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| MALTA FINANCIAL SERVICES AUTHORITY |  |
| **Annex II – Assessment Form** |  |
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| **The Entity’s assessment on third-party service providers** | |
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| This form is to be completed by the Entity[[1]](#footnote-1) in cases where a function is going to be outsourced to a third-party service provider. Please complete a separate sheet if more than one function will be outsourced. | |

| **Assessment Form** | | | | |
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| All questions in this form should be answered and any questions which are not relevant to the application at hand should be left blank. | | | | |
| **1** | **Core Details** | | | |
| 1.1 | Name of Entity | Enter text | | |
| 1.2 | Company Number | (if the company is already registered with the Malta Business Registry or authorised)  Enter text | | |
| 1.3 | Function to be outsourced | Choose an item | If Other, please specify: | Enter text |
| 1.4 | Name of service provider to whom the function will be outsourced | Enter text | | |
| 1.5 | Address of service provider | Enter text | | |
| 1.6 | Contact details of service provider | Enter text | | |
| 1.7 | Company Number of the service provider | Enter text | | |
| 1.8 | Is the service provider part of the same group of companies of the Entity? | Select: Yes or No | | |
| 1.9 | Name of regulatory body, if applicable, that regulates the service provider | Enter text | | |
| 1.10 | Name of the individual within the service provider with overall responsibility for the performance of the function being outsourced | |  |  | | --- | --- | | Name | Enter text | | Surname | Enter text | | ID Card Number | Enter text | | Passport Number | Enter text | | | |
| 1.11 | Please provide a summary of the assessment done in respect of the qualifications and experience of such person within the service provider with overall responsibility for the performance of the function being outsourced | Enter text | | |
| 1.12 | Please identify the individual from within the Entity who is being proposed to oversee the function being outsourced | |  |  | | --- | --- | | Name | Enter text | | Surname | Enter text | | ID Card Number | Enter text | | Passport Number | Enter text | | MFSA Personal Questionnaire Code | Enter text | | | |
| 1.13 | Please summarise the fit and proper assessment undertaken by the Entity on the service provider and the outcome of such assessment | Enter text | | |
| 1.14 | Does the Entity envisage any potential conflict of interest within the service provider? If so please explain how such conflicts will be managed and mitigated | Select: Yes or No  Enter text | | |
| **2** | **Documents to be submitted** | | | |
| 2.1 | * Please submit a copy of the outsourcing/service level agreement to be entered into between the Entity and the service provider in relation to the outsourced function. | | | |

1. Entity – any reference to Entity is deemed to mean an authorised insurance undertaking or an authorised reinsurance undertaking, or an undertaking which is in the process of obtaining an authorisation or licence under the Insurance Business Act (Cap 403). [↑](#footnote-ref-1)