

**Financial Supervision Commission (“FSC”)
Licenceholder Contact Details**

LICENCEHOLDERS NAME		
LICENCEHOLDER DETAILS		
CONTACT TYPE:	General Correspondence (Public Information)	FSC Primary Contact Details
Contact Name & Title:		
Note: If you do not want a contact name or title for ‘General Correspondence’, we will use generic terms: “The Secretary”, “The Manager”, “The Proprietor” or “The Partners		
Address Details:		
Telephone Number:		
Fax Number:		
Email Address:		
Website Address:		
Note: The Primary Contact will be the only recipient of e-mail merges sent by the FSC		
MANAGING DIRECTOR / SENIOR EXECUTIVE OFFICER / CHIEF FINANCIAL OFFICER *		
Name:		
Position:		
Telephone Number:		
Fax Number:		
Email Address:		
FOUR EYES *		
1. Name:		
Position:		
Telephone Number:		
Fax Number:		
Email Address:		
2. Name:		

Position:	
Telephone Number:	
Fax Number:	
Email Address:	
3. Name:	
Position:	
Telephone Number:	
Fax Number:	
Email Address:	
4. Name:	
Position:	
Telephone Number:	
Fax Number:	
Email Address:	
EMERGENCY PERSONAL CONTACT DETAILS *	
<p>Please Note:</p> <p>Personal contact details noted below are recorded on the FSC Supervision Division database for the sole purpose of ensuring a nominated representative of the Licenceholder can be contacted in the event of an emergency.</p> <p>To ensure this information is kept up to date, the FSC Supervision Division will periodically seek confirmation from the Licenceholder by letter or e-mail that the following personal details are correct.</p> <p>By completing and <u>signing</u> this form, the individuals named below hereby authorise the FSC to process this data as described above.</p> <p>* In accordance with Data Protection Act 2002, the Financial Supervision Commission will store personal data contained in this form on a computerised database for the purposes described. The data will be accessible to officers of the Financial Supervision Commission and contracted data processors only.</p>	
I. Name:	
Position within Licenceholder:	
Home Address:	
Home Telephone Number:	
Home mobile:	

Signed:	
2. Name:	
Position within Licenceholder:	
Home Address:	
Home Telephone Number:	
Home Mobile:	
Signed:	
3. Name:	
Position within Licenceholder:	
Home Address:	
Home Telephone Number:	
Home mobile:	
Signed:	
4. Name:	
Position within Licenceholder:	
Home Address:	
Home Telephone Number:	
Home mobile:	
Signed:	

Date of Completion:

Completed by:

Signature:

(On behalf of the above named Licenceholder)

For Office Use Only		
(April 2007 version)	Input By – Date & Initials	Checked By – Date & Initials
Supervision Records Updated		
Finance Manager Advised		
IT Manager Advised		3