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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Competence Assessment for CSPs seeking appointment as Due Diligence Service Providers under the NPIF Framework** |
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| **High Level Guidelines** |
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| 1. General   This form, **Annex AX44 – Annex E - Competence Assessment for CSPs seeking appointment as Due Diligence Service Providers under the NPIF framework (‘Annex’)**shall be duly filled in by the CSP requesting to act as a Due Diligence Service Provider, or by a person authorised by it to act on its behalf, in terms of Regulation 18 of the Investment Services Act (Notified CISs) Regulations, and shall be submitted to the Authority via email – [**ausecurities@mfsa.mt**](mailto:ausecurities@mfsa.mt).  In this respect, the CSP applying to act as a Due Diligence Service Provider (‘DDSP') shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The CSP, or a person authorised by it to act on its behalf shall notify the MFSA immediately if the information provided changes in any respect.  The CSP applying for an appointment as DDSP is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of this Form. The CSP shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulations as may be applicable.  The CSP shall not tamper with, or modify in any manner, this Notification Form or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Form to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request further information/ documentation.   1. Definitions   For the purposes of this Annex, the definitions identified below should be read in conjunction with the provisions of the Act, the Regulations and other respective national or European regulatory frameworks or other binding regulation as may be applicable.  In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.   |  |  |  | | --- | --- | --- | |  |  |  | | **‘Act’** | | means the Investment Services Act (Chapter 370 of the Laws of Malta) | |  | |  | | **‘Authority’** | | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta) | |  | |  | | **‘Primary Business Address’** | | shall for the purpose of this Annex, mean the AIFM’s head office / operational address | |  | |  | | **‘Regulations’** | | Means the Investment Services Act (List of Notified CISs) Regulations, 2023 | |  | |  | | **‘Regulatory framework’** | | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable | |  | |  |  1. Instructions 2. In order for this Annex to be considered complete, the CSP is required to complete all the respective sectionsunder this Annex. It is noted that the information provided should reflect the CSP’s structure and method of operations at the time of submission. 3. 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. Disclaimer   It is noted that the submission of this Form and/or its determination of ‘completeness’ shall not be construed as an approval by the MFSA of the CSP to act as a Due Diligence Service Provider to Notified PIFs. The CSP should also be aware that the MFSA approval to act as a DDSP is revocable at any time should the conditions under which it was granted change. |

| * 1. CSP Details | | | | | |
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|  | **Identification of CSP**  *Provide the following details on the entity requesting approval as due diligence service provider under the NPIF Framework.* | | | | |
|  | Authorised Person Name | Enter text |  | Authorised Person ID | Enter text |
|  | Type of Authorisation | Select item |  | Email | Enter text |
|  | **Operational Arrangements** | | | | |
|  | Provide details of the operational arrangements (in terms of structure, systems and controls) that will be put in place for the CSP to effectively execute the duties of a due diligence service provider under the NPIF framework, taking also into consideration the current volume and type of activities being performed by the CSP. | | | | |
| Enter text | | | | |

| * 1. Details of Designated Person/s | |
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|  | **Identification of designated person/s**  *Provide details on the person/s responsible, on behalf of the CSP, to undertake this line of work. (For each designated person)* |
|  | |  |  |  |  | | --- | --- | --- | --- | | Title | Select item | Name | Enter text | | Surname | Enter text | Passport/ID Card Details | Enter text | | **Attachment | Copy of ID/Passport** | | | |   *(Add multiple as applicable)* |
|  | **Competence Assessment** |
|  | Provide a detailed evaluation of the competence (qualifications, work experience and training attended) of the designated person/s that are relevant to the role, whilst clearly explaining their relevance to the duties assigned to the role and which demonstrate an understanding of the funds sector. |
| Enter text |
|  | **Time Commitment** |
|  | Provide an indication of the time that needs to be dedicated (weekly) to the role in order for it to be carried out in an effective manner. |
| Enter text |
|  | **Support Arrangements** |
|  | Provide details of support arrangements, if any, that will be put in place to support the designated persons in the execution of their duties. |
| Enter text |

| * 1. Declaration Form | | | |
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| *This Declaration Form should be signed by the signatories vested with legal representation of the CSP, or a person authorised on their behalf.* | | | |
| The undersigned, on behalf of *CSP*, declare that the information given in answer to the questions within this Annex is complete and accurate to the best of their knowledge. | | | |
|  |  |  | |
| Name | Enter text | Surname | Enter text |
| Position | Enter text | Date | Enter date |
|  |  | | | |

*(Add multiple as applicable)*