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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Annex D** |
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| **AX43 - Declaration Form for Due Diligence Service Providers** |
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**Name of the NPIF**: Enter text

**Name of the Service Provider**: Enter text

We, the governing body of the Service Provider, hereby confirm that the Service Provider has in place adequate processes and procedures to perform the role, including appropriate record-keeping arrangements and relevant experience in performing such activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of the official authorised to sign on behalf of the Service Provider |  |  | |
| Name | Enter text | Surname | Enter text |
| Position | Enter text |
| Date | Enter date |
|  |  |

*(Add multiple as applicable)*