

## Notes for Form E

### Internal transfer of an approved person

PLEASE NOTE: A *CANDIDATE* MUST NOT BEGIN PERFORMING ANY *CONTROLLED FUNCTIONS* UNTIL THE *FCA* and/or *PRA* HAS GRANTED APPROVAL.

Full details of the *approved persons* regime can be found in chapter *SUP 10A* and *SUP 10B* of the *FCA* and *PRA's Supervision Manuals*.

#### The purpose of this Form

This is Form E referred to in *SUP 10A.14.4D*. and *SUP 10B.12.4D* of the *FCA* and *PRA's Supervision Manuals*. A *firm* should use this form when an *approved person* ceases to perform one or more *controlled functions* and the *firm* wishes to apply for approval for the individual in respect of other *controlled functions*. This Form should not be used for a qualified withdrawal (see *SUP 10A.14.10R* and *SUP 10B.12.12R*). This form may also be used for transfers between *firms* that are part of the same *group*:

1. A *firm* must use Form E where an *approved person* is both ceasing to perform one or more *controlled functions* and needs to be approved in relation to one or more *controlled functions* within the same *firm* or *group*.
2. A *firm* must not use Form E if the *approved person* is to perform a *significant-influence function* for the first time or has ceased to have approval from the *FCA* or *PRA* to perform one more than six months ago.
3. A *firm* must not use Form E if a notification has been made or should be made under *SUP 10A.14.17R* (Changes in fitness to be notified under Form D) or *SUP 10B.12.18R* (the equivalent *PRA rule*) in relation to any *controlled functions* that that *person* is ceasing to perform (as referred to in (1)) or any *controlled function* that he is continuing to perform in relation to that *firm* or a *firm* in the same *group*.

Form C must be used if the individual is ceasing to perform a *controlled function* and the *firm* is not seeking approval in respect of another *controlled function*.

Form A must be completed in full if the *approved person* is seeking approval in respect of a *significant influence function* for the first time.

#### Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. Tick the appropriate box where a yes/no answer is required. Further details should be given in section 5 (Supplementary Information) if there is insufficient space for a detailed answer.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 5.02 the number of additional sheets attached.

Do not assume that information is known to the *FCA* and/or *PRA* merely because it is in the public domain, or has been previously disclosed to the *FCA* and/or *PRA* or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the *candidate* should be verified by the *firm* wherever possible. Should the *FCA* and/or *PRA* vetting checks reveal any matters that have not been disclosed, then applications will be delayed and, in some cases, possibly rejected. See *SUP 10A.13.12G* and *SUP 10B.11.11G*.

Expressions in this Form in italics have the meaning given in the *Glossary* to the *Handbook* (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*).

The *firm* is responsible for the completion of the Form. If the Form is not fully and correctly completed, the *FCA* and/or *PRA* may need to return it for proper completion. This could significantly delay the *FCA* and/or *PRA*'s decision on whether to grant approval to perform the requested *controlled functions* (see SUP 10A.13.12G and SUP10B.11.11G).

The *FCA* and/or *PRA* may require the applicant to provide further information at any time after receiving an application and before determining whether it is to be granted or not (see SUP 10A.13.14G, SUP10B.11.13G and SUP10B.11.14G ).

**If a *firm* has provided, or has information that reasonably suggests that it may have provided, the *FCA* and/or *PRA* with information which was or has become false, misleading, incomplete or inaccurate, in a material particular, it must notify the *FCA* and/or *PRA* immediately (see SUP 15.6.4R). Failure to notify the *FCA* and/or *PRA* may result in a delay in processing or rejection.**

## SECTION 4 – ARRANGEMENTS AND CONTROLLED FUNCTIONS

The *firm* must tick the box in 4.01 that most accurately describes its *arrangement* with the *candidate*. For applications from a single *firm*, the *firm* should complete 4.02, 4.03 & 4.04 indicating the *controlled functions* required by selecting the appropriate box in 4.02. However, if the application is being made on behalf of a *candidate* who will carry out *controlled functions* for more than one *firm*, 4.05 must be used to describe the *controlled functions* and the relationships between the *candidate* and those *firms*.

4.01: If this application relates to more than one *appointed representative*, provide details in section 5.

4.02: If the *controlled function* 29 is requested, the specific job title of the *candidate* must be included.

4.03: The effective date is the date on which the *firm* wishes the *candidate* to begin performing *controlled functions* (subject to approval). **This should be left blank unless there is a reason for the effective date to be beyond the *FCA* and/or *PRA* published standard response times.** For instance, a *firm* may wish to be sure that a *candidate* has been approved before they take up their post.

### 4.04 Insurance mediation

This is not a *controlled function* in its own right. However, every *firm* that carries on insurance mediation activities must appoint an approved person(s) who will be responsible for insurance mediation activities at the *firm* (as detailed at MIPRU 2.2; <https://www.handbook.fca.org.uk/handbook/MIPRU/2/2.html> )

This responsibility must be allocated to a member of the governing body of the *firm* or in certain circumstances, a senior manager. (i.e. an individual that is applying for approval as CF1, 3-8 or 29).

Where a *firm* has appointed an *appointed representative* to carry on *insurance mediation activity* on its behalf, the *person* responsible for the *firm's insurance mediation activity* will also be responsible for the *insurance mediation activity* carried on by an *appointed representative*.

### Mortgage Credit Directive Intermediation<sup>1</sup>

This is not a *controlled function* in its own right. However, every *firm* that carries on *MCD Credit Intermediation* activities must appoint an approved person(s) who will be

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<sup>1</sup> The term 'Mortgage Credit Directive Intermediation', as used within this application, is equivalent to the term 'MCD Credit Intermediation' as defined with the Glossary of the FS Handbook.

responsible for *MCD Credit Intermediation* activities at the *firm* (as detailed at MIPRU 2.2; <https://www.handbook.fca.org.uk/handbook/MIPRU/2/2.html> )

This responsibility must be allocated to a member of the governing body of the firm or in certain circumstances, a senior manager. (i.e. an individual that is applying for approval as CF1, 3-8 or 29).

Where a *firm* has appointed an *appointed representative* to carry on *MCD credit intermediation activity* on its behalf, the *person* responsible for the *firm's MCD credit intermediation activity* will also be responsible for the *MCD credit intermediation activity* carried on by an *appointed representative*.

Unless the *firm* indicates otherwise, the *FCA* and/or *PRA* assumes that the *arrangement* given on the application form includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the *FCA* and/or *PRA*.

## SECTION 5 – SUPPLEMENTARY INFORMATION

This section provides extra space for any previous answer and for additional information relevant to this application.

The *firm* must include details of any other matter which the *firm* is aware of and which in its reasonable opinion is relevant in connection with the *approved person* ceasing to perform their *controlled function*. If there is insufficient space, additional sheets may be used.

## SECTION 6 – DECLARATIONS AND SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the *candidate*. The *FCA* and/or *PRA* considers that an appropriate individual would either be an individual approved for a *controlled function* described under section or 59(7B) of the Financial Services and Markets Act (the *significant influence functions – controlled functions* 1 to 12B, 28, 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the *FCA* and/or *PRA*. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B. Please keep these notes before returning the completed Form to the *FCA* and/or *PRA*.

**If you have any questions or need additional information, please contact the *FCA* Customer Contact Centre on 0300 500 0597 or *PRA* Firm Enquiries on 020 3461 7000 or e-mail [iva@fca.org.uk](mailto:iva@fca.org.uk) or [PRA.firmenquiries@bankofengland.co.uk](mailto:PRA.firmenquiries@bankofengland.co.uk) .**

PLEASE RETURN COMPLETED FORM TO:

Financial Conduct Authority  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
United Kingdom

Prudential Regulation Authority  
20 Moorgate  
London  
EC2R 6DA  
United Kingdom