



Application number  
(for FCA use only)

The FCA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the FCA website at:

<https://handbook.fca.org.uk/handbook/SUP/10A/Annex4.html>

Both the applicant and the candidate will be treated by the FCA as having taken these notes into consideration when completing their answers to the questions in this form.

## Short Form A - Incoming EEA Only Application to perform controlled function under the approved persons regime

FCA Handbook Reference: SUP 10A Annex 4D

29 June 2018

Name of *candidate*<sup>†</sup>  
(to be completed by applicant firm)

Name of *firm*<sup>†</sup>  
(as entered in 2.01)

*Firm* reference number<sup>†</sup>  
(as entered in 2.02)

Financial Conduct Authority  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
United Kingdom  
Telephone +44 (0) 845 606 9966  
Facsimile +44 (0) 207 066 0017  
E-mail [iva@fca.org](mailto:iva@fca.org)  
Website <http://www.fca.org>

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<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

|               |  |  |
|---------------|--|--|
| <b>1.01 a</b> | <i>Candidate</i> Individual Reference Number (IRN)           |  |
| <b>b</b>      | OR name of previous regulatory body                          |  |
| <b>c</b>      | AND previous reference number (if applicable)                |  |
| <b>1.02</b>   | Title (e.g. Mr, Mrs, Ms, etc)                                |  |
| <b>1.03</b>   | Surname  |  |
| <b>1.04</b>   | ALL forenames  |  |
| <b>1.05</b>   | Name commonly known by                                       |  |
| <b>1.06</b>   | Date of birth (dd/mm/yyyy)                                   |  |
| <b>1.07</b>   | National Insurance number                                    |  |
| <b>1.08</b>   | Previous name  |  |
| <b>1.09</b>   | Date of name change  |  |
| <b>1.10 a</b> | Nationality  |  |
| <b>b</b>      | Passport number (if National Insurance number not available) |  |
| <b>1.11</b>   | Place of birth   |  |



I have supplied further information related to this page in Section 6 YES  NO

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1.12 a Private address

[Redacted address field]

b

Postcode

c

Dates resident at this address (mm/yyyy)

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1

[Redacted address field]

b

Postcode

c

Dates resident at this address (mm/yyyy)

From

/

To

/

1.14 a Previous address 2

[Redacted address field]

b

Postcode

c

Dates resident at this address (mm/yyyy)

From

/

To

/



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YES

NO

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|               |   |  |
|---------------|---|--|
| <b>2.01</b>   | Name of <i>firm</i> making the application  |  |
| <b>2.02</b>   | Firm Reference Number (FRN)   |  |
| <b>2.03 a</b> | Who should the <i>FCA</i> contact at the <i>firm</i> in relation to this application? |  |
| <b>b</b>      | Position  |  |
| <b>c</b>      | Telephone   |  |
| <b>d</b>      | Fax   |  |
| <b>e</b>      | E-mail  |  |



I have supplied further information related to this page in Section 6 YES  NO

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**3.01** Nature of the arrangement between the candidate and the applicant.

|          |   |   |
|----------|---|---|
| <i>a</i> | <i>Employee</i>   | <input type="checkbox"/>  |
| <hr/>    |   |   |
| <i>b</i> | <i>Group employee</i>   | <input type="checkbox"/>  |
|          | Name of group   | <div style="background-color: #cccccc; width: 100%; height: 15px;"></div> |
| <hr/>    |   |   |
| <i>c</i> | Contract for services   | <input type="checkbox"/>  |
| <hr/>    |   |   |
| <i>d</i> | <i>Partner/Sole trader</i>                                      | <input type="checkbox"/>  |
| <hr/>    |   |   |
| <i>e</i> | <i>Appointed representative/tied agent – customer function</i>  | <input type="checkbox"/>  |
|          | AR firm name and reference number                               | <div style="background-color: #cccccc; width: 100%; height: 15px;"></div> |
| <hr/>    |   |   |
| <i>f</i> | <i>Appointed representative/tied agent – governing function</i> | <input type="checkbox"/>  |
|          | AR firm name and reference number                               | <div style="background-color: #cccccc; width: 100%; height: 15px;"></div> |
| <hr/>    |   |   |
| <i>g</i> | Other   | <input type="checkbox"/>  |
|          | Give details  | <div style="background-color: #cccccc; width: 100%; height: 60px;"></div> |

**3.02** For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

|          |  |  |                          |
|----------|--|--|--------------------------|
| <b>a</b> | <b>Significant influence functions</b> | CF 11 <i>Money laundering reporting function</i> | <input type="checkbox"/> |
|          |  | CF 29 <i>Significant management function</i>     | <input type="checkbox"/> |
| <b>b</b> | <b>Customer function</b>               | CF 30 <i>Customer function</i>                   | <input type="checkbox"/> |



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YES

NO

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**3.03** Effective date of *controlled functions* indicated above

**3.04** Job title (mandatory for *controlled functions 29*)

Please refer to notes on the requirements for submitting a CV

**Insurance mediation**

Will the candidate be responsible for Insurance mediation at the firm? †

(Note: Yes can only be selected if the individual is applying for (CF29))

YES  NO

**Mortgage Credit Directive Intermediation**

Will the candidate be responsible for Mortgage Credit Directive Intermediation at the firm?

(Note: Yes can only be selected if the individual is applying for (CF 29))

YES  NO



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YES  NO

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**3.05**

**Complete this section only if the application is on behalf of more than one *firm*.**

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.

|          | <b>Firm Reference<br/>Number</b> | <b>Name of <i>firm</i></b> | <b><i>Controlled<br/>function</i></b> | <b>Job title<br/>(mandatory for<br/><i>controlled function 29</i>)</b> | <b>Effective date</b> |
|----------|----------------------------------|----------------------------|---------------------------------------|--|-----------------------|
| <b>a</b> |                                  |                            |                                       |  |                       |
| <b>b</b> |                                  |                            |                                       |  |                       |
| <b>c</b> |                                  |                            |                                       |  |                       |
| <b>d</b> |                                  |                            |                                       |  |                       |
| <b>e</b> |                                  |                            |                                       |  |                       |



I have supplied further information  
related to this page in Section 6

YES

NO

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This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the *FCA* of the revised detail.



This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the *FCA* of the revised detail.

6.00

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
  - why the candidate is competent and capable to carry out the controlled function(s) applied for.
  - why the appointment complements the firm's business strategy, activity and market in which it operates.
  - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- If this application relates to a Significant influence controlled function for a Solvency II firm please provide a copy of the scope of responsibilities document.
- Please also include here any additional information indicated in previous sections of the Form.
- Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

| Question | Information |
|----------|-------------|
|          |             |

**Declaration of *Candidate***

Knowingly or recklessly giving the *FCA* information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the *FCA* merely because it is in the public domain or has previously been disclosed to the *FCA* or another regulatory body.

For the purposes of complying with the Data Protection Act, the personal information provided in this Form will be used by the *FCA* to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation, and will not be disclosed for any other purpose without the permission of the candidate.

With reference to the above, the *FCA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

**In signing this form on behalf of the firm:**

**a) I authorise the *FCA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application'**

**b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.**

**c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice or Code of Conduct (*COCOM*) for Approved Persons**

<http://handbook.fca.org.uk/handbook/APER>  
<https://handbook.fca.org.uk/handbook/COCOM>

**7.01** Candidate's full name<sup>†</sup>

**7.02** Signature<sup>\*</sup>

Date<sup>†</sup>

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

<sup>\*</sup> The above question(s) should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if submission of this form is online.

<sup>†</sup> **The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7**

## Declaration of Firm

Knowingly or recklessly giving the *FCA* information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). *SUP* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FCA* and to notify the *FCA* immediately if materially inaccurate information has been provided.

Where an *approved person* is responsible for reporting matters to the *FCA*, failure to inform the *FCA* of materially significant information of which he is aware is a breach of *APER* or *COCON*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the *FCA*. It should not be assumed that information is known to the *FCA* merely because it is in the public domain or has previously been disclosed to the *FCA* or another regulatory body. **In making this application the firm believes on the basis of due and diligent enquiry that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3.**

**FOR FIRMS UNDERTAKING ANY NON MiFID BUSINESS PLEASE ALSO COMPLETE THE FOLLOWING**

**The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).**

YES  NO

With reference to the above, the *FCA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

**In signing this form on behalf of the firm:**

**a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.**

**b) I confirm that I have authority to make this application, and sign this Form, on behalf of each firm identified in section 3.05. I also confirm that a copy of this Form, as submitted to the *FCA*, will be sent to each of those firms at the same time as submitting the Form to the *FCA*.**

**c) I confirm the candidate has been made aware of the regulatory responsibilities of proposed role as set out in, the Statements of Principle and Code of Practice or Code of Conduct (COCON) for Approved Persons.**

<http://handbook.fca.org.uk/handbook/APER>

<https://handbook.fca.org.uk/handbook/COCON>

Tick here to confirm you have read and understood this declaration: <sup>∞</sup>

|      |   |                      |
|------|---|----------------------|
| 7.03 | Name of the <i>firm</i> submitting the application <sup>†</sup>         | <input type="text"/> |
| 7.04 | Name of <i>person</i> signing on behalf of the <i>firm</i> <sup>†</sup> | <input type="text"/> |
| 7.05 | Job title <sup>†</sup>  | <input type="text"/> |
| 7.06 | Signature <sup>*</sup>  | <input type="text"/> |
|      | Date <sup>†</sup>   | <input type="text"/> |

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in *SUP* 15.7

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