

Acceptable applicant's certificate

For use with direct customer



1. Client details

Client name

Client address

I/We confirm that I/we am/are one of the following persons (Please tick as appropriate)

- ☐ 1. A holder (or nominee company of a holder) of a financial services license issued under section 7 of the Financial Services Act 2008
- ☐ 2. A person (or nominee of) authorised under section 8 of the Insurance Act 2008
- ☐ 3. Any person (or nominee of) registered under section 25 of the Insurance Act 2008
- ☐ 4. A retirement benefits schemes administrator (or nominee of) who is registered under section 36 of the Retirement Benefits Schemes Act 2000.
- ☐ 5. A person (or nominee of) holding an online gambling license issued under section 4 of the Online Gambling Regulation Act 2001.
- ☐ 6. An advocate within the meaning of the Advocates Act 1976, a registered legal practitioner within the meaning of the Legal Practitioners Registration Act 1986 or an accountant carrying on business in or an accountant carrying on business in or from the Isle of Man.
- ☐ 7. A person (or nominee of) who acts in the course of external regulated business and is regulated under the law of a jurisdiction in List C
- ☐ 8. A company listed on a recognised stock exchange or a wholly owned subsidiary of such a company.

I/We confirm that I/we am/are overseen for AML/CFT compliance by:

Name of professional body or regulator

Jurisdiction of professional body or regulator

Job/position

Signature

Date