

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

This form is for use by Deposit Takers only (and other licenceholders if specifically requested by the FSC)	
LICENCEHOLDER NAME	
<p>Please indicate if this is addition or removal of an emergency contact or amendment to an individual’s personal contact details. For amendments to personal contact details and for additional emergency contacts added, an Emergency Personal Contact Details form should be completed by the individual.</p> <p>Personal contact details 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>	
1. Name:	
Position with Licenceholder:	
Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
2. Name:	
Position with Licenceholder:	
Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
3. Name:	
Position with Licenceholder:	
Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
4. Name:	
Position with Licenceholder:	
Please indicate nature of amendment	<input type="checkbox"/> Amendment to personal contact details <input type="checkbox"/> Removal as Emergency Contact <input type="checkbox"/> Additional Emergency Contact (Emergency Contact Personal Details form enclosed)
<p>I confirm that there are no changes to the existing emergency contact details already supplied to the Financial Supervision Commission, with the exception of those detailed above.</p>	
Effective Date:	
Completed on behalf of the above named licenceholder by:	
Position with Licenceholder:	
Signature :	
Date:	

For FSC use only		
(Revised October 2009)	Input by – Date and Initials	Checked by – Date and Initials
Supervision records updated		