



**ISLE OF MAN  
FINANCIAL SERVICES AUTHORITY**

*Lught-Reill Shirveishyn Argidoil Ellan Vannin*

## Licenceholder Emergency Contact Details Amendment

This form is for use by Deposit Takers licensed under the Financial Services Act 2008 only  
(and other licenceholders if specifically requested by the Isle of Man Financial Services Authority ("FSA"))

LICENCEHOLDER NAME:

Please indicate if this is addition or removal of an emergency contact or amendment to an individual's personal contact details. For amendments to personal contact details and for additional emergency contacts added, an Emergency Personal Contact Details form should be completed by the individual.

Personal contact details are recorded on the 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.

1. Name:

Position with  
Licenceholder:

Please indicate  
nature of  
amendment

- Amendment to personal contact details  
 Removal as Emergency Contact  
 Additional Emergency Contact (Emergency Contact Personal Details form enclosed)

2. Name:

Position with  
Licenceholder:

Please indicate  
nature of  
amendment

- Amendment to personal contact details  
 Removal as Emergency Contact  
 Additional Emergency Contact (Emergency Contact Personal Details form enclosed)

3. Name:

Position with  
Licenceholder:

Please indicate  
nature  
of amendment

- Amendment to personal contact details  
 Removal as Emergency Contact  
 Additional Emergency Contact (Emergency Contact Personal Details form enclosed)

4. Name:

Position with  
Licenceholder:

Please indicate  
nature  
of amendment

- Amendment to personal contact details  
 Removal as Emergency Contact  
 Additional Emergency Contact (Emergency Contact Personal Details form enclosed)

<b>I confirm that there are no changes to the existing emergency contact details already supplied to the Isle of Man Financial Services Authority, with the exception of those detailed above.</b>	
<b>Effective Date:</b>	
<b>Completed on behalf of the above named licenceholder by:</b>	
<b>Position with Licenceholder:</b>	
<b>Signature :</b>	
<b>Date:</b>	

<b>For FSA use only</b>		
<b>(Revised October 2009)</b>	<b>Input by – Date and Initials</b>	<b>Checked by – Date and Initials</b>
Supervision records updated		