



Licenceholder Emergency Contact Personal Details

This form is for use by Financial Services Act 2008 licenceholders only

LICENCEHOLDER NAME:			
Emergency Contact Personal Details*			
Name:			
Position with Licenceholder:			
Telephone numbers for contact outside of business hours:	Home:		
	Mobile:		
Signed:			
Date:			

Personal contact details are recorded on the Isle of Man Financial Services Authority ("FSA") Supervision Division database for the sole purpose of ensuring a nominated representative of the Licenceholder can be contacted in the event of an emergency.

By completing and signing this form, you hereby authorise the FSA to process this data as described above.

To ensure this information is kept up to date, the FSA Supervision Division will periodically seek confirmation from the Licenceholder by letter or e-mail that the details held are correct.

If any of the above details change please advise us as soon as possible to ensure that our records are kept up to date.

*In accordance with Data Protection Act 2002, the Isle of Man Financial Services Authority 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 Isle of Man Financial Services Authority and contracted data processors only.

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