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| Notification of   * the contact person, * the compliance officer, * the investigating officer and/or * the responsible member of the executive body   pursuant to Article 22(1) SPG and Articles 33(2) and 36(5) SPV | |
|  | Fill in shaded areas |
|  | Tick the appropriate box |

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| Pursuant to Article 22(1) SPG, the persons subject to due diligence shall appoint a contact person, a compliance officer, an investigating officer, and a member of the executive body responsible for ensuring compliance with the SPG and the SPV.  Pursuant to Articles 33(2) and 36(5) SPV, any appointment of or change in the aforementioned persons must be notified immediately to the FMA. The notification is made by the persons subject to due diligence using this form.  The Compliance Officer, the investigating officer and the responsible member of the executive body have to justify knowledge and competence by suitable evidence (evidence of education and training, CV) in this form. |
| Person(s) subject to due diligence: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company: | Klicken Sie hier, um Text einzugeben. | | | | |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | |
| Date of birth: | Date | | | | |
| Street: | Klicken Sie hier, um Text einzugeben. | | | Number: |  |
| PO Box: | Klicken Sie hier, um Text einzugeben. | | | | |
| Postal code: |  | Place: | Klicken Sie hier, um Text einzugeben. | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | |
| Website: | Klicken Sie hier, um Text einzugeben. | | | | |

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| Information on the contact person: | | | | | | |
| Appointment | | as of | Date | Change | as of | Date |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Information on the *substitute* contact person: | | | | | | |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |

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| Information on the compliance officer: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Appointment | | as of | Date | Change | as of | Date |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
| working experience and/or passed training: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Information on the *substitute* compliance officer: | | | | | | |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
|  |
| Information on the investigating officer: | | | | | | |
| Appointment | | as of | Date | Change | as of | Date |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
| working experience and/or passed training: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Information on the *substitute* investigating officer: | | | | | | |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
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| Information on the responsible member of the executive body: | | | | | | |
| Appointment | | as of | Date | Change | as of | Date |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
| working experience and/or passed training: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Information on the *substitute* responsible member of the executive body: | | | | | | |
| Surname: | Klicken Sie hier, um Text einzugeben. | | | | | |
| First name: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Date of birth: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Phone: | Klicken Sie hier, um Text einzugeben. | | | | | |
| Email: | Klicken Sie hier, um Text einzugeben. | | | | | |
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| Comments: |
|  |
| Klicken Sie hier, um Text einzugeben. |
| Suitable evidence (knowledge and competence) of the compliance officer, the investigating officer and the responsible member of the executive body: |
| Klicken Sie hier, um Text einzugeben. |
| **Signature(s) of authorised signatory/ies:** |
| |  |  |  | | --- | --- | --- | | Klicken Sie hier, um Text einzugeben. |  |  | | Place, date |  | Signature | |  |  | FIRST NAME, SURNAME | | Klicken Sie hier, um Text einzugeben. |  |  | | Place, date |  | Signature | |  |  | FIRST NAME, SURNAME | |  |  |  | | **Signature of the Compliance officer** |  | **Substitute** | |  |  |  | | FIRST NAME, SURNAME |  | FIRST NAME, SURNAME | | **Signature of the Investigating officer** |  | **Substitute** | |  |  |  | | FIRST NAME, SURNAME |  | FIRST NAME, SURNAME | | **Signature of the responsible member of the executive body** |  | **Substitute** | |  |  |  | | FIRST NAME, SURNAME |  | FIRST NAME, SURNAME | |

Financial Market Authority Liechtenstein

Updated: 13 January 2021