**EQUITY RELEASE FINANCIAL PRODUCTS REGULATIONS, 2019**

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| APPLICATION FOR ENROLMENT IN THE EQUITY RELEASE LIST OF CREDIT AND FINANCIAL INSTITUTIONS AUTHORISED TO PROVIDE EQUITY RELEASE FINANCIAL PRODUCTS  **Before completing this Application Form, applicants should read the Equity Release Financial Products Regulations 2019 and the Equity Release Financial Products Rulebook issued by the MFSA.** |

1. **Company Details (Note 1 & Note 5):**
2. Company Name: Click here to enter text.
3. Address of principal place of business: Click here to enter text.
4. Business e-mail address/es: Click here to enter text.
5. **Proposed Individual for the direct management or supervision of employees who are directly engaged in equity release transactions:** 
   1. Name and designation of responsible person Click here to enter text.
   2. Identity Card number/Passport Number: Click here to enter text.
   3. Current Residential Address: Click here to enter text.
   4. Contact number (including country code): Click here to enter text.
   5. E-mail address: Click here to enter text.
6. **Branch/es through which the Company shall be providing Equity Release Financial Products (if applicable):**
   1. Address/es of branch/es including Postal Code: Click here to enter text.
   2. Branch/es telephone number/s: Click here to enter text.
   3. Branch/es e-mail address/es: Click here to enter text.
   4. Branch/es contact person/s Click here to enter text.
   5. **Professional Indemnity Insurance (Note 3):**

* Amount of cover:Click here to enter text.
* Amount of excess: Click here to enter text.

1. **Declaration:**

I/We hereby apply for the enrolment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Applicant)* in the ERS List.

An application for enrolment fee as specified in the Second Column of Part I of the table contained in Rule R.1.7.4 of the Equity Release Financial Products Rulebook, is made by cheque No. \_\_\_\_\_\_\_\_, enclosed and made payable to the MFSA.

The particulars provided in this application and the documents produced with it are complete and true to the best of my/our knowledge, information and belief. I/We hereby authorise the MFSA to contact any or all of the persons mentioned herein or other persons considered by the MFSA to be relevant, both at date or application and at any time in the future, unless and until I/we rescind this authority in writing. I/We also undertake to inform the MFSA in writing of any material change to this application.

Name and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Click here to enter text. Date Click here to enter text.

Name and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Click here to enter text. Date Click here to enter text.