**MALTA FINANCIAL SERVICES AUTHORITY**

**Breach Reporting Form**

1. **Does the breach that you wish to report concern a credit institution or an investment firm?** *(mark as appropriate)*

Credit institution: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

1. **Name of the entity being reported**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information regarding the alleged breach**:

3.1 Who are the main parties involved?

|  |
| --- |
| Click here to enter text. |

* 1. Place and date when the events in question happened.

|  |
| --- |
| Click here to enter text. |

3.3 If possible, indicate the legal obligation that was or may be breached under

relevant legislation.

|  |
| --- |
| Click here to enter text. |

3.4 Describe the nature of the alleged breach.

|  |
| --- |
| Click here to enter text. |

1. **Documents to support the report** *(mark as appropriate)*:

4.1 I am enclosing documents to support this report \_\_\_\_\_

* 1. I know of the existence of documents that support this report \_\_\_\_\_

How can the MFSA obtain these documents?

|  |
| --- |
| Click here to enter text. |

4.3 Not applicable \_\_\_\_\_

1. **Prior reporting**:

5.1 Have you reported this matter to other authorities? *(mark as appropriate)*

YES \_\_\_\_\_ NO \_\_\_\_\_

* 1. If yes, when and to which competent authority did you report?

|  |
| --- |
| Click here to enter text. |

* 1. Have you reported this matter internally in your organization? *(mark as appropriate)*

YES \_\_\_\_\_ NO \_\_\_\_\_

* 1. If yes, when and to whom?

|  |
| --- |
| Click here to enter text. |

5.5 Please include the full name and current position of the person to whom

this breach has been reported.

|  |
| --- |
| Click here to enter text. |

1. **Your contact details** *(optional)*:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Surname: | Click here to enter text. |
| Postal Address: | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Email: | Click here to enter text. |
| Name of Employer: | Click here to enter text. |
| Current position: | Click here to enter text. |

1. **Confidentiality waiver**

Except in terms of a court order, the MFSA will not reveal the identity of an informant without first obtaining his/her explicit consent.

Do you consent to the MFSA forwarding your personal data to third parties if relevant for the follow up procedure on your report?

YES \_\_\_\_\_ NO \_\_\_\_\_