

OFT Ref:



## THE OFFICE OF FAIR TRADING

# BANKER'S QUESTIONNAIRE

### Notes for the appointee

This Questionnaire should accompany a fully completed **Personal Questionnaire**

This Questionnaire should be completed in respect of an appointee's main bank. Where an appointee has changed their main bank and/or branch within the last 5 years, a bankers' questionnaire should be completed in relation to **EACH** bank and/or branch respectively.

**Please note, submission of incomplete questionnaires and failure to disclose full information may result in significant delays. Incorrect or incomplete questionnaires may be returned. The OFT does not accept responsibility for any loss incurred in these circumstances.**

**The provision of inaccurate or incorrect information can be taken into account when considering whether or not a person is 'Fit and Proper' for the proposed role. It is a criminal offence if he knowingly or recklessly gives any information which is false.**

*Please return this form to:-*

*The Office of Fair Trading  
The Slieau Whallian  
Foxdale Road  
St John's  
Isle of Man  
IM4 3AS*

**SECTION ONE**

**AUTHORITY TO THE BANK TO PROVIDE INFORMATION**

**(TO BE COMPLETED BY THE APPOINTEE)**

**Please write clearly in BLOCK CAPITALS in black ink or black ballpoint pen.**

I (name) \_\_\_\_\_

Of (address) \_\_\_\_\_

Hereby authorise (full name of bank and branch details):

to answer the questions set out in Section 3 in full and to send the completed questionnaire directly to the Office of Fair Trading.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE**

**TO ASSIST THE BANK IN IDENTIFYING YOUR ACCOUNT, WE WOULD ASK THAT YOU SUPPLY YOUR BANK'S SORT CODE AND YOUR ACCOUNT DETAILS ON PAGE 5.**

**THE OFT WILL NOT RETAIN THIS INFORMATION. ONCE THE BANK HAS RESPONDED TO THE QUESTIONNAIRE, THE PAGE WILL BE DESTROYED.**

**SHOULD YOU NOT WANT TO SUPPLY YOUR ACCOUNT DETAILS, THIS WILL NOT AFFECT OUR ASSESSMENT PROCESS. IT MAY, HOWEVER, LEAD TO DELAYS WHERE THE BANK IS NOT ABLE TO RESPOND QUICKLY TO THE REQUEST. PLEASE NOTE, SUCH DELAYS ARE OUTSIDE THE CONTROL OF THE OFT.**

**SECTION TWO**

**THE ROLE PROPOSED FOR THE APPOINTEE**

**(TO BE COMPLETED BY THE OFFICE OF FAIR TRADING)**

The Office of Fair Trading ("the OFT") is responsible – inter alia – for the licensing, regulation and supervision of Money Lenders in the Isle of Man. The person named in Section One has applied to the OFT to act in the following capacity(ies):-

- |                         |                          |                            |                          |
|-------------------------|--------------------------|----------------------------|--------------------------|
| <b>Director</b>         | <input type="checkbox"/> | <b>of a</b>                |                          |
| <b>Controller</b>       | <input type="checkbox"/> | <b>Limited Company</b>     | <input type="checkbox"/> |
| <b>Resident Manager</b> | <input type="checkbox"/> | <b>Partnership</b>         | <input type="checkbox"/> |
| <b>Secretary</b>        | <input type="checkbox"/> | <b>Sole Proprietorship</b> | <input type="checkbox"/> |
| <b>Key Person</b>       | <input type="checkbox"/> |                            |                          |
| <b>Other</b>            | <input type="checkbox"/> |                            |                          |
| <b>Please Specify</b>   |                          |                            |                          |

**SECTION THREE**

**QUESTIONNAIRE TO BE COMPLETED BY THE BANK**

If you experience any difficulty in completing this form, please contact the person whose name appears at the end of this questionnaire, at the address on the front page or by telephoning (01624) 686500

(i) How long has the individual been a customer of this branch of the bank?

If this relationship has ceased, please state the period during which it existed.

<b>Year(s)</b>
<b>To</b>

(ii) Is the bank satisfied with the manner in which the individual has conducted his financial relationship with it?

<b>YES*</b>	<b>NO*</b>
<input type="checkbox"/>	<input type="checkbox"/>
<small>(If the answer is "No", an explanation would be useful)</small>	

(iii) During the period detailed at (i) above, do you consider your bank to have been the individual's main banker?

<b>YES*</b>	<b>NO*</b>
<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**(AUTHORISED SIGNATORY)  
BLOCK CAPITALS**

\_\_\_\_\_  
**SIGNATURE OF  
AUTHORISED SIGNATORY**

\_\_\_\_\_  
**(OFFICIAL STAMP OF BANK)**

\_\_\_\_\_  
**(POSITION HELD IN BANK)**

Date: \_\_\_\_\_

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**Thank you for your co-operation in completing this form.**

**The OFT is aware that your Bank is not a Credit Reference Agency within the terms of Section 145(8) of the United Kingdom Consumer Credit Act 1974. Disclosure of the source and content of this information is not required by that Act.**

**\*Complete as appropriate**

**ACCOUNT INFORMATION**

**TO:** (Insert bank details) \_\_\_\_\_

**NAME:** (Appointee's name) \_\_\_\_\_

To assist with the location of my account and the completion of the questionnaire in Section Three, my account details are as follows:

<b>Sort Code</b>	<b>Account Number</b>	<b>Account Name</b>