Finansinspektionen's Regulatory Code

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FFFS 2010:6

Published on 15 July 2010

Regulations

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

decided on 8 July 2010.

Finansinspektionen prescribes pursuant to Chapter 8, section 27, item 1 of the Payment Services Act (2010:751), and section 5, items 7 and 8 of the Payment Services Ordinance (2010:1008) that sections 2 and 10 and Appendix 2 – Application/notification for management assessment of Finansinspektionen's regulations (FFFS 2009:3) governing 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 (1967:531), and
- 10. payment institutions.

These regulations also apply, as per the following, to foreign credit institutions, payment institutions and insurance companies based outside of the EEA which intend to establish or have established a subsidiary or general agency in Sweden:

- 1. Information shall be submitted in accordance with the provisions in section 6 with regard to establishment of subsidiaries or general agencies.
- 2. Representatives of the subsidiary or general agency shall submit information in accordance with the provisions in section 10.

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

- chairman of the board
- board members
- alternate board members
- managing director or deputy managing director, i.e. a person serving in the managing director's stead,

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– person responsible for the payment service operations (only applies to payment institutions).

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

An occupational pension fund or pension fund shall, however, only notify Finans-inspektionen when the firm appoints or intends to appoint a new chairman of the board, board member or alternate board member.

The information in *Appendix 2* shall be appended to the notification when a new chairman of the board, board member, alternate board member, managing director or deputy managing director is appointed in a financial institution.

These regulations shall enter into force on 1 August 2010.

MARTIN ANDERSSON

Johan Terfelt

Application/notification for management assessment

A chairman of the board, alternate board member, managing director and deputy managing director in financial institutions shall submit information in accordance with this appendix when the firm applies for authorisation from Finansinspektionen. The management assessment is part of an 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), Kronofogdemyndigheten (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

| Title: | |
|-------------------|--|
| Title. | |
| Address: | |
| Telephone number: | |
| E-mail address: | |
| Fax: | |
| | |
| | |

Who should Finansinspektionen contact about this application/notification?

Position on board and role

deputy managing director

| Which po | osition on the board or role will be under management assessment? |
|----------|---|
| | chairman of the board |
| | board member |
| | alternate board member |
| | managing director |

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___ person responsible for payment service operations (only applies to payment institutions)

| If you have previously submitted identical information to Finansinspektionen as part of a separate matter, you can refer to this matter. State the registration number and the information that was submitted. |
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| Personal information |
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| 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 relevant): |
| Previous name (if relevant): |
| |
| * If you are not registered in Sweden, append a certified copy of an identity |
| document. |
| |
| CV |
| |

2. Append a CV that highlights relevant information about your education, work experience and other assignments.

Employment and board and senior management assignments

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

| Name of firm (including comp. reg. no.) | Type of business | Registered office | Position on board and role |
|---|------------------|-------------------|----------------------------|
| | | | |
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| | | | |
| | | | |

Qualifying ownership

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

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

| Name of firm (including | Type of | Registered | Holding (per |
|-------------------------|----------|------------|--------------|
| comp. reg. no.) | business | office | cent) |
| | | | |
| | | | |
| | | | |
| | | | |

Close relations holding shares

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

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 firm 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 an operating company 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 institution or as a senior manager or from an assignment as a board member or auditor in another operating company? | | | |
| Yes | No | | |
| | we you or any firm in which you are or have oard member or have or have had control: | | |

7

| | | to arbitration proceedings or nent proceedings concerning tax |
|---|--|--|
| Yes | No | |
| | reconstruction or entered | subject to a debt restructuring, into bankruptcy or an equivalent |
| Yes | No | |
| c) during the past ten yea supervision authorities? | ars been sanctioned by either | er Swedish or foreign |
| Yes | No | |
| application rejected, bee | n excluded from conduct on your right to conduct | or in another country, had an ing business or in another way business or a profession that |
| Yes | No | |
| e) during the past ten year supervisory authority? | ars been the subject of a su | itability assessment by a foreign |
| Yes | No | |
| 10. If you have answered the circumstances. | I yes to any of the question | ns under 8 and 9, please explain |
| | | |
| | | |
| | | |
| Information | | |
| Submit any additional inf | formation to Finansinspekt | cionen below. |
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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

| The following documents shall be appended to the application/notification: | Appended | If not appended, explain |
|--|----------|--------------------------|
| If you are not registered in Sweden: a certified copy of an identity document as set out on page 31. | | |
| CV, as set out on page 31. | | |