**EQUITY RELEASE FINANCIAL PRODUCTS REGULATIONS, 2019**

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| APPLICATION FOR REGISTRATION OF STAFF IN THE EQUITY RELEASE REGISTER, WHO SHALL ENGAGE IN THE PROVISION OF EQUITY RELEASE FINANCIAL PRODUCTS ON BEHALF OF INSTITUTIONS ENROLLED IN THE EQUITY RELEASE LIST.  **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. **Identification Details (Note 4):**
   1. **Title:** Click here to enter text.
   2. **Name:** Click here to enter text.
   3. **Surname:** Click here to enter text.
   4. **Maiden Name (if applicable):** Click here to enter text.
   5. **Identity Card number/Passport number:** Click here to enter text.
   6. **Date of birth:** Click here to enter text.
   7. **Nationality:** Click here to enter text.
   8. **Current Residential Address:** Click here to enter text.

Click here to enter text.

Click here to enter text.

* 1. **Contact Number (including country code):**  Click here to enter text.
  2. **Personal E-mail address:** Click here to enter text.
  3. **Registered name of enrolled Institution on behalf**

**of which the applicant will be acting:** Click here to enter text.

**Note:** A signed declaration from your employer confirming that the enrolled Institution is aware of this application is required. This declaration must be signed and dated by a senior official of the enrolled Institution.

1. **Documentation:**

Please complete the Personal Questionnaire by logging into the MFSA’s [LH Portal](https://lhportal.mfsa.com.mt/).

1. **Declarations:**

*The Individual applying for registration in the ERS Register*

I hereby apply for registration in the ERS Register in terms of Chapter 1 of the Equity Release Financial Products Rulebook.

An application for registration fee as specified 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 knowledge, information and belief. I hereby authorise the MFSA to contact any person considered by the MFSA to be relevant, both at the date of application and at any time in the future unless and until I withdraw this authority in writing. I also undertake to inform the MFSA in writing of any material change relevant to this application.

I understand that the Equity Release Register will be published.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Acknowledgement by Institution*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has submitted an application to register in the ERS Register in terms of Chapter 1 of the Equity Release Financial Products Rulebook.

The Institution undertakes to submit a suitability assessment to the MFSA in respect of the requested registration in accordance with the MFSA Guidelines to the Personal Questionnaire.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click here to enter text.