



**ISLE OF MAN
FINANCIAL SERVICES AUTHORITY**

Lught-Relll Shirveishyn Argidoil Ellan Vannin

APPLICATION FOR ISPV CHANGE IN ACTIVITY RESTRICTIONS

This document is an extract from Part IV of Schedule 1 to the Insurance (Special Purpose Vehicles) Regulations 2015. Whilst care has been taken to ensure the accuracy of the content of this document, the Insurance and Pensions Authority does not accept responsibility for the accuracy of forms submitted.

Declaration of Insurance Manager

To the Supervisor

(State the name of the ISPV in respect of which this declaration is being made and specify the application for change in activity restrictions in respect of which this declaration is being made (“this application”). If this application is in respect of a protected cell of a PCC: state the name of that cell and its PCC, and in such case the cell and all the matters relating to its PCC which may affect the cell shall be “the ISPV” for the purposes of this declaration.)

We, being duly authorised by, and on behalf of, the Insurance Manager of the ISPV —

- (1) agree to provide any further information or documents the Supervisor may require in the course of considering this application;
- (2) declare, having made full enquiry into the matters contained in this application, that to the best of our knowledge and belief —
 - (a) the documents and information given in relation to the Appendix to this application and otherwise in connection with this application are complete and correct; and
 - (b) the arrangements of the ISPV proposed in this application ensure it will, if approved by the Supervisor, continue to comply with the requirements of the Insurance Act 2008 and the Insurance (Special Purpose Vehicles) Regulations 2015 (“the Regulations”); and
- (3) without limiting any other requirement applicable to the ISPV, acknowledge that the ISPV’s activities are restricted in accordance with Regulation 5(3) of the Regulations and that any change in those activity restrictions requires an application to be made to the Supervisor, as referred to in Regulation 6(2) of the Regulations.

Signed for and on behalf of the Insurance Manager of the ISPV:

Signed

Date

Signed

Date

Full name

Full name

Position

Position