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**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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