**A black background with blue and green text

AI-generated content may be incorrect.**

**Notification Form**

**Legislation Section 1**

**1a) Notification Under**

Primary Legislation  Secondary Legislation

Licence Condition  Direction

**1b) Specific Rule (if applicable):** Click here to enter text.

**Purpose of the notification Section 2**

**2a) Please indicate the purpose of the notification.**

Notify Only

Notify and seek consent

Notify and seek no objection

Notification of breach only

**2b**) **Is this notification in relation to a material cessation, addition, change or breach noting that some non-material matters may not need to be notified to the Authority?** Yes No

**Type of notification Section 3**

**3a) To assist us to process your notification efficiently, please indicate below which one or more of the categories the notification relates to.**

Financial resources and reporting

Client money, trust money, relevant funds, nominee bank accounts

or client company money

Client Investments

Audit

Litigation

Conduct of Business

Administration

Risk Management and Internal Controls

Other notification reason (not included above)

**Details and nature of the notification Section 4**

Yes No  **4a) Has the notifiable event occurred?**

**4b) If selected ‘yes’, on what date did the event occur?** Click here to enter a date.

**4c) If selected ‘no’, what is the probability of the event occurring and the likely date that it will occur?**

Click here to enter text.

**4d) Please provide a summary of the notification.**

Click here to enter text.

**4e) What, if any, is the impact of the notification in relation to the following:**

Client Impact

Click here to enter text.

Financial Impact

Click here to enter text.

Reputational Impact

Click here to enter text.

Other Impact(s), including AML/CFT

Click here to enter text.

Yes No N/A

**4f) If relevant have you resolved the issue?**

**4g) If answered ‘yes’, when did you resolve the issue (end date)?** Click here to enter a date.

**4h) If answered ‘yes’ how was the issue resolved?**

Click here to enter text.

**4i) If answered ‘no’, what action, if any, will you be taking and by what date do you expect the issue to be resolved?**

Click here to enter text.

**4j) If answered ‘not applicable’, please explain why.**

Click here to enter text.

**4k) Please provide details of any changes to systems, procedures or controls that you have made or plan to make in relation to this notification.**

Click here to enter text.

**4l) Please provide any other relevant information relating to the notification.**

Click here to enter text.

**Declaration Section 5**

I/we are authorised to make this notification on behalf of the licenceholder and confirm that the information is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.

I/we will notify the FSA immediately if there is a significant change to the information given in the form.

Signed on behalf of the licenceholder:

Signature: Click here to enter text.

Controlled Function: Choose an item.

Print Name: Click here to enter text.

Date: Click here to enter a date.

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