



FINANCIAL SUPERVISION COMMISSION

UPDATE DECLARATION

NAME OF LICENCE APPLICANT / LICENCEHOLDER
NAME OF INDIVIDUAL
ADDRESS OF INDIVIDUAL
DATE OF BIRTH

With reference to my Personal Questionnaire (“PQ”) / Personal Declaration (“PD”) submitted to the Financial Supervision Commission on (insert date), I confirm that there are no changes to the facts declared therein other than those noted below.

CHANGES TO THE FACTS DECLARED IN THE PQ / PD:

Question number	Change

If more space is needed the answers should be written on a separate signed and dated sheet of paper and referenced to the relevant question in the PQ or PD.

DECLARATION

I certify that the information provided is complete and correct to the best of my knowledge and belief.

I understand and accept that the information provided on this declaration is provided on the same terms as the information provided on my previous PQ/PD.

Signed

Dated