

FSC Ref:



FINANCIAL SUPERVISION COMMISSION

BANKERS' QUESTIONNAIRE

Notes for the appointee

This Questionnaire should accompany a fully completed **Personal Questionnaire**

This Questionnaire should be completed in respect of an appointee's main bank.

Where an appointee has changed their main bank and/or branch within the last 5 years, a bankers' questionnaire should be completed in relation to each bank and /or branch respectively.

Please note, submission of incomplete questionnaires and failure to disclose full information may result in significant delays. Incorrect or incomplete questionnaires may be returned. The Commission does not accept responsibility for any loss incurred in these circumstances.

The provision of inaccurate or incorrect information can be taken into account when considering whether or not a person is 'Fit and Proper' for the proposed role. It is a criminal offence to knowingly or recklessly give any information which is false. (Under section 40 of the Financial Services Act 2008)

Please return this form to:-

*Financial Supervision Commission
P O Box 58
Finch Hill House
Bucks Road
Douglas
Isle of Man
IM99 1DT*

VERSION: July 2008

SECTION ONE

AUTHORITY TO THE BANK TO PROVIDE INFORMATION

(TO BE COMPETED BY THE APPOINTEE)

Please write clearly in BLOCK CAPITALS in black ink.

I (name) _____

of (address) _____

hereby authorise (full name of bank and branch details) _____

to answer the questions set out in section 3 in full and to send the completed questionnaire directly to the Financial Supervision Commission.

Signed: _____

Date: _____

Note

To assist the bank in identifying your account, we would ask that you supply your bank's sort code and your account details on page 5.

The Commission will not retain this information. Once the bank has responded to the questionnaire, the page will be destroyed.

Should you not want to supply your account details, this will not affect our assessment process. It may, however, lead to delays where the bank is not able to respond quickly to the request. Please note, such delays are outside the control of the Commission.

If you bank, or have, during the last five years, banked with a bank outside of the United Kingdom or Crown Dependencies, it may be helpful to contact them to seek advice on the disclosure requirements in the jurisdiction in which the bank accounts were / are held.

An alternative to a bank reference, such as a credit reference check, may be requested by the Commission where appropriate.

SECTION TWO

QUESTIONNAIRE TO BE COMPLETED BY THE BANK

The Financial Supervision Commission ("the Commission") is responsible - inter alia - for the licensing, regulation and supervision of specified financial services in the Isle of Man.

The person named in Section One has applied for an office or position within a licenceholder of the Financial Supervision Commission that requires the Commission to determine their fitness and propriety.

If you experience any difficulty in completing this form, please contact the person whose name appears at the end of this questionnaire at the address on the front page or by telephoning (01624) 689300.

- (i) How long has the individual been a customer of this branch of the bank?
If this relationship has ceased, please state the period during which it existed.

Year(s)
: : to : :

- (ii) Is the bank satisfied with the manner in which the individual has conducted his financial relationship with it?

Yes* / No*
<small>(If the answer is "No", an explanation would be useful)</small>

- (iii) During the period detailed at (i) above, do you consider your bank to have been the individual's main banker?

Yes* / No*

**(AUTHORISED SIGNATORY)
BLOCK CAPITALS**

**SIGNATURE OF
AUTHORISED SIGNATORY**

(OFFICIAL STAMP OF BANK)

(POSITION HELD IN BANK)

Date: _____

Thank you for your co-operation in completing this form.

The Commission is aware that your Bank is not a Credit Reference Agency within the terms of Section 145(8) of the United Kingdom Consumer Credit Act 1974. Disclosure of the source and content of this information is not required by that Act.

FOR AND ON BEHALF OF THE COMMISSION
** Delete as appropriate*

NAME IN BLOCK CAPITALS

ACCOUNT INFORMATION

TO: _____ (Insert bank details)

NAME: _____ (Appointee's name)

To assist with the location of my account and the completion of the questionnaire in Section Two, my account details are as follows:

Sort Code	Account Number	Account Name
_____	_____	_____
_____	_____	_____
_____	_____	_____