

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/Annex7D.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.

## **Form E -**

### **Internal transfer of a person performing a *controlled function* for solo-regulated firms (including EEA and third country)**

*FCA Handbook* Reference: SUP 10C Annex 7D

9 December 2019

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

Name of *firm*  
(as entered in 2.01)

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](mailto: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

## Personal identification details

## Section 1

1.01 Individual Reference Number (IRN)

1.02 Title  
(e.g. Mr, Mrs, Ms)

1.03 Surname

1.04 ALL forenames

1.05 Date of birth

1.06 National Insurance number

1.08 Phone number

1.09 Email address

## Firm identification details

## Section 2

2.01 Name of applicant *firm*

2.02 *Firm* Reference Number (FRN)

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

B Position

C Phone number

D E-mail



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

YES

NO

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

|          | <b>FRN</b> | <b>Name of firm</b> | <b>Senior Management Function</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 7

YES

NO

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 4B.

**4A.01** Nature of the arrangement between the candidate and the applicant.

|          |                       |  |
|----------|-----------------------|--|
| <i>a</i> | <i>Employee</i>       | <input type="checkbox"/>   |
| <i>b</i> | <i>Group employee</i> | <input type="checkbox"/>   |
|          | Name of group         |  |
| <i>c</i> | Contract for services | <input type="checkbox"/>   |
| <i>d</i> | <i>Partner</i>        | <input type="checkbox"/>   |
| <i>e</i> | Other                 | <input type="checkbox"/>   |

Give details 

Proposed date of appointment 

Length of appointment (if applicable) 

**4A.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 **4.04**

| Function | Description of <i>senior management function</i>  | Tick (if applicable) | Effective Date |
|----------|---|----------------------|----------------|
| SMF 1    | Chief Executive                                   |                      |                |
| SMF 2    | Chief Finance                                     |                      |                |
| SMF 3    | Executive Director                                |                      |                |
| SMF 4    | Chief Risk r                                      |                      |                |
| SMF 5    | Head of Internal Audit                            |                      |                |
| SMF 7    | Group Entity Senior Manager                       |                      |                |
| SMF 9    | Chair of the governing body                       |                      |                |
| SMF10    | Chair of the Risk Committee                       |                      |                |
| SMF11    | Chair of the Audit Committee                      |                      |                |
| SMF12    | Chair of the Remuneration Committee               |                      |                |
| SMF13    | Chair of the Nomination Committee                 |                      |                |
| SMF14    | Senior Independent Director                       |                      |                |
| SMF16    | Compliance Oversight                              |                      |                |
| SMF17    | Money Laundering Reporting Officer (MLRO)         |                      |                |
| SMF18    | Other overall responsibility function             |                      |                |
| SMF19    | Head of Overseas Branch                           |                      |                |
| SMF21    | EEA Branch Senior Manager                         |                      |                |
| SMF24    | Chief Operations                                  |                      |                |
| SMF27    | Partner   |                      |                |
| SMF29    | Limited scope function (limited scope firms only) |                      |                |

4A.03 Job title

**4A.04 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*)

**4A.05 Mortgage Credit Directive**

Will the *candidate* be responsible for Mortgage Credit Directive Intermediation at the *firm*? YES  NO

(Note: Yes can only be selected if the *individual* is applying for a *governing function* (other than a *non-executive director function*))



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

**4A.06** Has the *firm* undertaken a criminal records check in accordance with the requirements of the *FCA*?

Please note that a *firm* is required under *FCA* rules, to obtain 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).

If yes, please enter date the criminal records 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 why in section 5.**



I have supplied further information related to this page in Section 5 YES  NO

**4A.04**

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

|          | <b>Firm Reference Number</b> | <b>Name of firm</b> | <b>Senior Management Function</b> | <b>Job title (mandatory)</b> | <b>Effective date</b> |
|----------|------------------------------|---------------------|-----------------------------------|------------------------------|-----------------------|
| <b>A</b> |                              |                     |                                   |                              |                       |
| <b>B</b> |                              |                     |                                   |                              |                       |
| <b>C</b> |                              |                     |                                   |                              |                       |
| <b>D</b> |                              |                     |                                   |                              |                       |
| <b>E</b> |                              |                     |                                   |                              |                       |

**4A.05**

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.*

YES  NO



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

YES  NO

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* then please complete Section 4A.

For *limited permission* consumer credit firms that are also *appointed representatives*, only the *customer function* is relevant in this section. For these firms, relevant *senior management functions* apply instead of the *governing functions* (ie CF1 (AR), CF3 (AR), CF4 (AR) and CF5 (AR)). We do not expect this to apply to many firms.

**4B.01** Nature of the arrangement between the candidate and the applicant.

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

**4B.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**.

|          |   |   |
|----------|---|---|
| <b>a</b> | <b>Significant influence functions</b>  | CF 1 (AR) Director function <input type="checkbox"/><br>CF 3 (AR) Chief executive function <input type="checkbox"/><br>CF 4 (AR) Partner function <input type="checkbox"/><br>CF 5 (AR) Director of an unincorporated association function <input type="checkbox"/> |
| <b>b</b> | <b>Senior Management Functions</b>  | SMF1 (AR) Chief Executive function <input type="checkbox"/><br>SMF3 (AR) Executive Director function <input type="checkbox"/><br>SMF4 (AR) Partner function <input type="checkbox"/>  |
|          | <i>(This section is only applicable for limited permission consumer credit firms that are ARs for other businesses)</i> |   |
| <b>c</b> | <b>Customer function</b>  | CF 30 (AR) Customer function <input type="checkbox"/>   |

**4B.03** Effective date of *controlled functions* indicated above

**4B.04** Job title  
Please refer to notes on the requirements for submitting a CV



**4B.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<br/>Reference<br/>Number</b> | <b>Name of firm</b> | <b>Controlled<br/>function</b> | <b>Job title</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

# Supplementary information for Senior Management Functions

## Section 5

5.01 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);

5.02 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.

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

5.03 *Firms* must also provide the following supporting documents required with this form (please tick)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Statement of responsibilities</b>   |
| <input type="checkbox"/> | <b>Candidate's Curriculum Vitae (C.V)</b>  |
| <input type="checkbox"/> | <b>Role(s) description</b>   |
| <input type="checkbox"/> | <b>Organisational chart</b>  |
| <input type="checkbox"/> | <b>A description or copy of the <i>candidate's</i> Skills Gap Analysis.</b>  |
| <input type="checkbox"/> | <b>A description or copy of the <i>candidate's</i> Induction programme</b>   |
| <input type="checkbox"/> | <b>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)</b> |
| <input type="checkbox"/> | <b>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).</b>   |

**5.04** In addition, an *enhanced scope SMCR firm* must provide:

A copy of the *firm's management responsibilities map* (SYSC 25, where applicable).

A summary of any handover material (SYSC 25.9 and SUP 10C.10) This requirement does not apply to all *firms*.

**Declaration of *Candidate***

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

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 the *statement of responsibilities*.

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 the form below:

- 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. *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.
- 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 *COCON* or *APER*.
- d) I confirm that the *statement of responsibilities* submitted with this form 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 *statement of responsibilities*.

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

**6.01** *Candidate*'s full name

**6.02** Signature

Date

## 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 – ‘FSMA’). *SUP* 15.6 of the *FCA Handbook* require a *firm* 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.

In addition to other regulatory responsibilities, *firms*, *senior managers* and other *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 *firm* and/or *individuals*.

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*. 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 by reference to the criteria in *FIT* in the *FCA Handbook* that the *candidate* is a fit and proper person to perform the *senior management functions(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

If the *firm* confirms that it has had sight of a criminal records certificate prepared within the past 3 months in relation to the *candidate* and has given due consideration to the information contained in that certificate in determining that *candidate* to be fit and proper. Alternatively, where a certificate is not obtained the *firm* has provided an explanation in Section 5.

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 *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 4.04. 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*.
- 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 *COCON* or *APER*.
- d) I confirm that 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.

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