



ISLE OF MAN
FINANCIAL SERVICES AUTHORITY

Lught-Reill Shirveishyn Argidoil Ellan Vannin

Form F&P 2 Notification Only Form

NOTES

This form should be completed by the relevant regulated entity and by the individual concerned in ink and block capitals or typed and the signed original must be submitted to the Isle of Man Financial Services Authority ('the Authority'). Individuals in Controlled Functions are required to be fit and proper to undertake those functions. Details of the fit and proper criteria and the definition of certain terms can be found in the Regulatory Guidance - Fitness and Propriety, which is available on the Authority's website.

The areas covered by this form may not be exhaustive of the matters that the Authority will consider and it reserves the right to seek additional information where necessary.

Questions must be answered in full, please use the continuation sheet where necessary. Comments such as 'see your records' are not acceptable answers.

Forms that are incomplete or do not disclose full information will be returned and this may result in delays. The provision of incorrect information can be taken into account when considering whether an individual is 'fit and proper' for the proposed Controlled Function. The Authority does not accept responsibility for any loss incurred in these circumstances.

An offence may be committed under s 40 of the Financial Services Act 2008, s17 of the Collective Investment Schemes Act 2008, s52 Insurance Act 2008 and s46 Retirement Benefits Schemes Act 2000 for failing to supply any information required by the Authority, or for supplying false or misleading information.

INTRODUCTION

1.	<p>Name of regulated entity in connection with which this form is being completed:</p> <p><i>(Where the Controlled Function is R7 then the name of the retirement benefits scheme, in connection with which this form is being completed, should be shown)</i></p> <p><i>(One form per regulated entity is preferred, due to the importance of the declarations being specific to the role(s) and regulated entity. If the form does relate to more than one regulated entity separate individual and regulated entity declarations for each regulated entity must be provided)</i></p>							
2.	Is this notification made under:	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Financial Services Act 2008</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Insurance Act 2008</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Retirement Benefits Schemes Act 2000</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Financial Services Act 2008	<input type="checkbox"/>	Insurance Act 2008	<input type="checkbox"/>	Retirement Benefits Schemes Act 2000	<input type="checkbox"/>
Financial Services Act 2008	<input type="checkbox"/>							
Insurance Act 2008	<input type="checkbox"/>							
Retirement Benefits Schemes Act 2000	<input type="checkbox"/>							

PERSONAL AND CONTROLLED FUNCTION DETAILS

3.	Title:	
	Surname:	
	Forename(s):	
	Any previous name(s) by which the individual has been known:	
4.	Current residential address:	
5.	Date of birth:	

<p>6.</p>	<p>Which Notified Only Controlled Function(s) are the subject of this notification? (if an individual has already been the subject of a notification for a Controlled Function there is no need to repeat that Controlled Function in this form)</p> <p>Please refer to Appendix 2 of the Regulatory Guidance – Fitness & Propriety for descriptions:</p>	<p><input type="checkbox"/> R7. An individual trustee, that is not a professional trustee, of a retirement benefits scheme</p> <p><input type="checkbox"/> R9. Individual who is the company secretary of an Isle of Man incorporated regulated entity</p> <p><input type="checkbox"/> R16. DMLRO</p> <p><input type="checkbox"/> R17. Person responsible for the submission of the regulatory returns to the Authority</p> <p><input type="checkbox"/> R18. Senior manager with significant influence <i>(if R18, please refer to description in the Regulatory Guidance – Fitness and Propriety, and attach a diagram showing the individual’s reporting line vis-a-vis the regulated entity’s Board)</i></p> <p><input type="checkbox"/> R20. Head of operations</p> <p><input type="checkbox"/> R21B. Individual providing insurance advice to clients</p> <p><input type="checkbox"/> R23. Director (or equivalent) of a client entity of a CSP</p> <p><input type="checkbox"/> R24. Director (or equivalent) of a body corporate acting as a director, nominee shareholder or company secretary of a client entity of a CSP</p> <p><input type="checkbox"/> R25. Trustee of a client trust of a TSP</p> <p><input type="checkbox"/> R26. Director (or equivalent) or company secretary of a corporate trustee of a TCSP</p> <p><input type="checkbox"/> R27. Council member of a client foundation of a TCSP</p>
<p>7.</p>	<p>Official job title of the proposed role:</p>	
<p>8.</p>	<p>Commencement date of appointment to the Controlled Function(s):</p>	

DECLARATION BY INDIVIDUAL

I, *[name]*, being the individual who is the subject of this notification, hereby declare that:

- I will maintain my fitness and propriety, in terms of my integrity, financial standing and competence at all times;
- in my communications with the Authority, including the details set out within this form, I have been open and truthful, full and accurate in all respects and not misleading, and will continue to be so;
- I have ensured I meet, will continue to maintain, the minimum competence requirements (where applicable) and that I have the appropriate qualifications, experience, competence and capacity to properly discharge the duties and functions of the Controlled Function(s);
- I will conduct my affairs in a sound and prudent manner;
- I understand the responsibilities relating to the Controlled Function(s), and I will ensure that in the performance of a Controlled Function I will comply with the relevant legislation and regulatory requirements; and
- I will notify the regulated entity, or in the case of an application to hold the R7 Controlled Function (individual trustee who is not a professional trustee of a retirement benefits scheme) the registered administrator of the scheme, without delay if for any reason I no longer comply with the fitness and propriety standards.

I also authorise the Authority to disclose to any regulated entity, [and in the case of an application to hold the R7 Controlled Function (individual trustee who is not a professional trustee of a retirement benefits scheme) such person as is empowered by the trust deed of the above named scheme to appoint trustees to the scheme], in connection with which I may be assessed, information that the Authority believes may be relevant to that entity's assessment of my initial and continuing fitness and propriety.

Signed:

Name:

Date:

DECLARATION BY REGULATED ENTITY FOR CONTROLLED FUNCTIONS OTHER THAN R7 (*only if already regulated – otherwise please complete the Declaration by an Applicant to become a Regulated Entity*)

In submitting this form, I, *[name]* being an individual officer holding a notified and accepted Controlled Function for *[name of the regulated entity]*, am duly authorised by the regulated entity to sign and submit this form to the Authority, and I confirm that the regulated entity, in connection with the Controlled Function(s) set out in this form:

- is satisfied that the individual has the required knowledge, skills and experience appropriate for appointment in the Controlled Function(s);
- confirms that the individual meets the requirements of the Authority’s Training and Competence Framework* (where applicable) necessary for the appointment in the Controlled Function(s);
- is satisfied, as a result of due diligence undertaken, that the individual is a fit and proper person;
- is satisfied that the individual has sufficient capacity to perform the Controlled Function(s);
- affirms that sufficient due diligence has been conducted to determine that the information detailed in the form is, to the best of the regulated entity’s knowledge, complete, correct and not misleading; and
- is satisfied that the individual is able to perform the Controlled Function(s) without being exposed to unmanaged material conflict.

Signed:

Position:

Name:

Date:

** If an individual does NOT meet the requirements of the Authority’s Training and Competence Framework, please use the continuation sheet to provide your rationale as to why you feel that the individual is competent to perform the specific Controlled Function for the regulated entity.*

DECLARATION BY AN APPLICANT TO BECOME A REGULATED ENTITY *(do not complete this declaration if the firm is already regulated by the Authority)*

In submitting this form, I, *[name]* an individual officer expected to hold a notified and accepted Controlled Function for *[name of the applicant to become a regulated entity]* am duly authorised by the applicant to sign and submit this form to the Authority, and I confirm that the applicant, in connection with the Controlled Function(s) set out in this form:

- is satisfied that the individual has the required knowledge, skills and experience appropriate for appointment in the Controlled Function(s);
- confirms that the individual meets the requirements of the Authority's Training and Competence Framework* (where applicable) necessary for the appointment in the Controlled Function(s);
- is satisfied, as a result of due diligence undertaken, that the individual is a fit and proper person;
- is satisfied that the individual has sufficient capacity to perform the Controlled Function(s);
- affirms that sufficient due diligence has been conducted to determine that the information detailed in the form is, to the best of the regulated entity's knowledge, complete, correct and not misleading; and
- is satisfied that the individual is able to perform the Controlled Function(s) without being exposed to unmanaged material conflict.

Signed:

Name and position expected to be held:

(must be a different signatory to the individual who is the subject of this form)

Date:

** If an individual does NOT meet the requirements of the Authority's Training and Competence Framework, please use the continuation sheet to provide your rationale as to why you feel that the individual is competent to perform the specific Controlled Function for the applicant.*

DECLARATION IN RELATION TO CONTROLLED FUNCTION R7 – BY A PERSON EMPOWERED UNDER THE TRUST DEED TO APPOINT TRUSTEES TO THE RETIREMENT BENEFITS SCHEME

The person named below has the power under the trust deed of the, *[name of retirement benefits scheme]* ratified / made *[date of deed]* to appoint new trustees to the aforementioned scheme ('**Empowered Person**').

I, *[name of Empowered Person]* am an Empowered Person, or

I, *[name]* am an officer of *[name of Empowered Person]* and I am duly authorised by the Empowered Person to sign and submit this form to the Authority.

I confirm that the Empowered Person, in connection with the Controlled Function set out in this form:

- is satisfied that the individual has the required knowledge, skills and experience appropriate for appointment in the Controlled Function;
- confirms that the individual meets the requirements of the Authority's Training and Competence Framework* (where applicable) necessary for the appointment in the Controlled Function;
- is satisfied, as a result of due diligence undertaken, that the individual is a fit and proper person;
- is satisfied that the individual has sufficient capacity to perform the Controlled Function(s);
- affirms that sufficient due diligence has been conducted to determine that the information detailed in the form is, to the best of the Empowered Person's knowledge, complete, correct and not misleading; and
- is satisfied that the individual is able to perform the Controlled Function without being exposed to unmanaged material conflict.

Signed:

Name and position held:

Date:

** If an individual does NOT meet the requirements of the Authority's Training and Competence Framework, please use the continuation sheet to provide your rationale as to why you feel that the individual is competent to perform the specific Controlled Function(s) for the regulated entity.*

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.

CONTINUATION AREA FOR ALL PARTS OF THIS FORM

Please indicate relevant question number(s):

N.B. If there is not enough room on this page for your entries please attach separate sheets to this form as necessary.