Financial Services Commission (FSC)

Consent and Authorization Form for Background Screening for Fit and Proper (F&P) Assessment

(Pursuant to Sections 9 & 23 (1) of the Data Protection Act)

The FSC is mandated to conduct comprehensive background checks on existing and prospective licensees and registrants in the Insurance, Securities, Private Pensions and Trust and Corporate Services Providers (TCSP) industries pursuant to its statutory mandate. These checks include the verification of employment history, review of academic and professional qualifications, financial soundness assessments and inquiries into character, background and legal standing of an applicant and conduct reassessments in relation to existing licensees and registrants. The FSC must process the data of an applicant, licensee or registrant in order to conduct such verification and background checks. Pursuant to sections 9 and 23(1)(a) of the Data Protection Act, data controllers, like the FSC, may obtain the consent of a data subject in order to process the personal data of said data subject.

DEFINITIONS

For the purposes of this Consent Form, the following definitions apply:

"**Authorized Representative**" means a person, whether an individual or a legal entity, who has been duly appointed in writing by the Data Subject to act on their behalf in relation to the matters specified in this form; and who has the legal authority to give, withhold, or withdraw consent, and to receive or disclose information, in accordance with the scope of such appointment.

"**Data Subject**" means an applicant, licensee or registrant of any of the industries regulated by the FSC.

"Data Controller" means any

(a) person, or

(b) public authority,

who, either alone or jointly or in common with other persons, determines the purposes for which and the manner in which any personal data are, or are to be, processed, and where personal data are processed only for purposes for which they are required under any enactment to be processed, the

person on whom the obligation to process the personal data is imposed by or under that enactment is for the purposes of this Act a data controller.

"**Process**" means obtaining, recording, storing, adapting, retrieving, consulting, using, disclosing, or erasing personal data, whether by automated means or otherwise.

INSTRUCTIONS

1. This form allows either the Data Subject to give consent directly, or an Authorized Representative to give consent on the Data Subject's behalf.
2. Complete all required fields, tick the relevant boxes, and sign where indicated.
3. Submit the completed form with a clear copy of valid government identification for each signatory.

PART A: PARTY DETAILS

A1. Data Subject

Full Name: _____

TRN: _____

Address: _____

_____

Telephone: _____ Email: _____

A2. Authorized Representative (complete only if applicable)

Full Name: _____

Address: _____

Telephone: _____ Email: _____

Authority basis: Delegation granted under section 9(1)(b)(ii) of the Data Protection Act.

PART B: SCOPE OF CONSENT

B1. Overall scope-Tick one option

☐ Consent to processing for all activities listed in B2.

☐ Consent is limited to the specific activities ticked in B2.

B2. Specific activities

☐ Verification of identity and accuracy of information in application forms

☐ Confirmation of employment history with current and former employers

☐ Verification of academic and professional qualifications, including licensing status

☐ Review of credit history and other financial standing checks

☐ Character and professional reference checks

☐ Confirmation of legal standing, disciplinary and regulatory history

☐ Criminal record checks as permitted by law

☐ Ongoing monitoring relevant to fitness and propriety

☐ Other, specify: _____

B3. Data controllers to whom consent applies - Tick one option

☐ All data controllers engaged by or corresponding with the FSC for this assessment

☐ Specific data controller, complete details below:

Full Name: _____

TRN: _____

Address: _____

_____

Telephone: _____ Email: _____

B4. International/Third Party transfers

☐ I consent to cross border transfer of my personal data where adequate protection or approved safeguards are in place.

PART C: ACKNOWLEDGEMENT AND RIGHTS

1. I confirm that I have read and understood the information in this form, including the purposes and scope of processing.
2. I understand that I may withdraw consent at any time by writing to the FSC at the contact provided in Part F. Withdrawal will not affect prior lawful processing, and the FSC may continue to process my data where permitted by law.
3. I understand that failure to provide or maintain consent may affect the processing of an application or my status within a regulated entity.
4. The FSC will implement appropriate administrative, technical, and physical safeguards and will process personal data in accordance with the eight data protection standards.

PART D: SIGNATURES

D1. Data Subject gives consent directly

By signing, I give my specific, informed, unequivocal, and free consent consistent with the selections in Part B.

Signature of Data Subject: _____

Full name, print: _____

Type and number of ID provided: _____

Date: _____/_____/_____

SIGNED by the said_____ (Name of Data Subject)

in the presence of: _____Name of Justice of the Peace)

_____ (Signature of the Justice of the Peace)

Justice of the Peace for the Parish of: _____

D2. Authorized Representative gives consent on behalf of the Data Subject

By signing, I confirm that I am duly authorized to act for the Data Subject, and I give consent consistent with the selections in Part B.

Signature of Authorized Representative: _____

Full name: _____

Type and number of ID provided: _____

Date: _____/_____/_____

SIGNED by the said_____ (Name of Authorised Representative)

in the presence of: _____ (Name of Justice of the Peace)

_____ (Signature of the Justice of the Peace)

Justice of the Peace for the Parish of: _____

PART E: ATTACHMENTS CHECKLIST

- ☐ Copy of government ID for each signatory
- ☐ Form of Delegation pursuant to section 9(1)(b)(ii) of the Data Protection Act.
- ☐ Any other supporting document requested by the FSC

PART F: FSC CONTACT

Financial Services Commission
39-43 Barbados Avenue, Kingston 5, Jamaica
Telephone: (876)906-3010-12
E-mail: Registration@fscjamaica.org

PART G: WITHDRAWAL OF CONSENT

How to withdraw consent: Write to the FSC at the email address above with your full name, TRN, contact details, and a clear statement that you are withdrawing consent for processing for any or all of the activities listed in Part B2.