

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

This form is for use by Deposit Takers only (and other licenceholders if specifically requested by the FSC)		
LICENCEHOLDER NAME		
EMERGENCY CONTACT PERSONAL DETAILS *		
Name:		
Position within Licenceholder:		
Telephone numbers for contact outside of business hours:	Home	
	Mobile	
Signed:		
Date:		
<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> <p>By completing and <u>signing</u> this form, you hereby authorise the FSC to process this data as described above.</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 details held are correct.</p> <p>If any of the above details change please advise us as soon as possible to ensure that our records are kept up to date.</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>		

For FSC use only		
(Revised October 2009)	Input by – Date & Initials	Checked by – Date & Initials
Supervision Records Updated		