SCHEDULE C: SPECIAL COMPLIANCE REPORT FOR FSPs WHO ARE REGISTERED LONG-TERM INSURERS

General
(a) This Schedule must be completed by all FSPs that answered "no" to question 2.1 and/or 3.1 in Schedule A.
(b) The schedule must be completed in respect of all recipients to whom sign-on bonuses were offered and/or paid during the reporting period.

Notes
(a) The spreadsheet may not be altered in any manner.
(b) All dates must be completed in the following format: dd/mm/yvyv.
(c) "INV" means investment policy and "RISK" means risk policy as defined in the Notice respectively.

REPORTING PERIOD: 1 September 2014 - 31 March 2015																																			
IDENTITY			DATE SIGN-ON BONUS WAS OFFERED TO RECIPIENT	DATE SIGN-ON DATE RE	IPIENT NAME OF	NUMBER OF REPLACEMENTS PER MONTH REPLACEMENTS IN REPLAC																													
IDENTITY NUMBER OF RECIPIENT	OF RECIPIENT	RECIPIENT		RECEIVED BY APPOIN	ED BY PREVIOUS EMPLOYER O	Se Se	Sep-13 Oct-13		Nov-13 Dec-13		:13	Jan-14 Feb-14			N	1ar-14	Apr-14 May-14		ry-14	Jun-14 Jul-14		14	Aug-14		Sep-14 Oct-14 N			Nov-14 Dec-14 Jan-15			Feb-15 Mar-15				
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