

Application Number:
(For official use only)

NAME ENQUIRY FORM

Companies Registry, Financial Supervision Commission, PO Box 345,
Finch Hill House, Bucks Road, Douglas, Isle of Man, IM99 2QS
Tel: +44 (0)1624 689389 Fax: +44 (0)1624 689397 E-mail: companies@fsc.gov.im

FOR COMPLETION BY APPLICANT

Name and Address of Applicant:		
	Tel No:	

New Name:

Change of name:

Existing name (if any):	
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Proposed name (NB Please provide literal translation if proposed name is in a foreign language):	
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Relevance, if any, of significant words, initials, figures in the name:	
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If the name includes a sensitive word or expression, please tell us what the company / business will be doing by way of business.	
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Are you, the company or business engaged in, or intending to engage in any of the following:	YES	NO
(a) deposit taking under the Financial Services Act 2008		
(b) investment business under the Financial Services Act 2008		
(c) providing services to collective investment schemes under the Financial Services Act 2008		
(d) providing corporate services or trust services under the Financial Services Act 2008		
(e) providing money transmission services under the Financial Services Act 2008		
(f) operating as a collective investment scheme under the Collective Investment Schemes Act 2008 *		
(e) insurance or reinsurance business (including broking) under the Insurance Act 1986 or the Insurance Intermediaries (General Business) Act 1996.		
(f) gaming, betting or operating a lottery		

*** NB: If a collective investment scheme, please specify type – e.g. Authorised, Full International or other prescribed class of international scheme, or Exempt Scheme.**

Signed _____ Date _____

