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**Connected Person Notification Form – Authorised Insurers, Permit holders and Registered Insurance Managers**

**For persons required to be notified to the Authority under section 18 or section 29 of the Insurance Act 2008**

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| **1.** | Name of regulated entity in connection with which this questionnaire is being completed: |  | |
| **2.** | Surname: |  |
| Forename(s): |  |
| Any previous name(s) by which you have been known: |  |
| **3.** | Current residential address: |  |
| **4.** | Previous address(es) during the last seven years: |  |
| **5.** | Preferred contact telephone number: |  |
| **6.** | Email address: |  |
| **7.** | Place and date of birth: |  |
| **8.** | Nationality and any former nationality: |  |
| **9.** | What role are you completing this questionnaire in relation to *(tick all that apply)* | Controller  Director  Chief Executive  Principal control officer  Manager  Company Secretary  Appointed actuary  MLRO  DMLRO |
| **10.** | Official job title of the proposed role: |  |
| **11.** | Present occupation or employment and occupations and employment during the last ten years, including the name of the employer, the nature of the business, the position held and relevant dates. |  |
| **12.** | Name any bodies corporate and the countries in which they are registered:   1. of which you are now a Director, Controller or Manager. 2. of which you have been a Director, Controller or Manager at any time during the last ten years. |  |
| **13.** | Professional qualifications and year in which they were awarded: |  |
| **14.** | Have you at any time been convicted of any offence (other than (a) an offence committed when you were under the age of 18 years unless the same was committed within the last ten years, or (b) an offence in connection with the use or ownership of a motor vehicle which was tried in a court of summary jurisdiction) by any court, whether civil or military? If so, give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of conviction. |  |
| **15.** | Have you been censured, disciplined or criticised by any professional body to which you belong or belonged or have you ever held a practising certificate subject to conditions? If so, give full particulars. |  |
| **16.** | Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a Director, Controller or Manager, been the subject of an investigation by a governmental, professional or other regulatory body? If so, give full particulars. |  |
| **17.** | Have you been dismissed from any office or employment or barred from entry to any profession or occupation? If so, give full particulars. |  |
| **18.** | Have you been adjudicated bankrupt by a court? If so, give full particulars. |  |
| **19.** | Have you failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court? If so, give full particulars. |  |
| **20.** | Have you, in connection with the formation or management of any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give full particulars. |  |
| **21.** | Has any body corporate, partnership or unincorporated institution with which you were associated as a Director, Controller or Manager been compulsorily wound up or made any compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it? If so, give full particulars. |  |
| **22.** | In carrying out your duties will you be acting on the directions or instructions of any other person? If so, please give full particulars. |  |
| **23.** | Provide the name and address of two persons who can provide references appropriate to your profession and who have known of your business activities over the last 5 years or more. |  |

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| 🔒 **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**](https://www.iomfsa.im/terms-conditions/privacy-policy/) on the Authority’s website:  [**https://www.iomfsa.im/terms-conditions/privacy-policy/**](https://www.iomfsa.im/terms-conditions/privacy-policy/)  Please call **+44 (0)1624 646000** if you have any queries. |

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| **DECLARATION BY INDIVIDUAL** | | |
| I certify that the above information is complete and correct to the best of my knowledge and belief.  I intend to hold the role of ­­­­­­­­­­­­­­­­­­­     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the institution  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*regulated entity*] from       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
| Signed:  Name:  Date: |  |
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**NOTES**

1. This questionnaire should be completed by the individual concerned and the signed original must be submitted to the Isle of Man Financial Services Authority (“the Authority”). Individuals are required to be fit and proper to undertake those functions.
2. The areas covered by this questionnaire may not be exhaustive of the matters that the Authority will consider in assessing whether an individual is fit and proper to act in the proposed capacity. The Authority reserves the right to seek additional information where necessary.
3. All convictions (with the exception of summary motoring offences) must be brought to the attention of the Authority. By virtue of the Rehabilitation of Offenders Act 2001, spent convictions must also be disclosed to the Authority separately.
4. Questions must be answered in full. Comments such as “see your records” are not acceptable answers.
5. An offence may be committed under s52 Insurance Act 2008 for failing to supply any information required by the Authority, or for supplying false or misleading information.

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| **CONTINUATION AREA FOR ALL PARTS OF THIS FORM** |
| Please indicate relevant question number: |
| N.B. If there is not enough room on this page for your entries please, photocopy appropriate page and/or attach separate sheets of information to this form as necessary. |