



Notice of intention to use a tied agent established in another EEA state or to amend the details of a tied agent established in another EEA state in accordance with the Markets in Financial Instruments Directive (MiFID) (tied agent passport notification)

FIRM NAME:	
FIRM REFERENCE NUMBER (FRN):	
DATE:	

Purpose of this form

This form replicates Annex VII of ITS 4A and should be completed in accordance with ITS 4A and RTS 3A

You should complete this form if you are a UK firm that wishes to exercise a passport right to use a tied agent established in another EEA state or wishes to make changes to the details of a tied agent established in another EEA state under MiFID.

Important information you should read before completing this form

A UK firm can only use this form if it is entitled to establish a tied agent in another EEA State subject to the conditions of MiFID (see Schedule 3 to the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. UK firms should consult the legislation or take professional advice both in the UK and in the relevant EEA State(s) if they are in any doubt.

We give guidance on this in the Supervision manual (SUP). In particular, a UK firm that wants to exercise an EEA right must have the corresponding permission included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 2.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 2.
3. All firms should answer sections 1, 2 and 3. If you are notifying us of a change in particulars, complete only those parts of the form relevant to the change in particulars.

1. Contact information	
Type of notification:	Tied agent passport notification under the right of establishment/ Change of tied agent particulars notification
Member State in which the investment firm intends to use/is using a tied agent:	
Name of investment firm:	
Address of investment firm:*	
Telephone number of investment firm:*	
E-mail of investment firm:	
Name of the contact person at the investment firm:	
Name of the tied agent:	
Address of the tied agent:*	
Telephone number of the tied agent:*	
E-mail of the tied agent:	
Name(s) of those responsible for the management of the tied agent:	
Home Member State:	United Kingdom
Authorisation Status:	Authorised by the Financial Conduct Authority
Authorisation Date:	
Reference or hyperlink to the public register where the tied agent is registered	

* to be completed only if amended

Note:

If you are applying to change the person responsible for the management of the tied agent, please submit a CV for the new manager.

2 Intended investment services, activities and ancillary services

Please indicate all the investment services, activities, ancillary services or financial instruments provided by the tied agent.

		Investment services and activities									Ancillary services						
		A1	A2	A3	A4	A5	A6	A7	A8	A9	B1	B2	B3	B4	B5	B6	B7
Financial instruments	C1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C10	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									
	C11	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>									

** Please place an (x) in the appropriate boxes. If the intention is to make changes to the investment services, activities or financial instruments, please list all the investment services, activities or financial instruments the tied agent will provide.*

3 Business Plan and structural organisation of the tied agent			
1.	Business plan and structural organisation of the tied agent	1.	Business plan and structural organisation of the tied agent
	(a) How will the tied agent contribute to the strategy of the firm/group?	(a)	
	(b) What will the main functions of the tied agent be?	(b)	
	(c) Describe the main objectives of the tied agent.	(c)	
2.	Commercial strategy	2.	Commercial strategy
	(a) Describe the types of clients/ counterparties the tied agent will be dealing with.	(a)	
	(b) Describe how the firm will obtain and deal with these clients.	(b)	
3.	Organisational structure	3.	Organisational structure
	(a) Briefly describe how the tied agent fits into the corporate structure of the firm/group (This may be facilitated by attaching an organisational chart).	(a)	

	<p>(b) Set out the organisational structure of the tied agent, showing functional, geographical and legal reporting lines.</p>	<p>(b)</p>	
	<p>(c) Who will be responsible for the tied agent operations on a day-to-day basis? Provide details of the professional experience of the persons responsible for the management of the tied agent (Please attach CV(s));</p>	<p>(c)</p>	
	<p>(d) Who will be responsible for the internal control functions at the tied agent?</p>	<p>(d)</p>	
	<p>(e) Who will be responsible for dealing with complaints in relation to the tied agent?</p>	<p>(e)</p>	
	<p>(f) How will the tied agent report to the head office?</p>	<p>(f)</p>	
	<p>Detail any critical outsourcing arrangements.</p>	<p>(g)</p>	

4.	Systems & controls	4.	Systems & controls
	Provide a brief summary of arrangements for:		
	(a) safeguarding client money and assets (not applicable – see note 3);	(a)	
	(b) compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to Art 35(8) and record keeping under Art 16(6);	(b)	
	(c) staff code of conduct, including personal account dealing;	(c)	
	(d) anti-money laundering;	(d)	

	(e) monitoring and control of critical outsourcing arrangements (where applicable); and	(e)	
	(f) details of the accredited compensation scheme of which the investment firm is a member.	(f)	
5.	Financial forecast	5.	Financial forecast
	Attach a forecast statement for profit and loss and cash flow, both over an initial thirty-six-month period.		

Note:

- 1) Please make sure you provide sufficiently detailed answers to the questions in this section, or your notification may experience processing delays.
- 2) Please make sure you submit a separate notification for each tied agent you wish to appoint.
- 3) Point 4(a) is not applicable to tied agents in the UK. See SUP 12.6.

4 Declaration

Warning

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. If necessary, please take appropriate professional advice before supplying information to us.

If any information is inaccurate or incomplete this notification may take longer to be processed.

You must notify us immediately of any significant change to the information provided. If you do not, it may take longer to be processed.

Data Protection

For the purpose of complying with the Data Protection Act, the personal information in this notification may 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 notifying firm.

Declaration

I am authorised to make this notification on behalf of the notifying firm named on the front of this notification.

I have attached the relevant documents where requested.

I confirm that the information in this notification is accurate and complete to the best of my knowledge and belief.

I authorise the FCA to make such enquiries and to seek such further information as it thinks appropriate to verify the information given in this notification.

I understand that the FCA may require the notifying firm to provide further information or documents at any time after I have sent this notification.

- Tick here to confirm that the person submitting this notification on behalf of the notifying firm and (if applicable) the individual named below have read and understood the declaration.

Signature

- I confirm that a permanent copy of this notification will be retained for an appropriate period, for inspection at the FCA's request.

Name of authorised signatory	
Signature (to be signed on the printed version only)	
Date	