

Lught-Reill Shirveishyn Argidoil Ellan Vannin



Notes for Applicants

This form must be signed manually; unfortunately at this time electronically submitted forms are not acceptable.

The fees for registration are set out by the Registered Schemes Administrators (Fees) Order (which is updated annually); the Order and other related legislation may be obtained from the Isle of Man Financial Services Authority ("the Authority") at http://www.iomfsa.im/. All fees are payable to "Isle of Man Government" and include:

- An application fee which must accompany the application for registration;
- An initial annual fee which will be invoiced when registration has taken place; and
- A recurring annual fee which is invoiced on the 1st of August of each year.

It is an offence under the Retirement Benefits Schemes Act 2000 ("the Act") for a person to act as an administrator of a retirement benefits scheme (or to use a title or description falsely implying registration) unless that person is registered in accordance with the provisions of the Act. The administrator of a retirement benefits scheme is the person responsible for the management of the scheme.

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.

Where required, general guidance and assistance on the completion of this form may be obtained from the Authority.

| | | | All Ap | oplicants | | |
|--------|-------------|---------------|--|-----------|------------|---|
| 1 | Type of ap | plication: | | | | |
| A proj | | | rator is a person who in the course of bu vise a professional schemes administrat | | | or; an in-house schemes administrator is ninistrator of its in-house scheme. |
| 2 | Full name | of applicant: | : | | | |
| 3 | Business (a | ind where di | lifferent, correspondence) address | : | | |
| | | | | | | |
| | | | | | | |
| Conta | act name: | | | | Telephone: | |
| Email | : | | | Website: | | |
| 4 | | | details, including the address and n t is, or has been, responsible for the | | | n, of all retirement benefits schemes |
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| | | | Corpora | te Applica | nts | | | | |
|------|-----------------------------------|------------------------|---|-----------------------|--------|-------------------|---------------|--|--|
| 5 | Trading na | me and address of co | ompany: | | | | | | |
| | - | | | | | | | | |
| | | | | | | | | | |
| Cont | act name: | | | | | Telephone: | | | |
| Emai | il: | 1 | | Websi | te: | I | | | |
| Date | Date and number of incorporation: | | | | Place | e of incorporatio | 1: | | |
| Auth | Authorised share capital: | | | Issued share capital: | | | | | |
| Paid | id up share capital: Amount an | | | nd nature of | loan c | apital: | | | |
| 6 | | | h any other company o hart to this application f | | | | | | |
| | | d-up share capital: | | | | | torganisation | | |
| 7 | | | er and controller (see pag ficial interest in the sh | | | | | | |
| | beneficial i | interests in all share | holdings in the company person holding those inte | (or its conti | | | | | |
| Nam | | | | Role: | | | | | |
| Nam | | | | Role: | | | | | |
| | _ | | | Role: | | | | | |
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| Nam | e: | | | Role: | | | | | |
| Nam | e: | | | Role: | | | | | |
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A completed Form F&P 1 or Form F&P 2 in respect of each person above must be submitted with this application form; please see 'Additional Information' on page 6. Should there be more than four individual trustees, details of each additional person must be provided.

Disclosures (corporate applicants): Has the company or any associated or parent company ever been investigated by any regulatory authority, fined, or reprimanded by such a body or disbarred from any trade association or professional body? Has the company or any associated or parent company ever had any debts or judgements recorded against it, or are any judgements pending? Has the company or any associated or parent company ever been censured, disciplined or publicly criticised by any court of law or by an officially appointed enquiry on the Isle of Man or elsewhere? Has the company or any associated or parent company 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? Is the company, or any associated or parent company, a regulated business?

If yes has been answered to any of these questions, please provide full details:

| | | | Partnershi | o Applic | ants | | |
|--------|---|---|----------------------------|------------|---|--|--|
| 8 | Trac | ling name of partnership: | | | | | |
| Is thi | is nam | e registered under the Regis | stration of Business Name | s Act 191 | 8-54? | | |
| Is the | e part | nership a Limited Partnershi | p? If yes, name & type of | each par | tner: | | |
| Nam | e: | | | Type: | | | |
| Nam | e: | | | Type: | | | |
| Nam | e: | | | Type: | | | |
| Nam | e: | | | Type: | | | |
| A co | A completed Form F&P 1 or Form F&P 2 in respect of each partner named above must be submitted with this application form; see 'Additional Notes' on page 6. Should there be more partners than named above, details of each additional partner must be provided. | | | | | | |
| 9 | Disc | losures (partnership applica | ants): | | | | |
| | | rtnership ever been investig ed from any trade association | | thority, f | ined, or reprimanded by such a body | | |
| Hast | the pa | rtnership ever had any debt | s or judgements recorded | against i | t, or are any judgements pending? | | |
| | | rtnership ever been censure enquiry on the Isle of Man c | | criticised | by any court of law or by an officially | | |
| Is the | e part | nership a regulated business | ? | | | | |
| If yes | s has b | peen answered to any of the | se questions please provid | le full de | tails: | | |
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Administrator's Experience

10 In order that a person may act as the administrator of an authorised retirement benefits scheme, that person must have adequate knowledge and experience fitted for the management of any retirement benefits scheme for which it is proposed that they will act. Please provide below details of the initial retirement benefits scheme for which it is proposed that the applicant will act, and ensure that details of all relevant pension knowledge and experience held by the applicant and each director, executive or manager named on this form, together with details of any associated professional pension related qualifications held by each named person, is included in the application or here:

Additional Documentation

Copies of the following documents must be submitted with this form (please tick to indicate they are attached to the form):

| Completed Form F&P1 or Form F&P 2 in respect of | of each individual named on this form: |
|---|--|
| | |

Application fee, or proof of payment of application fee:

Organisation Chart:

Memorandum and Articles of Association (corporate applicants):

Authorised signatory List (corporate applicants):

The last three years' audited accounts (corporate applicants):

The three year business plan, including markets, financials and resources (corporate applicants):

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 <u>Privacy Policy</u> on the Authority's website: <u>https://www.iomfsa.im/terms-conditions/privacy-policy/</u>. Please call +44 (0)1624 646000 if you have any queries.

Declaration (all applicants)

| I/We ce | rtify that the information given on this form is complete and correct to t | he best of | my/our knowledge and belief: |
|--------------------|--|------------|--------------------------------|
| Signed: | | | |
| | | | |
| | | | |
| Full name: | | Date: | |
| Descriptions of an | ation 40 of the Detinement Deposite Coheman Act 2000, a new provide and | | en la cominado ano information |

By virtue of section 46 of the Retirement Benefits Schemes Act 2000, a person commits an offence if they knowingly provide any information which is false or misleading in a material particular, or provide information recklessly which is false or misleading in a material particular.

| | | Additional Information |
|---|---------------------------|--|
| | | Extracts from the Retirement Benefits Schemes Act 2000 |
| 'director' includes- | (a) (b) | any individual occupying the position of director by whatever name called; any individual in accordance with whose directions or instructions one or more of the appointed directors are accustomed to act unless the appointed director or directors are accustomed so to act by reason only that they do so on advice given by that person in a professional capacity. |
| 'manager' means an executive- | | vidual employed by the body corporate concerned who, under the immediate authority of a director or its chief |
| | (a) (b) | exercises managerial functions; or is responsible for maintaining the accounts or other records of the scheme. |
| 'controller' means - | (a) (b) (c) (d) | a managing director of a body corporate of which the body corporate concerned is a subsidiary; a chief executive of a body corporate of which the body corporate concerned is a subsidiary; an individual in accordance with whose directions or instructions one or more of the directors of a body corporate of which the body corporate concerned is a subsidiary are accustomed to act unless the director or directors are accustomed so to act by reason only that they do so on advice given by that person in a professional capacity; an individual who either alone or with any associate or associates is entitled to exercise or control the exercise of 15% or more of the voting power at any general meeting of the body corporate concerned or of another body corporate of which it is a subsidiary. |
| | | n individual who is employed by the body corporate concerned and who either alone or jointly with others is or will sible under the immediate authority of the directors for the conduct of its business. |
| | | Forms F&P 1 and F&P 2 |
| carries out the role b controller, chief exe Form F&P 2 – Notific | oy wa cutive cation | Questionnaire – is an application form for an individual seeking appointment as a professional trustee (a trustee who y of business) of a retirement benefits scheme, as well as those individuals seeking appointment as director, e, or senior manager of a trustee or administrator of an authorised scheme. n Only Form – is an application form for an individual seeking appointment as a non-professional trustee (a trustee ne role by way of business) of a retirement benefits scheme. |
| | | Continuation |
| Please include rele | evant | question number: |
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The Isle of Man Financial Services Authority

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