

Application number
(for FCA use only)

The FCA has produced notes which will assist both the applicant *firm* and the *candidate* in answering the questions in this form. Please read these notes, which are available on the FCA website at:
<https://www.handbook.fca.org.uk/handbook/SUP/10C/Annex3D.html>

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

Short Form A – Solo-regulated firms (including EEA and third country)

Application to perform *controlled functions* including *senior management functions*

FCA Handbook Reference: SUP 10C Annex 3D

1 October 2020

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

Name of applicant *firm*
(as entered in 2.01)

Firm reference number
(as entered in 2.02)

Financial Conduct Authority
12 Endeavour Square
Stratford
London E20 1JN
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail firm.queries@fca.org.uk
Website <http://www.fca.org.uk>
Registered as a Limited Company in England and
Wales No 1920623. Registered Office as above

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



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

YES

NO

1.14 a Private address

[Redacted address field]

b

Postcode

c

Dates resident at this address (dd/mm/yyyy)

From

[Redacted date field]

To

PRESENT

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

1.15 a Previous address 1

[Redacted address field]

b

Postcode

c

Dates resident at this address (dd/mm/yyyy)

From

[Redacted date field]

To

[Redacted date field]

1.16 a Previous address 2

[Redacted address field]

b

Postcode

c

Dates resident at this address (dd/mm/yyyy)

From

[Redacted date field]

To

[Redacted date field]



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

YES

NO

2.01	Name of <i>firm</i> making the application	<input type="text"/>
2.02	<i>Firm</i> Reference Number (FRN)	<input type="text"/>
2.03 a	Who should the <i>FCA</i> contact at the <i>firm</i> in relation to this application?	<input type="text"/>
b	Position	<input type="text"/>
c	Phone number	<input type="text"/>
d	E-mail	<input type="text"/>



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

Arrangement and Senior Management Functions Section 3A

Complete this section if the application is for a *senior management function*. If you are submitting an application for a *controlled function* at an *appointed representative*, then please complete Section 3B. If you are a limited permission consumer credit firm that is also an appointed representative you should complete Section 3B and not this section.

3A.01	Nature of the arrangement between the candidate and the applicant firm	a Employee <input type="checkbox"/>
		b Group employee <input type="checkbox"/>
		Name of group [Greyed out]
		c Contract for services <input type="checkbox"/>
		d Partner <input type="checkbox"/>
		e Other <input type="checkbox"/>
		Give details [Greyed out]
	Proposed date of appointment	[Greyed out]
	Length of appointment (if applicable)	[Greyed out]

3A.02 For applications from a single firm, please tick the boxes that correspond to the *senior management functions* to be performed. If the *senior management functions* are to be performed for more than one firm, please go to question **3A.04**

Function	Description of Senior Management Function	Tick (if applicable)					Enhanced scope SMCR firms	Effective Date
		Core firms						
		Limited scope SMCR firms	UK core SMCR firm	EEA core SMCR firms	Overseas core SMCR firm			
SMF 1	Chief Executive	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
SMF 2	Chief Finance					<input type="checkbox"/>		
SMF 3	Executive Director	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
SMF 4	Chief Risk					<input type="checkbox"/>		
SMF 5	Head of Internal Audit					<input type="checkbox"/>		
SMF 7	Group Entity Senior Manager					<input type="checkbox"/>		
SMF 9	Chair of the Governing Body	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
SMF10	Chair of the Risk Committee					<input type="checkbox"/>		
SMF11	Chair of the Audit Committee					<input type="checkbox"/>		
SMF12	Chair of the Remuneration Committee					<input type="checkbox"/>		
SMF13	Chair of the Nomination Committee					<input type="checkbox"/>		
SMF14	Senior Independent Director					<input type="checkbox"/>		
SMF16	Compliance Oversight	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
SMF17	Money Laundering Reporting Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SMF18	Other overall responsibility function					<input type="checkbox"/>		
SMF19	Head of Third Country Branch				<input type="checkbox"/>			
SMF21	EEA Branch Senior Manager			<input type="checkbox"/>				
SMF24	Chief Operations					<input type="checkbox"/>		
SMF27	Partner	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
SMF29	Limited scope function (limited scope SMCR firms only)	<input type="checkbox"/>						

3A.03 Job title

Insurance distribution

Will the *candidate* be responsible for Insurance distribution at the firm?

YES NO

Mortgage Credit Directive

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

YES NO



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

YES NO

3A.04

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

List all firms within the group (including the applicant firm entered in 2.01) for which the candidate requires approval and the requested senior management function for that firm.†

	Firm Reference Number	Name of firm	Senior Management Function	Job title	Responsible for insurance distribution	Responsible for MCD credit intermediation ?	Effective date
a							
b							
c							
d							
e							



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

YES

NO

Arrangements and controlled functions – Appointed Representatives

Section 3B

Complete this section if the application is for a *controlled function* at an *appointed representative (AR)*. If you are submitting an application for a *senior management function* at a *firm*, then please complete Section 3A.

If you are a *limited permission* consumer credit firm that is also an *appointed representative*, please complete this Section and not Section 3A.

3B.01 Nature of the *arrangement* between the *candidate* and the applicant.

a	Appointed representative/tied agent – customer function	<input type="checkbox"/>
	AR firm name and reference number	
b	Appointed representative/tied agent – governing function	<input type="checkbox"/>
	AR firm name and reference number	
c	Other	<input type="checkbox"/>
	Give details	

3B.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 **3B.05**.

a	Significant influence functions	<table border="0" style="width: 100%;"> <tr><td>CF 1 (AR) <i>Director function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>CF2 (AR) <i>Non-executive director function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>CF 3 (AR) <i>Chief executive function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>CF 4 (AR) <i>Partner function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>CF 5 (AR) <i>Director of an unincorporated association</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	CF 1 (AR) <i>Director function</i>	<input type="checkbox"/>	CF2 (AR) <i>Non-executive director function</i>	<input type="checkbox"/>	CF 3 (AR) <i>Chief executive function</i>	<input type="checkbox"/>	CF 4 (AR) <i>Partner function</i>	<input type="checkbox"/>	CF 5 (AR) <i>Director of an unincorporated association</i>	<input type="checkbox"/>
CF 1 (AR) <i>Director function</i>	<input type="checkbox"/>											
CF2 (AR) <i>Non-executive director function</i>	<input type="checkbox"/>											
CF 3 (AR) <i>Chief executive function</i>	<input type="checkbox"/>											
CF 4 (AR) <i>Partner function</i>	<input type="checkbox"/>											
CF 5 (AR) <i>Director of an unincorporated association</i>	<input type="checkbox"/>											
b	Senior Management Functions	<table border="0" style="width: 100%;"> <tr><td>SMF1 (AR) <i>Chief Executive function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>SMF3 (AR) <i>Executive Director function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>SMF4 (AR) <i>Partner function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table> <p><i>(This section is only applicable for Limited Permission Consumer Credit Firms that are ARs for other business)</i></p>	SMF1 (AR) <i>Chief Executive function</i>	<input type="checkbox"/>	SMF3 (AR) <i>Executive Director function</i>	<input type="checkbox"/>	SMF4 (AR) <i>Partner function</i>	<input type="checkbox"/>				
SMF1 (AR) <i>Chief Executive function</i>	<input type="checkbox"/>											
SMF3 (AR) <i>Executive Director function</i>	<input type="checkbox"/>											
SMF4 (AR) <i>Partner function</i>	<input type="checkbox"/>											
c	Customer function	<table border="0" style="width: 100%;"> <tr><td>CF 30 (AR) <i>Customer function</i></td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	CF 30 (AR) <i>Customer function</i>	<input type="checkbox"/>								
CF 30 (AR) <i>Customer function</i>	<input type="checkbox"/>											

3B.03 Effective date of *controlled functions* indicated above

3B.04 Job title
Please refer to notes on the requirements for submitting a CV



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

YES

NO

3B.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*.

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



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

YES

NO

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.

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.

5.1 Has the *firm* undertaken a criminal records check in accordance with the requirements of the FCA?

Please note that a *firm* is required to request the fullest information that it is lawfully able to obtain about the *candidate* under Part V of the Police Act 1997 (Certificates of Criminal records, etc.) and related subordinated legislation of the UK or any part of the UK before making the application. (SUP 10C.10).¹

If yes, please enter date the check was undertaken.

Date (dd/mm/yy):

Note: if date is more than 3 months prior to current date or 3 months prior to date of application submission or the check has not been undertaken, please provide details in Section 6.

YES NO

5.2 Has / Have a reference or references been obtained from current or previous employer(s) in accordance with the requirements of the FCA?

If no, please provide details why the reference or references has/have not been obtained.

Please note that a firm is required to use reasonable steps to obtain an appropriate reference from any current or previous employer of the candidate during the last 6 years (see SYSC 22) "Employer" has an extended meaning for these purposes.

References are not required if the candidate has been employed by the same firm or group for 6 years or more.

YES NO



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

YES NO

- 6.01** Please provide full details of:
- a) why the *candidate* is competent and capable to carry out the *controlled function(s)* applied for;
 - b) why the appointment complements the *firm's* business strategy, activity and market in which it operates;
 - c) how the appointment was agreed including details of any discussions at *governing body* level (where applicable);

6.02 If there is any additional information indicated in previous sections or any other information the *candidate* or the *firm* considers being relevant to this application it must be included here. (Please also provide full details of any issues that could affect the *Fitness and Propriety* of the individual that arose when leaving an employer or if any question has been answered 'yes' in Section 5)

Question

Information

6.03 For applications for *senior management functions*, firms must also provide the following supporting documents with this form (please tick):

	Statement of responsibilities
	Candidate's Curriculum Vitae (C.V)
	Role(s) description
	Organisational chart
	A description or copy of the <i>candidate's</i> Skills Gap Analysis.
	A description or copy of the <i>candidate's</i> Induction programme
	A description or copy of the <i>candidate's</i> Learning and Development plan (including the name of the <i>individual</i> responsible for monitoring the <i>candidate's</i> progress against the development points and the time frame for completion)
	A description or documentation setting out how the competency was assessed (demonstrating competence and suitability mapped to the specific role and responsibilities of the role).

6.04 In addition for applications for *senior management functions*, enhanced scope SMCR firms must also provide (please tick):-

	A copy of the firm's <i>management responsibilities map</i> (as referred to in SYSC 25.1)
	A summary of any handover material (as referred to in SYSC 25.9 and SUP 10C.10)

Declaration of *Candidate*

It is a criminal offence, knowingly or recklessly, to give the *FCA* information that is materially false, misleading or deceptive (see sections 398 and 400 of the Financial Services and Markets Act 2000 – ‘FSMA’). Even if you believe or know that information has been provided to the *FCA* before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the *FCA* will itself identify such information during the assessment of this application.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the *candidate* and/or lead to the *FCA* exercising their powers (including but not limited to taking disciplinary/Enforcement action). You must notify the *FCA* immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the *FCA* is reasonably likely to consider the information material).

The *candidate* confirms that the information provided in this application is accurate and complete to the best of their knowledge and that they have read the notes to this form. The *candidate* will notify the *FCA* immediately if there is a material change to the information provided.

The *candidate* confirms that the attached *statement of responsibilities* accurately reflects the aspects of the affairs of the *firm* which it is intended that the *candidate* will be responsible for managing. The *candidate* confirms that they have accepted all the responsibilities set out in this *statement of responsibilities*.

The *candidate* agrees that the *FCA* may use the address specified for the *candidate* in this form as the proper address for service in the United Kingdom (as defined in the Financial Services and Markets Act 2000 (Service of Notices) Regulations (SI 2001/1420)) to serve any notices on the *candidate*.

For the purposes of complying with the Data Protection Act 1998, the personal information provided in this form will be used by the *FCA* 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*.

The *candidate* confirms that they understand the regulatory responsibilities of the proposed role as set out in the rules of conduct in the *FCA*’s *COCON* or *APER*.

The *candidate* is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the form is ultimately the responsibility of those who sign the application.

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

For the purposes of complying with data protection legislation, please read the *FCA*’s privacy notice at <https://www.fca.org.uk/data-protection>. This notice will tell you what to expect when the *FCA* collects personal information, including how and why we use your personal information and who to contact if you have any queries or wish to exercise your rights.

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

7.01 Name of *candidate*

7.02 Signature

Date

Declaration of Firm

It is a criminal offence, knowingly or recklessly, to give the *FCA* information that is materially false, misleading or deceptive (see sections 398 and 400 of the Financial Services and Markets Act – ‘FSMA’). Even if you believe or know that information has been provided to the *FCA* before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the *FCA* will itself identify such information during the assessment of this application. If there is any doubt about the relevance of information, it should be included.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the *candidate* and/or lead to the *FCA* exercising their powers under FSMA (including but not limited to taking disciplinary/Enforcement action). You must notify the *FCA* immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the *FCA* is reasonably likely to consider the information material).

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

The Applicant confirms that the information provided in this application is accurate and complete to the best of its knowledge and that it has read the notes to this form. The Applicant will notify the *FCA* immediately if there is a material change to the information provided. The Applicant is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the form is ultimately the responsibility of those who sign the application.

Where applicable, the Applicant confirms that it has requested the fullest information that it is lawfully able to obtain about the *candidate* under Part V of the Police Act 1997 and any related subordinate legislation of the *UK* or any part of the *UK*, and (where available) has given due consideration to that information in determining that *candidate* to be fit and proper.

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

The Applicant 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). Note: For *EEA firms*, this would only apply to those *firms* undertaking any non MiFID business.

The Applicant confirms that it has complied with its obligations under equality and diversity legislation when selecting the *candidate* to perform the function(s) applied for.

The Applicant confirms that it has made the *candidate* aware of their regulatory responsibilities as set out in the rules of conduct in the *FCA*’s *COCON* or *APER*.

The Applicant confirms that the *statement 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.

For the purposes of complying with *data protection legislation*, please read the *FCA*’s privacy notice at <https://www.fca.org.uk/data-protection>. This notice will tell you what to expect when the *FCA* collects personal information, including how and why we use your personal information and who to contact if you have any queries or wish to exercise your rights.

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

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 I have authority to make this application and provide the declarations given by the Applicant, 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*, will be sent to each of those firms at the same time as submitting the form to the *FCA*.

7.03 Name of the *firm* submitting the application

7.04 Name of *person* signing on behalf of the *firm*

7.05 Job title

7.06 Signature

Date