



Name

Place, date .....

.....

Name of function/  
position held

.....

## Annex 5D to the Policy

### INFORMATION ON CHANGES AFFECTING COMPLIANCE WITH THE SUITABILITY REQUIREMENTS

I notify changes affecting the suitability requirements as set out in the submitted Self-Assessment Questionnaire, statements and documents, as well as those communicated during the interviews held in the suitability assessment process.

#### Description of Changes:

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Signature

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