



Appointed Representative - Termination

Notification under SUP 12.8.1R (i.e. the form in SUP 12 Ann 5R)

Firm name (i.e. the principal firm)[†]

("The firm")

Firm reference number*

Address*

Please return this form to :
The Financial Services Authority
Individuals, Mutuels and Policy Department
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 20 7066 0017

Registered as a Limited Company in England and Wales No 1920623. Registered Office as above.

[†] 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

NOTES

This form should be used to notify the FSA of the termination of an existing appointed representative arrangement

Personal Details

Section A

1 Contact name for this form †

§

2 Contact's details:

a position in the *firm* †

§

b daytime telephone number †

§

c e-mail address †

d individual reference number (IRN), if applicable †

e business address †

f post code †

g mobile phone †

h fax number †

† 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

If you wish to terminate more than one of your appointed representatives **for the same reason and with effect from the same date** please complete this section, otherwise proceed to section B2.

Please list the names, FRNs and postcodes of the appointed representatives you wish to terminate below:

Appointed representative name[†]

FRN[†]

Postcode[†]



[†] 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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Reason for Termination[†]:

- | | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| Resignation/end of contract | <input type="checkbox"/> | Terminated by Principal | <input type="checkbox"/> |
| Deceased | <input type="checkbox"/> | Redundancy | <input type="checkbox"/> |
| Resignation whilst under investigation | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Suspension | <input type="checkbox"/> | Termination of Employment or Contract | <input type="checkbox"/> |

If the reason for termination is Terminated by Principal please give further details below[†]:

If you have any additional information to add to the reason above please attach it to this form[†].

Date of Termination: [†]

/ /

[†] 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



Please use this section if you wish to terminate one appointed representative. If you wish to terminate more than one appointed representative but for different reasons please copy this section as appropriate and attach to the form.

In order to terminate an appointed representative please complete the following details:

Please enter the name of the appointed representative[†]: §

Please enter the FRN of the appointed representative: [†] §

Please enter the postcode of the appointed representative: [†]

Reason for Termination: [†]

Resignation/end of contract Terminated by Principal

Deceased Redundancy

Resignation whilst under investigation Retirement

Suspension Termination of Employment or Contract

If the reason for termination is Terminated by Principal please give further details below: [†]



[†] 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

If you have any additional information to add to the reason above please attach it to this form. [†]

Date of Termination: [†] / /



[†] 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

Warning[†]:

Knowingly or recklessly giving the FSA 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 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection[†]

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the FSA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant.

Review and submission[†]

The ability to submit this form is given to an appropriate user or users by the firm's principal compliance contact.

Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.

Declaration[†]

By submitting this notification

- **I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.**
- **I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.**

Date[†]

/ /

Name of signatory[†]

Position in *firm*[†]

Individual Reference Number (if applicable)[†]

Signature^{*}

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

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[∞] The above question(s) appears on the electronic form submission only. It does not appear on a paper form submission.