



## Emergency Contact Details

**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**

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.

To ensure this information is kept up to date, the FSA Supervision Division will periodically seek confirmation from the Licenceholder by letter or e-mail that the personal details held are correct.

Should an individual cease to be an emergency contact, or their contact details change, please complete a Licenceholder Emergency Contact Details Amendment form. This will ensure that our records are kept up to date.

**Each of the individuals named below should complete an Emergency Contact Personal Details form and send it to the FSA with this form**

**1. Name:**

Position with Licenceholder:

**2. Name:**

Position with Licenceholder:

**3. Name:**

Position with Licenceholder:

**4. Name:**

Position with Licenceholder:

**Completed By:**

**Position with Licenceholder:**

**Signature:**

**(on behalf of the above  
named licenceholder)**

**Date of completion:**

**For FSA Use Only**

(October 2009 version)

Input By – Date & Initials

Checked By – Date & Initials

Supervision Records Updated