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/yyyy.

(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 NUMBER OF RECIPIENT	FIRST NAME(S) OF RECIPIENT	SURNAME OF RECIPIENT	DATE SIGN-ON BONUS WAS OFFERED TO RECIPIENT	DATE SIGN-ON BONUS WAS RECEIVED BY RECIPIENT	DATE RECIPIENT APPOINTED BY FSP	NAME OF PREVIOUS EMPLOYER OF RECIPIENT														REPLACE	TOTAL NO. OF REPLACEMENTS IN REPORTING PERIOD	
							Sep-14		Oct-14		No	ov-14 Dec		-14		Jan-15		Feb-15		Mar-15		
							INV	RISK	INV	RISK	INV	RISK	INV	RISK	INV	RISK	INV	RISK	INV	RISK	INV	RISK
			dd/mm/yyyy		dd/mm/yyyy																	
																						
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