



BANK OF ENGLAND  
PRUDENTIAL REGULATION  
AUTHORITY

## ***Passporting***

### ***Notification of intention to establish a branch in another EEA state (excluding the Payment Services Directive and Electronic Money Directive)***

(SUP 13 Annex 1R – Notification under SUP 13.5.1R)

<b>Full name of firm</b>	
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### **Purpose of this form**

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to establish your first *establishment* in a particular *EEA State*. You should also use this form if you are a *UK firm* that wishes to notify us – the regulator – of changes to the details of your current *branch*.

### **Important information you should read before completing this form**

A *UK firm* can only use this form if it is entitled to establish a *branch* in another *EEA State* subject to the conditions of a relevant *single market directive* (see Schedule 3 of 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 their own legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission (unless the *UK firm* is a *subsidiary* of a *firm* which is a *credit institution* that meets the criteria set out in the *Capital Requirements Directive*).

### **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 11.
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 11.
3. All firms should answer sections 1, 2 and 11. Sections 3-10 refer to specific directives and only relevant sections should be completed. However, please answer all questions in the sections relevant to you.
4. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

*If solo regulated send to:*  
Financial Conduct Authority  
12 Endeavour Square  
London, E20 1JN  
**Telephone:** +44 (0)20 7066 7188  
**Website:** [www.fca.org.uk](http://www.fca.org.uk)  
**E-mail:** [passport.notifications@fca.org.uk](mailto:passport.notifications@fca.org.uk)

*If dual regulated send to:*  
The Prudential Regulation Authority  
20 Moorgate  
London  
EC2R 6DA  
**Telephone:** +44(0)20 3461 7000  
**Website:** [www.bankofengland.co.uk](http://www.bankofengland.co.uk)  
**E-mail:** [PBU-Passporting@bankofengland.co.uk](mailto:PBU-Passporting@bankofengland.co.uk)

# 1 Contact details

## 1.1 Details of the person we will contact about this application

Firm reference number †	
Title †	
Contact name†	
Address Line 1†	
Address Line 2†	
Postcode†	
Country†	
Telephone number†	
Fax number†	
Email address†	

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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## 2 Details about the branch

2.1 Please indicate the *EEA State* in which you wish to establish a *branch*.

EEA State †	
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2.2 Please provide the address in the *EEA State* in which the *branch* will be established and from which we can get information about the business. †

Address: †	
Telephone number: †	Fax number: †

2.3 Please list the names of all *managers of the branch* (including main agents in respect of insurance applications). †

Title	Forenames	Surname

2.4 Tell us the proposed date for the business to start at the *branch*. †

Date	dd/mm/yy
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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

### 3 Insurance Distribution Directive (IDD)

- 3.1 Please confirm that the *UK firm* wishes to passport under the IDD by ticking the box below. †

The <i>firm</i> intends to carry on <i>insurance distribution</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	<input type="checkbox"/>
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- 3.2 Intermediary's details†

Name	
Address	
Registration number (if applicable)	

- 3.3 Please indicate the firm's category of intermediary†

Insurance intermediary	<input type="checkbox"/>
Ancillary insurance intermediary	<input type="checkbox"/>
Reinsurance intermediary	<input type="checkbox"/>

- 3.4 Please give the name of any insurer or reinsurer represented†

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- 3.5 Please list the relevant classes of insurance in relation to which insurance distribution is carried on (if applicable) †

[Note: see annexes 1 and 2 of Solvency II Directive]

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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

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**Markets in Financial Instruments Directive ('MiFiD')**  
**[deleted]**

## 5 Banking Directive

### 5.1 Please tick the appropriate boxes to show the activities to be provided. †

#### Note to Question 5.1

The box marked § should only be completed by UK credit institutions wishing to passport investment services and activities and ancillary services provided for by the extended scope of MiFID with effect from 1 November 2007.

Activity		
1	Acceptance of deposits and other repayable funds	<input type="checkbox"/>
2	Lending, including, inter alia, consumer credit, mortgage credit, factoring, with or without recourse, and financing of commercial transactions (including forfeiting)	<input type="checkbox"/>
3	Financial leasing	<input type="checkbox"/>
4	Payment services as defined in Article 4(3) of Directive 2007/64/EC of the European Parliament and of the Council of 13 November 2007 on payment services in the internal market	<input type="checkbox"/>
5	Issuing and administering other means of payment (e.g. travellers' cheques and bankers' drafts) insofar as this activity is not covered by point 4	<input type="checkbox"/>
6	Guarantees and commitments	<input type="checkbox"/>
7	Trading for own account or for account of customers in:	<input type="checkbox"/>
	(a) money market instruments (cheques, bills, certificates of deposits etc)	<input type="checkbox"/>
	(b) foreign exchange	<input type="checkbox"/>
	(c) financial futures and options	<input type="checkbox"/>
	(d) exchange and interest-rate instruments	<input type="checkbox"/>
	(e) transferable securities	<input type="checkbox"/>
8	Participation in securities issues and the provision of services related to such issues	<input type="checkbox"/>
9	Advice to undertakings on capital structure, industrial strategy, and related questions and advice and services relating to mergers and the purchase of undertakings	<input type="checkbox"/>
10	Money broking	<input type="checkbox"/>
11	Portfolio management and advice	<input type="checkbox"/>
12	Safekeeping and administration of securities	<input type="checkbox"/>
13	Credit reference services	<input type="checkbox"/>
14	Safe custody services	<input type="checkbox"/>

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

§	Additional MiFID services and activities subject to mutual recognition under the Banking Directive	<input type="checkbox"/>
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§ See separate matrix on next page

		EEA State <sup>†</sup>														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID investment services activities and instruments.

UK firms that intend to use a tied agent *established* in the territory of the host state are required to complete 'Annex 1' at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent. §

§ Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

		EEA State §														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
<b>Financial Instruments</b>	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								



**5.2 Please give details of the firm's programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the branch<sup>†</sup>**

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p><b><u>1. Business Plan</u></b><sup>†</sup></p> <p>a) <i>How will the branch contribute to the overall strategy of the institution/group?</i></p> <p>b) <i>What will be the main objectives and functions of the branch?</i></p> <p>c) <i>Describe the types of customers/counterparties the branch will be dealing with</i></p> <p>d) <i>Describe how the institution will obtain and deal with these customers/clients</i></p>	
<p><b><u>2. Organisational structure</u></b><sup>†</sup></p> <p>a) <i>Briefly describe how the branch fits into the corporate structure of the group</i></p> <p>b) <i>Description of the administrative structure of the branch (number of business units/premises; number of employees; organisational chart, showing both functional and legal reporting lines)</i></p> <p>c) <i>Details of the branch manager(s) – CV(s) to be supplied</i></p> <p>d) <i>Details of any direct business relations (clients, partners, counterparties) and conditions under which they operate</i></p> <p>e) <i>Details of links with administrative and IT systems of the head office</i></p> <p>f) <i>Details of links with internal control system of the head office</i></p>	

<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

<p><b><u>3. Systems &amp; Controls</u></b> †</p> <p>a) <i>Measures for supervising risk management procedures (includes credit/market/operational/liquidity )</i></p> <p>b) <i>Powers of the branch in respect of granting credit facilities</i></p> <p>c) <i>Details of the audit arrangements of the branch (including where applicable details of the external auditor)</i></p> <p>d) <i>anti-money laundering procedures (including the name of the AML compliance officer)</i></p> <p>e) <i>monitoring and control of critical outsourcing arrangements (if applicable)</i></p>	
<p><b><u>4. Financial information</u></b></p> <p><i>Attach a forecast for over at least a 12 months period, of material items of the Balance Sheet and Profit and Loss.</i></p>	
<p><b><u>5 Investment activities</u></b> (if applicable) †</p> <ul style="list-style-type: none"> <li>• <i>Provide details of arrangements for:</i> <ul style="list-style-type: none"> <li>• <i>safeguarding client money and assets</i></li> <li>• <i>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 MiFID Article 32(7) and record keeping under MiFID Article 13(9)</i></li> <li>• <i>code of conduct, including personal account dealing</i></li> </ul> </li> <li>• <i>Provide details of the individual who will be responsible for compliance of the branch</i></li> <li>• <i>Provide details of the individual responsible for dealing with complaints in relation to the investment activities of the branch</i></li> </ul>	

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## 6 Solvency II Directive (Life insurance)

### Note to Section 6

If the firm is a pure reinsurer, it should not complete section 6 of this form, but should complete section 8 instead.

- 6.1 Please provide the name of the *UK firm's* authorised agent. If the firm is a *member of Lloyd's*, please also confirm that the authorised agent has power to accept service of proceedings on behalf of *Lloyd's*.<sup>†</sup>

Name of agent<sup>†</sup>

If applicable, confirmation that agent has power to accept service of proceedings on behalf of *Lloyd's*<sup>†</sup>

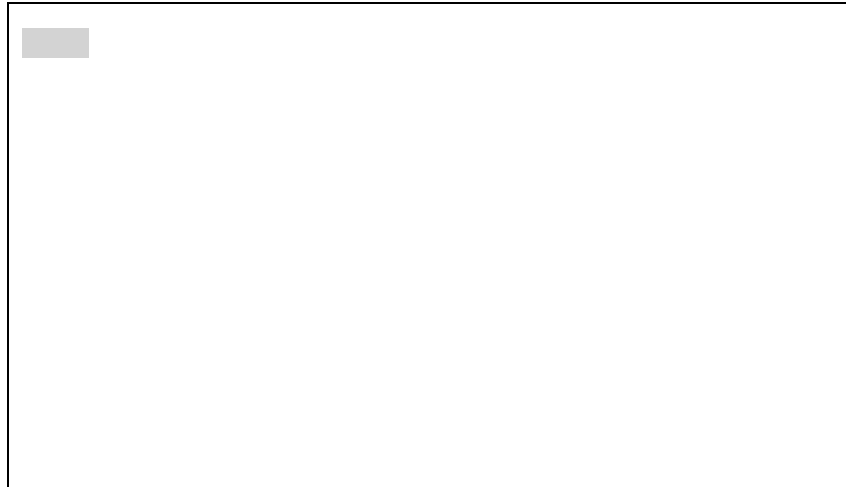
- 6.2 Please tick the appropriate boxes to show the classes of business to be provided.<sup>†</sup>

Classes of Business		
I	Life and Annuity	<input type="checkbox"/>
II	Marriage and Birth	<input type="checkbox"/>
III	Linked Long Term	<input type="checkbox"/>
IV	Permanent Health	<input type="checkbox"/>
V	Tontines	<input type="checkbox"/>
VI	Capital redemption	<input type="checkbox"/>
VII	Pension Fund Management	<input type="checkbox"/>
VIII	Collective Insurance	<input type="checkbox"/>
IX	Social Insurance	<input type="checkbox"/>

- 6.3 Please give details of the nature of the commitments to be covered in the *EEA State* concerned.<sup>†</sup>

<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

**6.4 Please give details of the structural organisation of the *branch* (you may wish to attach an organisation chart).<sup>†</sup>**



**6.5 Please give details of the guiding principles for reinsurance of business carried on, or to be carried on, in the *EEA State* concerned. This should include the *firm's* maximum retention per risk or event after all reinsurance is ceded<sup>†</sup>**



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<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## 6.6 Please confirm you have attached the following. †

i. Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii. Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii. For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
iv. For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned (this information should be provided on both optimistic and pessimistic bases, for each type of contract or treaty):		
a) the number of contracts or treaties expected to be issued;	Attached	<input type="checkbox"/>
b) the total premium income, both gross and net of reinsurance ceded; and	Attached	<input type="checkbox"/>
c) the total sums assured or the total amounts payable each year by way of annuity.	Attached	<input type="checkbox"/>
v. For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned:		
a) a statement setting out, on both optimistic and pessimistic bases, detailed estimates of income and expenditure for direct business, reinsurance acceptances and reinsurance cessions; and	Attached	<input type="checkbox"/>
b) a statement of estimates relating to the financial resources intended to cover underwriting liabilities.	Attached	<input type="checkbox"/>
vi. Particulars of any associations that exist or are proposed to exist between:		
a) the directors and controllers of the <i>UK firm</i> ; and	Attached	<input type="checkbox"/>
b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
vii. The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

<p>viii The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of those sources.</p>	<p>Attached</p>	<input type="checkbox"/>
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<p>ix. Copies or drafts of:</p> <p>a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;</p> <p>b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and</p> <p>c) any agreements which the <i>UK firm</i> will enter into with persons (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.</p>		
	<p>Attached</p>	<input type="checkbox"/>
	<p>Attached</p>	<input type="checkbox"/>
	<p>Attached</p>	<input type="checkbox"/>
<p>x. The technical bases that the <i>person</i> appointed to the actuarial function in accordance with rule 6 of the PRA Rulebook: Solvency II firms: Conditions Governing Business proposes to use for each class of business to be carried on in the <i>EEA State</i> concerned, including the bases needed for calculating premium rates and <i>technical provisions</i>.</p>	<p>Attached</p>	<input type="checkbox"/>
<p>xi. A statement by the actuary so appointed as to whether:</p> <p>a) he considers that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and</p> <p>b) he agrees with the information provided under sections 6.5 and 6.6 v (a) and (b).</p>		
	<p>Attached</p>	<input type="checkbox"/>
	<p>Attached</p>	<input type="checkbox"/>
<p>xii. The technical bases used to calculate the statements and estimates referred to in sections 6.6 iv and v.</p>	<p>Attached</p>	<input type="checkbox"/>

## 7 Solvency II Directive (Non-life insurance)

### Note to section 7

If the *firm* is a *pure reinsurer*, it should not complete section 7 of this form, but should complete section 8 instead.

- 7.1 Please provide the name of *UK firm's* authorised agent. If the firm is a *member of Lloyd's*, please confirm that the authorised agent has power to accept service of proceedings on behalf of *Lloyd's*.<sup>†</sup>

Name of agent<sup>†</sup>

If applicable, confirmation that agent has power to accept service of proceedings on behalf of *Lloyd's*<sup>†</sup>

- 7.2 Please tick the appropriate boxes to show the classes of business to be carried out from the *branch*.<sup>†</sup>

Classes of Business		
1	Accident	<input type="checkbox"/>
2	Sickness	<input type="checkbox"/>
3	Land Vehicles	<input type="checkbox"/>
4	Railway Rolling Stock	<input type="checkbox"/>
5	Aircraft	<input type="checkbox"/>
6	Ships	<input type="checkbox"/>
7	Goods in Transit	<input type="checkbox"/>
8	Fire and Natural Forces	<input type="checkbox"/>
9	Damage to Property	<input type="checkbox"/>
10	Motor Vehicle Liability	<input type="checkbox"/>
11	Aircraft Liability	<input type="checkbox"/>
12	Liability for Ships	<input type="checkbox"/>
13	General Liability	<input type="checkbox"/>
14	Credit	<input type="checkbox"/>
15	Suretyship	<input type="checkbox"/>
16	Miscellaneous Financial Loss	<input type="checkbox"/>
17	Legal Expenses	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

**7.3 Please give details of the nature of the risks to be covered in the EEA State(s) concerned. †**

**7.4 Please give details of the structural organisation of the branch (UK firms may wish to attach an organisation chart). †**

**7.5 Please give details of the guiding principles as to reinsurance of business carried on, or to be carried on, in the EEA State concerned, including the firm's maximum retention per risk or event after all reinsurance ceded. †**

**Note to question 7.3**

i. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned at question 7.3.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*.

ii. If the *firm* covers (or intends to cover) **health insurance**, please provide the technical bases used, or to be used, for calculating premiums in respect of such risks in question 7.3.

iii. If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state, in question 7.3, the option chosen from those described in article 200(1) of the *Solvency II Directive*.

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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7



## 7.6 Please confirm you have attached the following. †

i. Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii. Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii. If contracts of a kind falling within paragraph 18 of Schedule 1 to the <i>Regulated Activities Order</i> (Assistance) are, or are to be, effected or carried out, the resources available for providing assistance.	Attached	<input type="checkbox"/>
iv. For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> :  a. future SCR, as well as the calculation method used to derive those estimates; and  b. future "MCR" as defined in the PRA Rulebook: Glossary, as well as the calculation method used to derive those estimates.		
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>

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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

<p>v. For each of the first three years following the establishment of the <i>branch</i>, give the details described below about the business carried on in the <i>EEA State</i> concerned:</p> <p>a) estimates relating to expenses of management (other than cost of installation) and, in particular, those relating to current general expenses and commissions;</p> <p>b) estimates relating to premiums or contributions (both gross and net of all reinsurance ceded) and to claims (after all reinsurance recoveries); and</p> <p>c) estimates of the financial resources intended to cover <i>technical provisions</i>, the “MCR” as defined in the PRA Rulebook: Glossary, and the <i>SCR</i>.</p>		
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
<p>vi. Particulars of any associations that exist or are proposed to exist between:</p> <p>a) the directors and controllers of the <i>UK firm</i>; and</p> <p>b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.</p>	Attached	<input type="checkbox"/>
<p>vii. The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.</p>	Attached	<input type="checkbox"/>

Continued over

7.6 continued<sup>†</sup>

viii. The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of these sources.	Attached	<input type="checkbox"/>
ix. Copies or drafts of: <ul style="list-style-type: none"> <li data-bbox="437 595 956 685">a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;</li> <li data-bbox="437 707 956 797">b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and</li> <li data-bbox="437 819 956 969">c) any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.</li> </ul>		
a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	<input type="checkbox"/>
b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	<input type="checkbox"/>
c) any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i> ) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
x. Copies or drafts of any agreements which the <i>UK firm</i> will have with main agents in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## 8 Solvency II Directive (Reinsurance)

**8.1 Please confirm the type(s) of reinsurance activity to be carried out by the branch under the *Solvency II Directive* by ticking one of the boxes below. †**

Life reinsurance business	<input type="checkbox"/>
Non-life reinsurance business	<input type="checkbox"/>

**Note to section 8**

Only *pure reinsurers* should complete this section of this form.

**8.2 Please provide the name and powers of the authorised agent. Please note that the authorised agent should be located at the same address of branch. †**

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† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## 9 Undertakings for Collective Investment in Transferable Securities

9.1 You must select those activities that you wish to carry out under the *UCITS Directive* as listed in article 6(2) and (3) of the *UCITS Directive*.

Management of <i>UCITS</i>	<input type="checkbox"/>
Management of portfolios of investments, including those owned by pension funds, in accordance with mandates given by investors on a discretionary, client-by-client basis, where those portfolios include one or more of the instruments listed in Section C of Annex I to <i>MiFID</i> .	<input type="checkbox"/>
Investment advice concerning one or more of the instruments listed in Section C of Annex I to <i>MiFID</i> .	<input type="checkbox"/>
Safekeeping and administration in relation to <i>units</i> of collective investment undertakings.	<input type="checkbox"/>

9.2 Please give details of the *firm's* programme of operations

### Note to Question 9.2

Provide a programme of operations setting out the activities and services envisaged according to article 6(2) and (3) and the organisational structure of the *branch* which must include a description of the risk management process.

Provide also a description of the procedures and arrangements for dealing properly with investor complaints, including how it is ensured that there are no restrictions on investors exercising such rights and the arrangements for making information available at the request of the public or the *competent authority* of the *UCITS Home State*;

For a suggested template *firms* may adhere to question 4.2 when preparing a programme of operations

**Note: Other Requirements for UCITS management companies**

In addition to the submission of this notice to the *FCA*, *management companies* should note, where the application is to manage a *UCITS* in another *EEA State*, they will be required by the rules of the *competent authority* of the *UCITS Home State* implementing article 20 of the *UCITS Directive* to provide them with:

- (1) the written agreement that has been entered into with the *depository*; and
- (2) information on delegation arrangements regarding the functions of investment management and administration, as referred to in Annex II to the *UCITS Directive*.

If the *management company* already manages other *UCITS* of the same type as the company is proposing to manage in the the *UCITS Home State*, article 20 provides that reference to the documentation already provided shall be sufficient for the purposes of (1) and (2).

**9.3 Please confirm if the information referred to above has been submitted to the *competent authority* of the *UCITS Home State*. If it has not been submitted or if article 20 is not applicable please explain why, including (if applicable) when it is expected that the information will be provided.**

# 10 Alternative Investment Fund Managers Directive ('AIFMD')

## 10.1 You must select those activities that you wish to carry out under *AIFMD* as listed in article 6(2) and 6(4) of *AIFMD*.

Management of <i>AIFs</i>	<input type="checkbox"/>
Management of portfolios of investments, including those owned by pension funds and institutions for occupational retirement provision in accordance with Article 19(1) of Directive 2003/41/EC, in accordance with mandates given by investors on a discretionary, client-by-client basis.	<input type="checkbox"/>
Investment advice	<input type="checkbox"/>
Safekeeping and administration in relation to <i>units</i> of collective investment undertakings.	<input type="checkbox"/>
Reception and transmission of orders in relation to <i>financial instruments</i> .	<input type="checkbox"/>

## 10.2 Please give details of the firm's programme of operations.

### Note to Question 10.2

Provide a programme of operations stating in particular the services which the *AIFM* intends to perform and the organisational structure of the *branch*.

Please also identify the *AIFs* that the *AIFM* intends to manage and the domiciles of these *AIFs*. If any of these *AIFs* will be established in a different EEA State to the branch, please provide the address in the Home State of the *AIF* from which documents may be obtained.

For a suggested template firms may adhere to the template provided in section 3.3 when preparing a programme of operations.

## 11 Mortgage Credit Directive ('MCD')

## 11.1

1	Type of notification	<input type="checkbox"/> First notification <input type="checkbox"/> Change to previous notification
2	Name of <i>MCD credit intermediary</i>	.....
3	If <i>MCD credit intermediary</i> is a natural person, date of birth	
4	Head office address	..... .....
5	E-mail	.....
6	Telephone number	.....
7	Fax number	
8	Branch e-mail	.....
9	Name(s) and date(s) of birth of natural person(s) managing the branch	..... .....

**11.2 You must select those activities that you wish to carry out under MCD as listed in article 4(5) or 4(21) of MCD.**

offers/presents credit agreements	
assists in preparatory/pre-contractual administration work	
concludes credit agreements	
provides advisory services	
tied credit intermediary	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of a <i>tied credit intermediary</i> : a) Identification of creditors or groups to which it is tied in the host Member State (name and type, including their registration number(s)) b) Whether the <i>MCD credit intermediary</i> is exclusively tied to only one creditor (name and type)	a) ..... b) .....



	including their registration number)	
c)	Confirmation the creditors take full and unconditional responsibility for the <i>MCD credit intermediation</i> activities	c) .....

## 12 Declaration

**Note to Declaration**

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

It is a criminal offence to knowingly or recklessly give us information that is false or misleading. If necessary, please take appropriate professional advice before supplying information to us.

There will be a delay in processing the application if any information is inaccurate or incomplete. And failure to notify us immediately of any significant change to the information provided may result in a serious delay in the application process.

- **I understand it is a criminal offence knowingly or recklessly to give the FCA/PRA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*.**

Name†	
Position†	
Signature*	
Date†	

\*

**I enclose the following sections** (mark the appropriate section)

Section 1 – Contact Details (mandatory)	<input type="checkbox"/>
Section 2 – Details about the branch (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Distribution Directive	<input type="checkbox"/>
Section 4 – Markets in Financial Instruments Directive	<input type="checkbox"/>

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

\* These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online

Section 5 – Banking Consolidation Directive	<input type="checkbox"/>
Section 6 – <i>Solvency II Directive</i> (Life insurance)	<input type="checkbox"/>
Section 7 – <i>Solvency II Directive</i> (Non-life insurance)	<input type="checkbox"/>
Section 8 – Reinsurance directive	<input type="checkbox"/>
Section 9 – Undertakings for Collective Investments in Transferable Securities	<input type="checkbox"/>
Section 10 – Alternative Investment Fund Managers Directive	<input type="checkbox"/>
Section 11 – Mortgage Credit Directive	<input type="checkbox"/>
Section 12 – Declaration (mandatory)	<input type="checkbox"/>

## ANNEX 1 – Tied Agent Notification Form

This form should be used to notify the FCA when a *UK firm* intends to use a *tied agent established* in the territory of another *EEA state*.

### Tied Agent Details

1 Name of Tied Agent<sup>†</sup>

2 Address of Tied Agent<sup>†</sup>

3 Trading name(s) of Tied Agent, if different to the name given in question 1 above<sup>†</sup>

4 Telephone number of Tied Agent<sup>†</sup>

5 Fax number of Tied agent<sup>†</sup>

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<sup>†</sup> These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

6 E-mail address of Tied Agent<sup>†</sup>

7 Website of Tied Agent<sup>†</sup>

8 Legal Status of Tied Agent<sup>†</sup>

- Private Limited Company
- Public Limited Company
- Partnership
- Limited Partnership
- Limited Liability
- Unincorporated Association
- Sole Trader
- Other, please specify below

9 Date of commencement of agreement

With your firm<sup>†</sup>