

Application number
(for FCA/PRA use only)

The FCA and PRA 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 and PRA's websites at <https://www.handbook.fca.org.uk/handbook/SUP/10A/Annex8.html> www.bankofengland.co.uk/PRA.

Both the applicant and the *candidate* will be treated by the FCA and PRA as having taken these notes into consideration when completing this form.

Form E

Internal transfer of an approved person (small non-directive insurers only¹)

FCA Handbook Reference: SUP 10A Annex 8D

PRA Rulebook Reference: Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications

Name of *candidate*[†]
(to be completed by applicant *firm*)

Name of *firm*[†]
(as entered in 2.01)

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¹ See definition of *small non-directive insurer* in the FCA Handbook Glossary and the PRA Rulebook Glossary.

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable

Personal identification details

Section 1

1.01 Individual Reference Number (IRN) †

1.02 Title
(e.g. Mr, Mrs, Ms, etc) †

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth †

1.06 National Insurance number †

1.07 Phone number

Firm identification details

Section 2

2.01 Name of *firm*

2.02 *Firm* Reference Number (FRN)

2.03 a Who should the *FCA/PRA* contact at the *firm* in relation to this application?

b Position

c Telephone

d Fax

e E-mail



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

YES

NO

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3.01 List all *controlled functions* which the approved person is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

	FRN [†]	Name of <i>firm</i> [†]	Controlled function [†]	Effective date [†]
a				
b				
c				
d				
e				



I have supplied further information related to this page in Section 7[†]

YES

NO

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4.01 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	
<hr/>		
<i>c</i>	Contract for services	<input type="checkbox"/>
<hr/>		
<i>d</i>	<i>Partner</i>	<input type="checkbox"/>
<hr/>		
<i>e</i>	Other	<input type="checkbox"/>
	Give details	

Proposed date of appointment

Length of appointment (if applicable)

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 Form E – Internal transfer of an approved person: small non-directive insurers only

4.02 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 4.04.

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 25	Small Insurer Senior Manager	<input type="checkbox"/>	
SIMF 20	Small Insurer Chief Actuary	<input type="checkbox"/>	
SIMF 21	Small Insurer With-profits Actuary	<input type="checkbox"/>	
CF 1	Director	<input type="checkbox"/>	
CF 3	Chief Executive Officer	<input type="checkbox"/>	
CF 5	Director of unincorporated association	<input type="checkbox"/>	
CF 6	Small friendly society function	<input type="checkbox"/>	
CF 10	Compliance Oversight function	<input type="checkbox"/>	
CF 10a	CASS Operational Oversight function	<input type="checkbox"/>	
CF 11	Money Laundering Reporting function	<input type="checkbox"/>	
CF 29	Significant Management function	<input type="checkbox"/>	
CF 30	Customer Function	<input type="checkbox"/>	

4.03 Job title

Insurance distribution

Will the *candidate* be responsible for Insurance distribution at the *firm*? YES NO

(Note: Yes can only be selected if the individual is applying for a governing function (other than *controlled functions* CF2a and CF2b) (MIPRU 2.2.2))

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Form E – Internal transfer of an approved person: small non-directive insurers only

4.04

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

	Firm Reference Number	Name of firm	Controlled function	Job title (mandatory)	Effective date
a					
b					
c					
d					
e					



I have supplied further information related to this page in Section 5[†]

YES

NO

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5.01

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- 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)
- Provide a copy of the *candidate's*:-
 - Scope of Responsibilities with this form. This is not required for *candidates* for *controlled function* CF30 only.
 - Roles description
 - Curriculum Vitae (C.V.)
 - Organisational chart

Question	Information

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 Form E – Internal transfer of an approved person: small non-directive insurers only

Declaration of Candidate

Knowingly or recklessly giving the *FCA* and/or *PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000). It should not be assumed that information is known to the *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In addition to other regulatory responsibilities, *firms*, senior managers and other approved persons have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the *firm* and/or individuals.

For the purposes of complying with the Data Protection Act 1998, the personal information provided in this Form will be used by the *FCA* and *PRA* to discharge their 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* and/or *PRA* 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 the form below:

a) I authorise the *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. *Candidates* may be required to apply for a criminal records search to be made as to whether any criminal records are held in relation to them and to obtain a certificate (where such certificate can be obtained) and to disclose the result of that search 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. I confirm that the attached Scope of Responsibilities² accurately reflects the aspects of the affairs of the *firm* which it is intended that I will be responsible for managing. I confirm that I have accepted all the responsibilities set out in this Scope of Responsibilities.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the rules of conduct in the *FCA*'s Conduct Rules (*COCOM*) and/or *PRA Rulebook: Non-Solvency II Firms – Conduct Standards 2*.

Tick here to confirm you have read and understood this declaration:

6.01 *Candidates* full name †

6.02 Signature†

Date†

² This is not applicable to *candidates* for controlled function CF30 only.

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Form E – Internal transfer of an approved person: small non-directive insurers only

Declaration of Firm

Knowingly or recklessly giving the *FCA* and/or *PRA* 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 of the *FCA* Handbook and Notification 6 of the *PRA* Rulebook require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FCA* and/or *PRA* and to notify the *FCA* and/or *PRA* immediately if materially inaccurate information has been provided.

In addition to other regulatory responsibilities, *firms*, senior managers and other approved persons have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the *firm* and/or individuals.

It should not be assumed that information is known to the *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry and, where applicable, by reference to the criteria in FIT³ that the *candidate* is a fit and proper person to perform the controlled function(s) listed in section 3. 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).

IF UNDERTAKING ANY NON MiFID BUSINESS FOR WHICH THE FIRM HAS NOT PREVIOUSLY APPLIED FOR AUTHORISATION, 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 of such function(s). YES NO

Where applicable, the *firm* confirms that it has had sight of a criminal records certificate prepared within the past 3 months in relation to the Individual and has given due consideration to the information contained in that certificate in determining that Individual to be fit and proper. Alternatively, where a certificate is not obtained the *firm* has provided an explanation in section 5. 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 provide the declarations given by the *firm*, and sign this form, on behalf of the *firm* identified in section 2.01 and/or each *firm* identified in section 3.04. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those *firms* at the same time as submitting the form to the *FCA* and/or *PRA*.
- c) I confirm the *candidate* has been made aware of the regulatory responsibilities of the proposed role as set out in the rules of conduct in the *FCA*'s Conduct Rules (COCON) and/or *PRA* Conduct Rules (as applicable).
- d) I confirm that that the Scope of Responsibilities submitted with this form accurately reflects the aspects of the affairs of the *firm* which it is intended that the *candidate* will be responsible for managing.⁴

6.03 Name of the *firm* submitting the application†

6.04 Name of person signing on behalf of the *firm*†

6.05 Job title†

6.06 Signature†

Date†

³ The FIT Sourcebook sets out the criteria that the *FCA* and/or *PRA* will consider when assessing the fitness and propriety of a *candidate* for a controlled function: <https://www.handbook.fca.org.uk/handbook/FIT/1/1.html>

⁴ This is not applicable to *candidates* for controlled function CF30 only.

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Form E – Internal transfer of an approved person: small non-directive insurers only