

Application Number:  
(For official use only)

## NAME ENQUIRY FORM

Companies Registry, Financial Supervision Commission, PO Box 345,  
Finch Hill House, Bucks Road, Douglas, Isle of Man, IM99 2QS

Tel: +44 (0)1624 689389 Fax: +44 (0)1624 689397 E-mail: companies@fsc.gov.im

### FOR COMPLETION BY APPLICANT

Name and Address of Applicant:	
	Tel No:

New Name:

Change of name:

Please tick as appropriate.

Existing name (if any):	
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Proposed name (NB Please provide literal translation if proposed name is in a foreign language):	
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Relevance, if any, of significant words, initials, figures in the name:	
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If the name includes a sensitive word or expression, please tell us what the company / business will be doing by way of business.	
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Is the company engaged in, or intending to engage in any of the following:	YES	NO
(a) deposit taking under the Banking Act 1998		
(b) investment business under the Investment Business Acts 1991- 1993		
(c) acting as a collective investment scheme under the Financial Supervision Act 1988 *		
(d) acting as a CSP or a TSP under the Corporate Service Providers Act 2000		
(e) insurance or reinsurance business (including broking) under the Insurance Act 1986		
(f) gaming, betting or operating a lottery		

**\* NB: If a collective investment scheme, please specify type – e.g. Exempt International, Authorised International, Professional Investor Fund, Qualifying Fund or Specialist Fund.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

