**Annex 4 - Declaration concerning other board of directors and/or executive board positions and employment relationships (domestically and abroad)**

Please note:

If it is not possible to provide a declaration for one of the named points, written justification must be submitted to the FMA.

Please note that, in accordance with Article 257(2)(c) of the ISA, a custodial sentence of up to six months or a monetary penalty of up to 180 daily rates may be imposed on anyone who gives false information to the FMA, particularly if such information is provided for the purposes of acquiring permission for a company to make changes to its licensing requirements (Article 19 to Article 22 of the ISA).

Data protection:

The FMA processes personal data exclusively in accordance with the general data processing principles of the General Data Protection Regulation (Regulation (EU) No. 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC) and in line with applicable data protection law.

Information regarding the processing of personal data, including details about the purpose of processing, the data controller and the rights of data subjects can be found in the FMA Privacy Policy: [www.fma-li.li/en/fma/data-protection/fma-privacy-policy.html](https://www.fma-li.li/en/fma/data-protection/fma-privacy-policy.html)

In connection with the application/notification **[type of application/notification]**, I, **[first name last name, address]**, make the following declaration to the Financial Market Authority (FMA) Liechtenstein:

**Declaration:**

[ ]  I, **[first name last name, address]**, hereby confirm that I do not hold any (other) positions (e.g. member of the executive board or board of directors or similar management bodies, key functions) and that I am not in any other employment relationships.

[ ]  If I hold (further) positions or am in another employment relationship, I declare that the following list is exhaustive:

|  |  |  |
| --- | --- | --- |
| Company | Function/employment relationship  | Approximate indication of the % of how much the listed mandate is exercised |
| … | … | … |
| … | … | … |
| … | … | … |
| … | … | … |
| … | … | … |
| … | … | … |
| … | … | … |
| … | … | … |

[ ]  I undertake in any case to notify the FMA immediately of new positions and employment relationships.

……………………………. …………………………….

Place, date (Name in block capitals and signature)