Part A – Permission under MIFIDPRU 2.3.1R to be exempt from disclosure requirements in MIFIDPRU 8 (Disclosure by investment firms) for SNI firms in consolidated insurance groups

Details of Senior Manager responsible for this application:

If the application is being made in respect of a MIFIDPRU investment firm or another SMCR firm, we would expect the individual responsible for it to hold a senior management function (SMF).

Title	
First names	
Surname	
Job title / position	
Individual reference number (if applicable)	

1. Please confirm that the applicant firm is a small and non-interconnected investment firm (SNI) by providing the following information.

Please refer to MIFIDPRU 1.2.1R, which sets out the basic conditions to be classified as an SNI firm and explains how the numerical metrics should be calculated.

Average AUM	number
Average COH (cash)	number
Average COH (derivatives)	number
On- and off-balance sheet total	number
Annual gross revenue from MiFID services and activities	number

Please tick to confirm that the following statements are true about the applicant firm:

 $\hfill\square$ It does not have permission to deal on own account

 $\hfill\square$ It does not act as a clearing member or an indirect clearing firm

 \square It does not hold client money and/or safeguard client assets in the course of its MIFID business

 $\hfill\square$ Its average DTF is zero

 \Box It is not appointed to act as a depositary in accordance with FUND 3.11.10R(2) or COLL 6.6A.8R(3)(b)(i)

2. Please provide the FRN and name of the parent insurance/reinsurance undertaking.

FRN	
Name	

3. Please confirm that the PRA has been notified about the firm's application to be exempt from disclosure requirements in MIFIDPRU 8.

Please note that the FCA will consult the PRA before making a determination.

 \Box Yes

Name of PRA contact for this application:

PRA supervisor / contact name	
Phone number	
Email address	

4. Please attach a group structure chart clearly demonstrating that the applicant firm is a subsidiary of a parent insurance/reinsurance undertaking within a PRA consolidation group.

 \Box Attached

- 5. With regards to the own funds held by the parent undertaking and the applicant firm:
 - a. Please explain how you are satisfied that own funds are distributed adequately between the two firms:
 - b. Please attach a breakdown of the own funds held by each firm.

 \Box Attached

- 6. Please confirm that the following statements are true with respect to the arrangements between the parent undertaking and the applicant firm. Separately, in the text boxes provided please explain how these arrangements satisfy each of the below points and provide supporting evidence wherever possible.
 - a. There is no current or foreseen material practical or legal impediment to the prompt transfer of capital or repayment of liabilities by the parent undertaking.

 \Box Yes

□ Supporting evidence/information attached

b. Either the parent undertaking will guarantee the commitments entered into by the firm, or the risks of the firm are of negligible interest.

 \Box Yes

 $\hfill\square$ Supporting evidence/information attached

c. The risk evaluation, measurement and control procedures of the parent undertaking include the firm.

🗆 Yes

□ Supporting evidence/information attached

d. The parent undertaking holds more than 50% of the voting rights attached to shares in the capital of the firm or has the right to appoint or remove a majority of the members of the firm's management body.

 \Box Yes

 $\hfill\square$ Supporting evidence/information attached