Regulations
amending Finansinspektionen's regulations (FFFS 2009:3)
regarding ownership and management assessment;

decided on 9 November 2011.

Finansinspektionen prescribes pursuant to section 6, points 9 and 10 of the
Electronic Money Ordinance (2011:776) that sections 2 and 10 and Appendix 2 of
Finansinspektionen's regulations (FFFS 2009:3) regarding ownership and
management assessment shall have the following wording.

Section 2 These regulations apply to the following financial institutions and their
owners:

1. banking companies,
2. savings banks,
3. members' banks,
4. insurance companies,
5. mutual insurance companies,
6. credit market firms,
7. institutions for electronic money,
8. mutual benefit societies conducting business related to occupational pension
insurance
(occupational pension funds),
9. pension funds as referred to in section 9a of the Safeguarding
of Pension Commitments, etc. Act (1967:53), and
10. payment institutions.

These regulations also apply, as per the following, to foreign credit institutions,
institutions for electronic money, and insurance undertakings based outside of the
EEA which will establish or have established a branch or general agency in
Sweden:

1. Information shall be submitted in accordance with the provisions in section 6
with regard to establishment of a branch or general agency.
2. Representatives for the branch or general agency shall submit information in
accordance with the provisions set out in section 10.

Section 10 A financial institution shall notify Finansinspektionen when the
following persons are appointed in the undertaking:

– chairman of the board,
– board member,
– alternate board member,
– managing director or deputy managing director, i.e. the person serving
in the managing director's stead,
– the person responsible for the payment service operations (only applies to payment institutions),
– the person responsible for the operations related to the issuance of electronic money (only applies to institutions for electronic money).

The undertaking shall also notify Finansinspektionen when the number of members on the board of directors decreases.

An occupational pension fund or pension foundation shall, however, only notify Finansinspektionen when the undertaking appoints or intends to appoint a new chairman of the board, board member or alternate board member.

When a new chairman of the board, board member, alternate board member, management director or deputy managing director is appointed in a financial undertaking, or when a new person responsible for the payment service operations or the issuance of electronic money is appointed in a payment institution or an institution for electronic money, the information set out in Appendix 2 shall be appended.

These regulations shall enter into force on 1 December 2011.

MARTIN ANDERSSON

Roger Jacobsson
Appendix 2

Application/notification - management assessment

A chairman of the board, alternate board member, managing director and deputy managing director in financial undertakings shall submit information in accordance with this appendix when applying for authorisation from Finansinspektionen. The same applies to the person responsible for the payment service operations in a payment institution and the person responsible for the operations related to the issuance of electronic money in an institution for electronic money. The management assessment is part of the application for authorisation.

Information in accordance with this appendix shall also be submitted to Finansinspektionen when submitting notification of changes in the positions mentioned above.

As a part of the management assessment, Finansinspektionen will collaborate with e.g. Rikspolisstyrelsen (Swedish National Police Board), Bolagsverket (Swedish Companies Registration Office), Skatteverket (Swedish National Tax Board), Kronofogdemyndighet (Swedish Enforcement Authority) and firms offering credit assessments.

Application form

Fill in the information in the form below. Some of the information must be submitted as a separate document. Review the Appendix Checklist on the last page of the management assessment.

Contact information

Who should Finansinspektionen contact about this application/notification?

First name: __________________________________________________
Surname: ____________________________________________________
Title: _______________________________________________________
Address: ____________________________________________________
Telephone number: ____________________________
E-mail address: _________________________________
Fax: ________________________________________________

The financial undertaking under management assessment (including comp. reg. no.)?
Position on board and title

Which position on the board or role will be assessed?

___ chairman of the board
___ board member
___ alternate board member
___ managing director
___ deputy managing director
___ the person responsible for the payment service operations (only applies to payment institutions)
___ the person responsible for the operations related to the issuance of electronic money (only applies to institutions for electronic money)
If you have previously submitted identical information to Finansinspektionen as part of a separate matter, you can refer to that matter below. State the reference number and the information that was submitted.

**Personal information**

1. *If you are registered in Sweden*

First name: ___________________________________________________
Surname: ___________________________________________________
Personal identification number: ___________________________________________________
Address:  ___________________________________________________
Telephone number: ___________________________________________________

*If you are not registered in Sweden* *

First name: ___________________________________________________
Surname: ___________________________________________________
Personal identification number or equivalent: ___________________________________________________
Date of birth: ___________________________________________________
Place of birth: ___________________________________________________
Address:  ___________________________________________________
Telephone number: ___________________________________________________
Nationality: ___________________________________________________
Passport no.: ___________________________________________________
Previous nationalities (if any): ___________________________________________________
Previous name (if any): ___________________________________________________

* If you are not registered in Sweden, append a certified copy of an identity document.

**CV**

2. Append a CV that contains relevant information about your education, work experience and other assignments.
**Employment, board assignments and management**

3. Specify the undertaking in which you are employed, receive consistent assignments or are an appointed board member. Also, indicate if you hold several roles within the same undertaking:

<table>
<thead>
<tr>
<th>Name of undertaking (including comp. reg. no.)</th>
<th>Type of business</th>
<th>Registered office</th>
<th>Position on board and title</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Qualifying ownership**

4. Specify if you either directly or indirectly have a qualifying holding in the undertaking that is under management assessment or if you in any other way have a significant influence:

<table>
<thead>
<tr>
<th>Name of undertaking (including comp. reg. no.)</th>
<th>Type of business</th>
<th>Registered office</th>
<th>Holding (per cent)</th>
</tr>
</thead>
<tbody>
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</table>

5. Specify any other undertakings in which you hold a direct or indirect qualifying holding or in any other way have significant influence:

<table>
<thead>
<tr>
<th>Name of undertaking (including comp. reg. no.)</th>
<th>Type of business</th>
<th>Registered office</th>
<th>Holding (per cent)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Close relations holding shares**

6. Indicate if a close relation owns shares in the undertaking under management assessment, or in another undertaking that in turn owns shares in the undertaking.

Also, indicate if there are other financial relationships between the above parties.

*Close relation* refers to e.g. a spouse, registered partner, cohabitee, child, parent or other relation with whom you share living accommodations.
Conflicts of interest

7. State your position in the undertaking that is under management assessment and any other engagements that you may have that can potentially result in conflicts of interest and describe how these will be handled.

Reputation of management

8. Have you

a) during the past ten years been convicted by a Swedish or foreign court, or formally been charged as a suspect in an ongoing investigation, for a financial crime in respect of which imprisonment is included in the range of penalties?

   Yes   No

b) during the past ten years been sentenced to imprisonment by a Swedish or foreign court for a crime other than that set out in 8a)?

   Yes   No

c) during the past five years been a board member or managing director or deputy managing director of a commercial undertaking in which the board of directors was not granted a release from liability?

   Yes   No

d) during the past five years been dismissed from employment at a financial undertaking or as a senior manager or from an assignment as a board member or auditor in another commercial undertaking?

   Yes   No

9. To the best of your knowledge, have you or any undertaking in which you are or have been part of senior management or a board member or have or have had control:
a) during the past five years been (or still are) party to arbitration proceedings or civil (excluding family-related matters) or management proceedings concerning tax or business?

| Yes | No |

b) during the past five years been (or still are) subject to a debt restructuring, composition or company reconstruction or entered into bankruptcy or an equivalent process in another country?

| Yes | No |

c) during the past ten years been sanctioned by either Swedish or foreign supervision authorities?

| Yes | No |

d) during the past ten years, either in Sweden or in another country, had an application rejected, been excluded from conducting business or in another way had limitations placed on your right to conduct business or a profession that requires a licence, registration or the equivalent?

| Yes | No |

e) during the past ten years been the subject of a suitability assessment by a foreign supervisory authority?

| Yes | No |

10. If you have answered yes to any of the questions under 8 and 9, please explain the circumstances.

Information

Submit any additional information to Finansinspektionen below.

The undersigned hereby certifies that the information submitted in this application is correct and complete.
Date:

...................
Signature

...................
Name in print
Checklist – documents that must be appended to the management assessment

<table>
<thead>
<tr>
<th>The following documents shall be appended to the application/notification:</th>
<th>Appended</th>
<th>If not appended, explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are not registered in Sweden: a certified copy of an identity document as set out on page 31.</td>
<td></td>
<td></td>
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<tr>
<td>CV, as set out on page 31.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>