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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms - Annex** |
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| **Annex AX02: Involvement Suitability Assessment** |
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| **High Level Guidelines** |
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| 1. **General**

This form, **Annex AX02:** **Involvement Suitability Assessment** (‘Annex’), shall be duly filled in by persons wishing to obtain or already holding an authorisation from the MFSA to carry out financial services activities. This Annex is to be completed by the Applicant or Authorised Person in relation to a Proposed Individual who submitted a Personal Questionnaire to hold a position which requires the MFSA’s prior approval. Where an Authorisation Application is being submitted this Annex shall be filed as part of and in conjunction with the relevant Authorisation Application Form, as indicated therein. In case where the Applicant is still in formation, this Annex may either be completed by any one of the proposed Directors or by any one of the Shareholders.Where an MFSA authorisation to carry out financial services activities has already been issued, this Annex is to be completed by the Authorised Person and sent to the proposed person to attach it with the Personal Questionnaire before this is submitted.In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.The Applicant is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Applicant shall not tamper with, or modify in any manner, this Annex or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the Applicant further information/ documentation.1. **Definitions**

Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the respective Application. 1. **Instructions**

In order for this Annex to be considered complete, the Applicant is required to complete all the respective sections under this Annex. It is noted that the information provided should reflect the Applicant’s structure and method of operations at time of authorisation.1. **Privacy Notice**

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Applicant/Authorised Person Details
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|  | **Applicant/Authorised Person - Identification Details**  |
|  | Registered Name *(if not yet Formed, provide proposed name)* | Enter text |
|  | Registered Number(*if applicable)* | Enter text |
|  | LEI Code (*if applicable)* | Enter text |

| 1. Proposed Individual Details
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|  | **Proposed Individual - General and Identification Details**  |
|  | **Individual - Identification** |
| * + - 1.
 | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | MFSA PQ Code | Enter text |
|  | **Replacement**  |
|  | Will the Proposed Individual be replacing someone else? | Select item |
|  | If *‘Yes’*: Identify the person being replaced: |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | **Organigram** |
|  | **Attachment | Organigram**Provide an updated organigram clearly indicating the Proposed Individual’s position within the Applicant / Authorised Person and the respective reporting lines.*Note - not Applicable when submitted with an Authorisation Application Form* |

| 1. Assessment Form
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|  | **Assessment Questions**  |
|  | Provide an evaluation of the competence (qualifications and work experience) of the Proposed Individual and how these are relevant to the duties assigned to the proposed role, taking into account the nature, scale, and complexity of the Applicant / Authorised Person, its business model and any associated risks. |
|  | Enter text |
|  | Provide an evaluation of the character of the Proposed Individual ensuring his/her good repute. |
|  | Enter text |
|  | Identify any potential conflicts of interest and provide an explanation as to how these will be managed and mitigated, also taking into consideration the Applicant / Authorised Person’s Conflict of Interest Policy. |
|  | Enter text |
|  | Provide an indication of the time that needs to be dedicated (weekly) to the proposed role in order to be carried out in an effective manner. |
|  | Enter text |
|  | Provide details of any support arrangements that will be put in place to support the Proposed Individual in the execution of his/her duties. |
|  | Enter text |
|  | Provide details of how the Proposed Individual will complement the Applicant / Authorised Person’s collective suitability where applicable, such as *inter alia* in the case of the Management Body, or executive committees. |
|  | Enter text |

| 1. Declaration Form

*Note - not Applicable when submitted with an Authorisation Application Form* |
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|  | **Declaration** |
|  | The undersigned, on behalf of the Applicant, declares that the information given in answer to the questions within this Annex is complete and accurate to the best of their knowledge. |
| Signature  |  |  |
| Name  | Enter text | Surname | Enter text |
| Position | Enter text |
| Date  | Enter date |