



Notifications Form

(September 2004)

Firm name

("The Firm")

FSA reference number

Address

(Please return the form, marked for the attention of your normal supervisory contact, 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.

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

Type of notification

Section B

There are circumstances where a firm must disclose information to the FSA in a timely manner, including:

- where a rule has been breached;
- where the firm fails to satisfy a threshold condition (these can be found in the Threshold Conditions Sourcebook ('COND'), part of the FSA Handbook;
- where a matter occurs which could have a significant adverse impact on a firm, including its ability to provide adequate services to a customer; and
- where a particular notifiable event may have occurred.

A consolidated summary of some of the notification rules is in the FSA Handbook, Schedule 2 of the Supervision Manual (SUP). Also, Principle for Businesses No 11 requires a firm to disclose appropriately any information of which the FSA would reasonably expect notice. Other notification requirements are listed in Schedule 2 of many of the other FSA Manuals within the Handbook. This form allows you to make any of these notifications.

3 To help us process your notification efficiently, please select at least one of the categories below:*

Finance/capital issues

For example:

- breach of capital requirements;
- excess in allowed large exposures requirements;
- qualification in audited annual accounts (financial issue); and
- insolvency, bankruptcy or winding up.

Client money issues

For example:

- negative client money account; and
- notifiable issue in client assets report.

Professional indemnity insurance (PII) cover

For example:

- cover not renewed;
- cover exhausted; and
- cover does not meet FSA requirements.

Complaints, including a decision not to pay a Financial Ombudsman Service award

Fraud, error or other irregularities

For example:

- fraud on the firm (actual or attempted);
- fraud by staff (actual or attempted); and
- money laundering issues.

Litigation/disciplinary issues, including civil, criminal or disciplinary proceedings against the firm or any of its representatives.

Other rules breaches (not included above).

Other notification requirements (not relating to a rule breach)

For example:

- a repayment of a subordinated loan (see the Supervision manual (SUP) 15.3.8(3)(a)G for more information); or
- any proposed restructuring, reorganisation or business expansion that could have a significant impact on the firm's risk profile and resources.

This form does **not** cover

- changes to standing data (e.g. change of firm name, address, contact details, website, auditor, accounting reference date).
These changes need to be made via the FSA Standing data form; or
- whistle blowing (i.e. revealing a suspected wrongdoing in an organisation). In these circumstances you should email whistle@fsa.gov.uk, write in or phone us. Please see our website for more details <http://www.fsa.gov.uk/whistle/>

Yes No

4 Has the notifiable event occurred? *

4a If selected 'Yes', on what date did the event occur (record last applicable date)? / /

4b If selected 'No', what is the probability of the event occurring?

5 If this notification is about a specific rule, threshold condition and/or principle, please record its reference if known:

6 What are the details of the notification? *

7 What (if any) is the impact of the notification?

Yes No N/A

8 If relevant, have you resolved the issue?

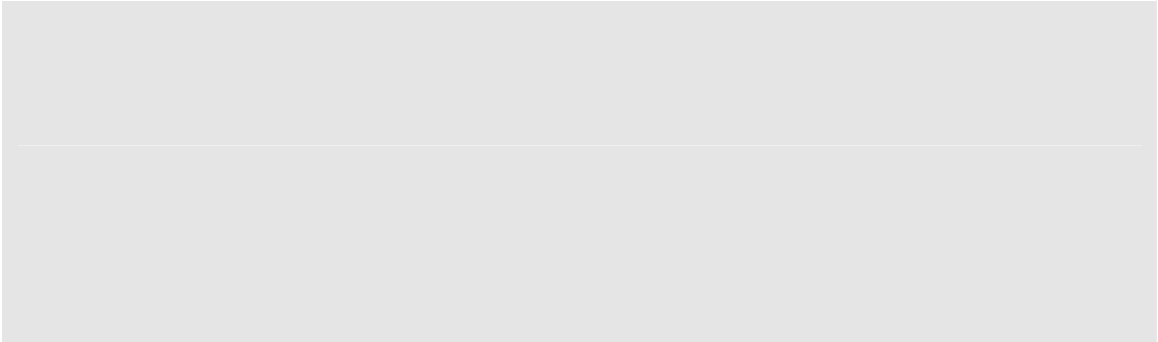
8a If answered 'Yes'. When did you resolve the issue (end date)?

/ /

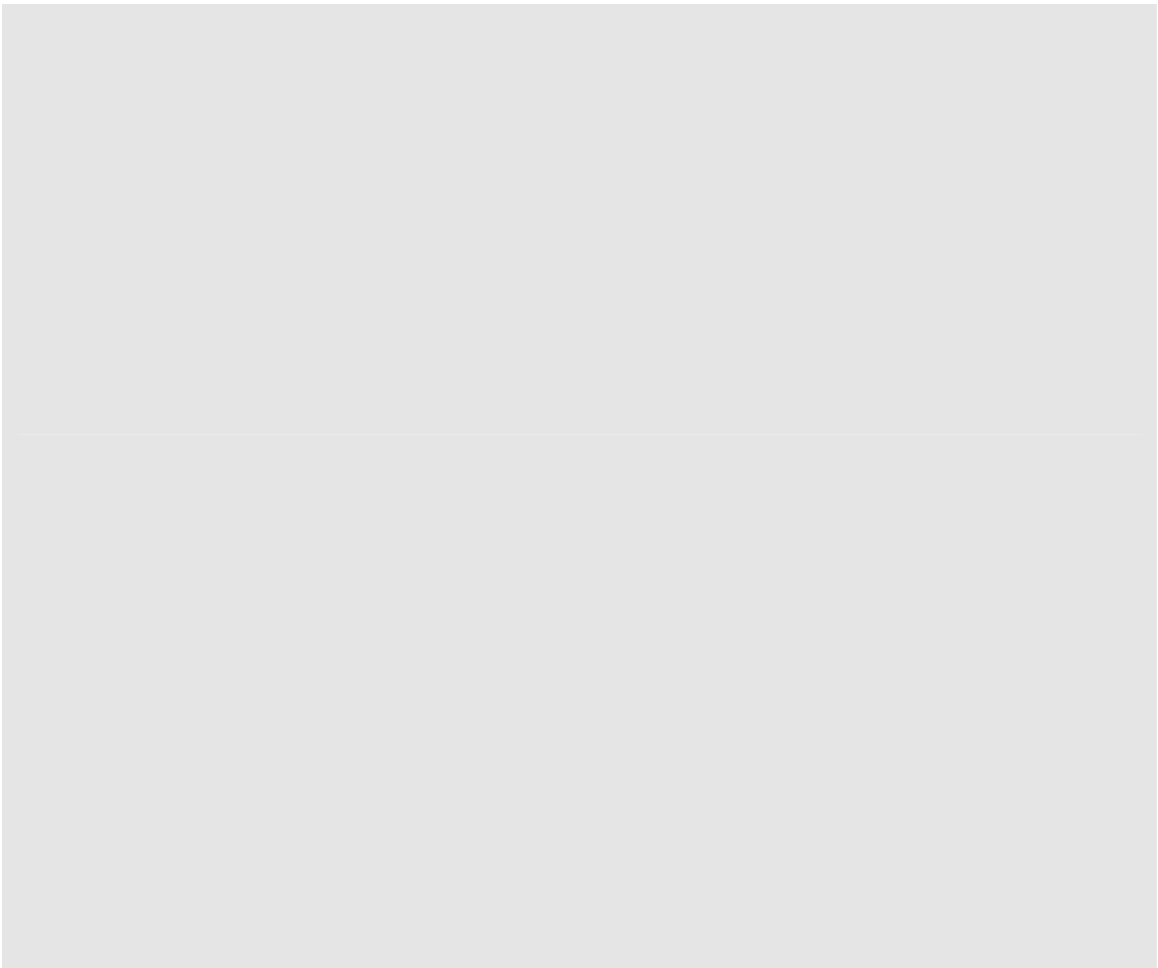
How was the issue resolved?

8b If answered 'No', what action (if any) will you be taking?

8c If answered 'Not applicable', please explain why below:



9 If you have any additional information to add to this form, please enter it below or attach it as a document. (Please remember to mark attachments with the firm's name and FRN, and the question number to which the document relates.)



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 signing this form

- 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.
- 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.
- 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	<input type="text"/>
Name of first signatory ¹	<input type="text"/>
Position ² of first signatory	<input type="text"/>
Individual Registration Number	<input type="text"/>
Signature	<input type="text"/>
Name of second signatory	<input type="text"/>
Position of second signatory	<input type="text"/>
Individual Registration Number	<input type="text"/>
Signature	<input type="text"/>

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.