



Standing Data

To update *firm* name and trading names, website address, *accounting reference date*, auditors, locum, contacts and addresses.

(SUP 15 Annex 3R – Notifications under SUP 16.10)

Firm name[†]

("The Firm")

FSA firm reference number[†]

Address[†]

(Please return the form, marked for the attention of the Firm Contact Centre, to:)

The Financial Services Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone +44 (0) 20 7066 1000

Facsimile +44 (0) 20 7066 1099

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

[†] These question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

NOTES

This form should be used to update your *firm* name and trading name(s), website address, *accounting reference date*, auditors, locum, contacts and addresses.

Personal Details

Section A

- 1 Contact Name for this application[†] §
- 2 Contact's Details:
- a Position in the *firm*[†] §
- b Daytime telephone number[†] §
- c E-mail address[†]
- d Individual reference number (IRN), if applicable[†]

Change Full Name of *Firm*

Section B

If you wish to advise the FSA of a change to the *firm's* name please enter the following details, otherwise proceed to Section C1.[†]

Note: this section is not intended to be used by *firms* that are covered by Industrial & Provident, Friendly Society, Credit Union or Building Society legislation. These *firms* should contact the FSA's Mutuals Team.

Current Legal Status:

- | | | | |
|--|--------------------------|--|--------------------------|
| (a) Private Limited Company | <input type="checkbox"/> | (b) Public Limited Company | <input type="checkbox"/> |
| (c) <i>Limited Liability Partnership</i> | <input type="checkbox"/> | (d) Limited Partnership | <input type="checkbox"/> |
| (e) <i>Sole Trader</i> | <input type="checkbox"/> | (f) Unlimited Liability Company | <input type="checkbox"/> |
| (g) <i>Partnership</i> | <input type="checkbox"/> | (h) Other, please specify below | <input type="checkbox"/> |

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1 New full name of *firm* §

2 Please enter the date on which the change becomes effective †

 / /

Yes No N/A

3 Has the change requested been approved by Companies House? †

If your *firm* is a UK registered limited company (including PLC), limited partnership (if registered at Companies House), *limited liability partnership* or unlimited liability company, you should only make a change to your *firm* name if the change has already been approved by Companies House

If you have answered 'Not Applicable', please explain why below:

4 I confirm that the change requested does not constitute a change of legal status †

Add New Trading Name(s) †**Section C1**

If you wish to add a new trading name of the *firm* please enter the following details, otherwise please proceed to Section C2:

1	New Trading Name		§
1a	Please enter the date on which the change becomes effective	/ /	§
2	New Trading Name		§
2a	Please enter the date on which the change becomes effective	/ /	§
3	New Trading Name		§
3a	Please enter the date on which the change becomes effective	/ /	§
4	New Trading Name		§
4a	Please enter the date on which the change becomes effective	/ /	§

Delete Current Trading Name(s) †**Section C2**

If you wish to delete a trading name of the *firm* please enter the following details, otherwise please proceed to Section D:

1	Trading name to be deleted		§
1a	Please confirm when the trading name must cease:	/ /	§
1b	I confirm that the above trading name will not be used by the <i>firm</i> from the date indicated above.		<input type="checkbox"/>
2	Trading name to be deleted		§
2a	Please confirm when the trading name must cease:	/ /	§
2b	I confirm that the above trading name will not be used by the <i>firm</i> from the date indicated above.		<input type="checkbox"/>
3	Trading name to be deleted		§
3a	Please confirm when the trading name must cease:	/ /	§
3b	I confirm that the above trading name will not be used by the <i>firm</i> from the date indicated above.		<input type="checkbox"/>
4	Trading name to be deleted		§
4a	Please confirm when the trading name must cease:	/ /	§

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

4b I confirm that the above trading name will not be used by the *firm* from the date indicated above.

Change Contact Details

Section D

If you wish to change the contact details of the Complaints Contact or Primary Compliance Contact please enter the following details, otherwise please proceed to Section E1:

Please note that this will not change your approved person records. If you want to change these records, please use the appropriate Approved Persons Form.

Please indicate which contact this change applies to. If you wish to change the details for both please copy this form and record the details for each on separate forms, unless the details are the same.

(a) Complaints Contact (b) Primary Compliance Contact

1 Title[†] §

2 Forename(s)[†] §

3 Surname[†] §

4 Job Title[†]

5 Email address[†]

6 Phone number. This must be a direct dialled number.[†] §

7 Fax Number[†]

8 Please enter the date on which the change becomes effective[†]. / / §

9 Address[†] §

Postcode:

10 If you would also like the contact details of the following to be changed, please tick the appropriate boxes. This will amend the contact details in line with the changes recorded above.[†]

Complaints Contact Primary Compliance Contact

[†] These question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

1. Please indicate which of the following this change applies to. If you wish to change the details for more than one of the following please copy this form and record the details for each on separate forms, unless the details are the same.

- | | | | |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| (a) Registered Office | <input type="checkbox"/> | (b) Principal Place of Business | <input type="checkbox"/> |
| (c) Billing Address | <input type="checkbox"/> | (d) Publication Address | <input type="checkbox"/> |
| (e) Head Office | <input type="checkbox"/> | (f) CIS UK Facilities Address | <input type="checkbox"/> |
| (g) Motor claims representative | <input type="checkbox"/> | (h) UK <i>Branch</i> Address | <input type="checkbox"/> |

Please enter the new address details:

2	Address	§ Postcode:
3	Telephone number.	§
4	Fax Number	
5	Email address	
6	Please enter the date on which the change becomes effective.	§ / /

7 Contact Address Details

- | | | | |
|------------------------|--------------------------|----------------------------------|--------------------------|
| (a) Complaints Address | <input type="checkbox"/> | (b) Principal Compliance Address | <input type="checkbox"/> |
|------------------------|--------------------------|----------------------------------|--------------------------|

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1. Please indicate which of the following this change applies to. If you wish to change the details for more than one of the following please copy this form and record the details for each on separate forms, unless the details are the same.

- | | | | |
|--|--------------------------|-------------------------------|--------------------------|
| (a) 3 rd Party Administration | <input type="checkbox"/> | (b) <i>Actuary</i> | <input type="checkbox"/> |
| (c) Customer Services | <input type="checkbox"/> | (d) <i>EEA Branch Address</i> | <input type="checkbox"/> |
| (e) Firm Association Branch | <input type="checkbox"/> | (f) Professional Advisor | <input type="checkbox"/> |

Please enter the new address details:

- | | | | |
|----------|--|--|---|
| 2 | Address | <input type="text"/> | § |
| | | Postcode: | |
| 3 | Telephone number. | <input type="text"/> | § |
| 4 | Fax Number | <input type="text"/> | |
| 5 | Email address | <input type="text"/> | |
| 6 | Please enter the date on which the change becomes effective. | <input type="text"/> / <input type="text"/> / <input type="text"/> | § |

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Change of Accounting Reference Date[†]

Section F

1 Please enter the following details to change your accounting reference date:

(a) Current Accounting Reference Date (dd/mm) / §

(b) New Accounting Reference Date (dd/mm) / §

2 What accounting periods will result from the change? The new *accounting reference date* that you have entered could result in several different periods depending on whether you want to extend or reduce your periods and which period is the first period affected.

Although the FSA may accept accounting periods of up to 18 months, SUP 16.3.18G advises firms that accounting periods longer than 15 months may be deemed unacceptable as this may hinder the timely provision of relevant and important information to the FSA. If a *firm* wishes to have an accounting period of longer than 18 months (sole traders and certain partnerships), the firm must apply to the FSA in writing.

Please detail the start and end dates for the current accounting period and the two following periods below:

(a) Current Period / / to / / §

(b) Next Period / / to / / §

(c) Next Period 2 / / to / / §

Note the change that you have requested will result in a change to your reporting timetable.

3 I confirm the change requested above and that it is correctly represented by the accounting periods listed.

Change of Website Address[†]

Section G

Please enter the new website address:

1 Website (format – www.fsa.gov.uk):

Change Auditor Details[†]

Section H1

Please enter the following details to change your Auditor's details:

1 Firm name §

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

2 Address

§

Postcode:

3 Telephone number.

§

4 Fax Number

5 Email address

6 Effective date

/ / §

Change Locum Details[†]

Section H2

Please enter the following details to change your Locum's details:

1 Title

2 Forename(s)

3 Surname

4 Firm name

§

5 Address

§

Postcode:

[†] This section should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

6 Telephone number.

§

7 Fax Number

8 Email address

9 Effective date

/ / §

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 Financial Services Authority 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.

Declaration

By submitting this application form

- **I/we confirm that the information contained in this form 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 confirm that, for those questions that do not require supporting evidence, the records which demonstrate the *firm's* compliance with the rules in relation to the questions will be available to the FSA on request.**
- **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 enforcement action.**

Date †

Name of first signatory¹ †

Position² of first signatory *

Individual Reference Number (IRN) *

Signature *

¹ For a sole trader, the signature of the principal is required.
 For a limited company, the signature of two directors or one director and the company secretary is required.
 For a partnership, the signature of at least one partner is required.

² e.g. Director, Partner or Sole Trader.

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

* These should only be completed if the form is being completed 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.

Name of second signatory¹ *

Position² of second signatory *

Individual Reference Number (IRN) *

Signature *