|  |  |
| --- | --- |
|  |  |
| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms - Annex** |
|  |

|  |
| --- |
| **Annex AX03: Third-Party Outsourcing Assessment** |
|  |
| **High Level Guidelines** |
|  |
|  |
| 1. **General**

This form, **Annex AX03:** **Third-Party Outsourcing Assessment** (‘Annex’), shall be duly filled in by persons wishing to obtain authorisation from the MFSA to carry out financial services activities. This Annex shall be submitted as part of and in conjunction with the relevant Authorisation Application Form, as indicated therein. This Annex primarily aims to capture relevant information in relation to the Applicant’s outsourcing arrangements. This Annex shall be completed for each outsourcing third-party provider. In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.The Applicant is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Applicant shall not tamper with, or modify in any manner, this Annex or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the Applicant further information/ documentation.1. **Definitions**

Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the respective Application. 1. **Instructions**

In order for this Annex to be considered complete, the Applicant is required to complete all the respective sections under this Annex. It is noted that the information provided should reflect the Applicant’s structure and method of operations at time of authorisation.1. **Privacy Notice**

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Applicant/Authorised Person Details
 |
| --- |
|  | **Applicant/Authorised Person– General and Identification Details**  |
|  | **Applicant/Authorised Person - Identification** |
|  | Registered Name *(if not yet Formed, provide proposed name)* | Enter text |
|  | Registered Number(*if applicable)* | Enter text |
|  | LEI Code (*if applicable)* | Enter text |
|  | **Responsible Individual for overseeing outsourced activities** *Provide details of the individual from within the Applicant/Authorised Person who is being proposed to oversee the function being outsourced.* |
| * + - 1.
 | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Date of Birth | Enter date |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
| * + - 1.
 | Provide a description of the professional experience and competence of the identified individual to be able to monitor the outsourced activities effectively |
|  | Enter text |
|  | Kindly elaborate on the monitoring arrangements to be in place including details of the measures taken to effectively enable such monitoring (including the frequency thereof), as well the frequency of internal reporting to be undertaken in terms of the outsourced activity. |
|  | Enter text |

| 1. Service Provider Details
 |
| --- |
|  | **Outsourced Activities**  |
|  | Provide an outline of the outsourced activities |
|  | Enter text |
|  | **Service Provider – General and Identification Details**  |
|  | **Service Provider – Identification**  |
|  | Service Provider Name | Enter text |
|  | Registration Number (if applicable) | Enter text |
|  | **Registered Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Regulatory History**  |
|  | Does the Service Provider hold an authorisation by the MFSA or any other Regulatory Authority? | Select item |
|  | If ‘*Yes’*: Provide details of authorisation held: |
|  | Name of Regulatory Body | Select item | If ‘*Other’*: Name of Regulatory Body | Enter text |
|  | Country of Authorisation | Select country | Authorisation Date | Enter date |
|  | Details of authorisation held | Enter text |
|  | **Responsible individual for outsourced activities** *Provide details of the individual within the Service Provider with overall responsibility for the performance of the function being outsourced:* |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Position | Enter text |
|  | Business Email Address | Enter text |
|  | Business Direct Number | Enter text |
|  | Provide an outline of the assessment carried out in respect of the qualifications and experience of such person within the Service Provider with overall responsibility for the performance of the function being outsourced. |
|  | Enter text |
|  | **Relationship between Applicant / Authorised Person and the Service Provider**  |
|  | Does a relationship exist between the Applicant / Authorised Person and the Service Provider, aside from the resulting economic dependence by virtue of the services provided?  | Select item |  | If *‘Other’:* Identify the relationship  | Enter text |
|  | If *‘Yes:* Provide further information about the identified relationship  | Enter text |

| 1. Assessment Form
 |
| --- |
|  | **Assessment Questions**  |
|  | **Service Provider**  |
|  | Provide an explanation on the type of due diligence that was conducted on the Service Provider and summarise the fit and proper assessment undertaken by the Applicant/Authorised Person on the Service Provider and the outcome of such assessment. |
|  | Enter text |
|  | Does the Applicant/Authorised Person envisage any potential conflict of interest within the Service Provider? | Select item |
| * + - 1.
 | If “*Yes*”: Outline the said potential conflicts of interest and explain how such conflicts will be managed and mitigated  |
|  | Enter text |
|  | If “*No*”: explain how the existing outsourcing arrangements are considered not to give rise to potential conflicts of interest |
|  | Enter text |
|  | **Outsourcing Arrangement**  |
|  | Provide an assessment of whether the outsourcing arrangement concerns a critical or important operation function |
|  | Enter text |
|  | Please provide a detailed description, explanation, and evidence of the objective reasons for the delegation arrangements |
|  | Enter text |
|  | Identify and assess all the relevant risks of the outsourcing agreement |
|  | Enter text |
|  | Provide an outline of the termination and exit strategy from the agreement |
|  | Enter text |
|  | Provide an outline of the contingency plans in the event that the outsourced Service Provider cannot provide continuity of service |
|  | Enter text |
|  | Does the agreement provide clauses for access, audit and inspection rights? | Select item |