applicable to the ISPV, acknowledge that the ISPV's activities are restricted in accordance with Regulation 5(3) of the Regulations and that any change in those activities requires an application to be made to the Supervisor, as referred to in Regulation 6(2) of the Regulations.

Any information that we consider should be brought to the Supervisor's attention in relation to the ISPV or its business, has been detailed on a separate sheet attached hereto [sheet must be so attached or, if there is no such sheet, then that fact must be clearly stated here].

Signed for and on behalf of the ISPV's Board of Directors and Insurance Manager respectively:

_____ Signed	_____ Date	_____ Signed	_____ Date
_____ Full name		_____ Full name	
_____ Position		_____ Position	