

Notification of senior person amendments or removal form

Name of alternative investment fund manager

Firm reference number (FRN)

Purpose of this pack

This form is for use by firms that are:

- Full-scope internally managed UK AIFMs
- EuSEF managers
- EuVECA managers.

You can use this form to notify us of:

- amendments to the details of previously notified senior persons
- the removal of senior persons previously notified to the FCA.

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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 and
 - print out the form you have completed and sign the declaration.
- 2 If you are filling in the form by hand:
 - use black ink
 - write clearly and
 - sign the declaration.
- 3 If you think a question is not relevant to you, write 'not applicable' and explain why.
- 4 If there is not enough space on the forms, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.
- 5 Submit the form by email to AIFMDSeniorPerson@fca.org.uk

Alternatively, you may post the application to the FCA at:

Permissions Department
The Financial Conduct Authority
25 The North Colonnade
Canary Wharf
LONDON
E14 5HS

1 Firm details

1.1 Who should the FCA contact at the firm in relation to this notification?

Name	
Position	
Telephone	
Fax number	
E-mail	

1.2 Type of AIFM?

- Full-scope internally managed UK AIFM
- EuSEF manager
- EuVECA manager

1.3 What is this notification for?

- Amendment to an existing senior person's details ▶ Complete sections 2, 4 and 5
- Removal of one or more senior persons ▶ Complete sections 3, 4, and 5

2

Details of AIFM senior person to be changed

2.1 FCA individual reference number (IRN)

Details to be changed (only populate a field below if the data has changed)

2.2 Title (eg Mr, Mrs, Ms, etc)**2.3 Surname****2.4 ALL forenames****2.5 Date of birth (dd/mm/yy)** / / **2.6 National insurance number****2.7 Passport number, if national insurance number is not applicable.****2.8 Other changes in application details and matters relating to fitness and propriety****2.9 Effective date of change (dd/mm/yy)** / / **2.10 Reason for change(s)**

Continue to section 4

3

Information on AIFM senior person(s) to be removed

3.1 How many AIFM senior person(s) are being removed?

3.2 Please list the AIFM senior person(s) that will no longer be responsible for the management of the firm, together with an effective date and reason.

Full name and individual reference number (IRN) of individual	End date (dd/mm/ yyyy)	Reason
		<input type="checkbox"/> Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/> Dismissal/termination of employment or contract (specify in section 4) <input type="checkbox"/> Suspension (specify in section 4) <input type="checkbox"/> Other (specify in section 4)
		<input type="checkbox"/> Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/> Dismissal/termination of employment or contract (specify in section 4) <input type="checkbox"/> Suspension (specify in section 4) <input type="checkbox"/> Other (specify in section 4)
		<input type="checkbox"/> Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/> Dismissal/termination of employment or contract (specify in section 4) <input type="checkbox"/> Suspension (specify in section 4) <input type="checkbox"/> Other (specify in section 4)
		<input type="checkbox"/> Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/> Dismissal/termination of employment or contract (specify in section 4) <input type="checkbox"/> Suspension (specify in section 4) <input type="checkbox"/> Other (specify in section 4)

Continue to section 4

4 Supplementary information

4.1 Please indicate clearly which question the supplementary information relates to.

Continue to section 5

5 Declaration

Warning

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

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

Data protection

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the FCA 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 firm concerned.

Declaration

By submitting this notification form:

- **I confirm that I understand it is a criminal offence to knowingly or recklessly give the FCA information that is false or misleading in a material particular (sections 398 and 400 of the Financial Services and Markets Act 2000)**
- **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 this notification on behalf of the firm.**

Tick to confirm you have read and understood the declaration

Name of the person signing on behalf of the firm	
Position	
Signature	
Date	dd/mm/yy