**Notification of Changes to**

**Financial Advisers and Authorised Insurance Representatives**

This form must be completed by an appropriate individual, e.g. a director, compliance officer or other senior officer. It must not be completed by the individual being authorised.

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| **Name of Licensee** |  |
| **PERSONAL DETAILS** |
| **Full Name of Individual** | Mr/Mrs/Miss/Ms |
| **Date of Birth** |  |
| **Home Address** |  |
| **Date of Employment** |  |
| **Previous Employment** |  |

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| **AUTHORISATION OF A FINANCIAL ADVISER OR AUTHORISED INSURANCE REPRESENTATIVE** |
| **Class of Business**  | **Date of Authorisation****DD/MM/YY** | **Name of mandatory qualification and its examining body (completed or in progress)**  |
| **Controlled Investments\*** | / / |  |
| **Long Term Insurance (Single Premium)\*** | / / |  |
| **Long Term Insurance (Regular Premium)\*** | / / |  |
| **Life (Protection)\*\*** | / / |  |
| **General Insurance (Personal)** | / / | N/A |
| **General Insurance (Commercial)** | / / | N/A |

\* Level 4 qualification specified in the [Acceptable Qualification Table](http://www.gfsc.gg/The-Commission/Documents%20and%20Forms/Acceptable%20Level%204%20Qualification%20Table.pdf)

\*\* Level 3 qualification as set out under [Training and Competence](http://www.gfsc.gg/Insurance/Pages/Training-and-Competence.aspx)

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| Other Relevant Non-Mandatory Qualifications |  |

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| **I confirm that the above named individual has been assessed as competent by the Board to perform the role of Authorised Insurance Representative and/or Financial Adviser in accordance with the Guidance Note on Training and Competency Schemes.** |
| **Completed by (name and job title)**ensuring all fields above are completed |  |
| **Date completed** |  |

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| **DE-AUTHORISATION OF A FINANCIAL ADVISER OR AUTHORISED INSURANCE REPRESENTATIVE** |
| **Date of De-authorisation** |  |
| **Reasons for De-authorisation** |  |
| **Completed by (name and job title)** |  |
| **Date completed** |  |