

**LEGAL CUTOVER (FCA AND PRA HANDBOOK MISCELLANEOUS
AMENDMENTS) INSTRUMENT 2013**

WHEREAS:

- A. The Authority has, in accordance with Article 5 of the Designation Order, appointed persons to exercise functions referred to in Article 5(1) of the Designation Order, which include the function of the Financial Conduct Authority of designating or modifying a Relevant Instrument and the functions of making rules and issuing guidance.
- B. By virtue of Article 5(3)(a) of the Designation Order the persons appointed may discharge the relevant functions as if they were the governing body of the Financial Conduct Authority.
- C. By virtue of Article 7(1) of the Designation Order this Instrument shall be treated as if it had been made by the Financial Conduct Authority acting through its governing body.
- D. Article 2(1)(c) of the Early Commencement Order commenced certain of the Financial Conduct Authority's rule making and other powers for the purposes specified in Part 3 of the Schedule to that Order.
- E. Article 2(1)(c) of the Early Commencement Order commenced certain of the Prudential Regulation Authority's rule making and other powers for the purposes specified in Part 3 of the Schedule to that Order.
- F. The provisions in the Annexes are designated by instruments that are passed by the FCA Board on 19 March 2013 and the PRA Board on 22 March 2013.

Interpretation

1 In this Instrument (including the Recitals):

- (1) "Designation Order" means the Financial Services Act 2012 (Transitional Provisions) (Rules and Miscellaneous Provisions) Order 2013 (SI 2013/161);
- (2) "Early Commencement Order" means the Financial Services Act 2012 (Commencement No. 1) Order 2013 (SI 2013/113);
- (3) "the 2000 Act" means the Financial Services and Markets Act 2000;
- (4) "the 2012 Act" means the Financial Services Act 2012;
- (5) "the Authority" means the Financial Services Authority;
- (6) "Financial Conduct Authority" means the body corporate referred to in section 1A of the 2000 Act as amended by section 6 of the 2012 Act;
- (7) "Prudential Regulation Authority" means the body corporate referred to in section 2A(1) of the 2000 Act as amended by section 6 of the 2012 Act;

- (8) “Handbook” means the Authority’s Handbook of Rules and Guidance (and including for this purpose the Handbook Guides and Regulatory Guides published by the Authority alongside the Handbook of Rules and Guidance) in each case as published on the Authority’s Handbook website at 11h59 pm on 27 February 2013;
- (9) “Relevant Instrument” has the meaning in section 119(6)(b) of the 2012 Act;
- (10) “FSA Instrument” means an instrument published by the Authority, by which the Authority made, issued, gave, imposed or amended a Relevant Instrument;
- (11) “FCA Relevant Instrument” means a Relevant Instrument designated by the Financial Conduct Authority;
- (12) “PRA Relevant Instrument” means a Relevant Instrument designated by the Prudential Regulation Authority;

Modification and making of rules, etc. by the Financial Conduct Authority

- 2 In accordance with Article 3(1) of the Designation Order, the Financial Conduct Authority modifies each FCA Relevant Instrument (or part of such instrument) as specified in the Annexes to this Instrument.
- 3 In accordance with Article 2(1)(c) of the Early Commencement Order and in the exercise of the powers and related provisions specified in paragraph 4, the Financial Conduct Authority makes any provision specified in the Annexes to the Instrument that is not a modification specified in a provision in the Annexes to this Instrument made in accordance with paragraph 2.
- 4 The Financial Conduct Authority makes the provisions in paragraph 3 in exercise of the powers and related provisions of the 2000 Act, as amended by the 2012 Act, and of other enactments as amended by or under the 2012 Act, listed in column 2 of Parts 1 to 10 of Schedule A to this Instrument.
- 5 The rule-making powers in paragraph 4 are specified for the purpose of section 138G (Rule-making instruments) of the 2000 Act, as amended by the 2012 Act.

Commencement: Financial Conduct Authority

- 6 As required by Article 3(1) of the Designation Order, the Financial Conduct Authority specifies that the modification (in paragraph 2) of each FCA Relevant Instrument comes into effect on 1 April 2013.
- 7 The Financial Conduct Authority directs that paragraph 3 of this Instrument come into effect on 1 April 2013.
- 8 The Financial Conduct Authority directs that paragraphs 2 and 3 come into force immediately after the coming into force of the FCA Relevant Instruments which have designated the provisions specified in the Annexes to this Instrument

Modification and making of rules, etc. by the Prudential Regulation Authority

- 9 In accordance with Article 3(1) of the Designation Order, the Prudential Regulation Authority modifies each PRA Relevant Instrument (or part of such instrument) as specified in the Annexes to this Instrument.
- 10 In accordance with Article 2(1) of the Early Commencement Order and in the exercise of the powers and related provisions specified in paragraph 11, the Prudential Regulation Authority makes any provision specified in a provision in the Annexes of this Instrument that is not a modification made in accordance with paragraph 9 and which is not marked with a G.
- 11 The Prudential Regulation Authority makes the provisions in paragraph 10 in exercise of the powers and related provisions of the 2000 Act, as amended by the 2012 Act, and of other enactments as amended by or under the 2012 Act, listed in column 2 of Parts 1 to 10 of Schedule A to this Instrument.
- 12 The rule-making powers in paragraph 11 are specified for the purpose of section 138G (Rule-making instruments) of the 2000 Act, as amended by the 2012 Act.
- 13 The Prudential Regulation Authority gives as guidance each provision in the Annexes to this Instrument that modifies a provision which is marked with a G and identified as “PRA” or “FCA/PRA” in a PRA Relevant Instrument.

Commencement: Prudential Regulation Authority

- 14 As required by Article 3(1) of the Designation Order, the Prudential Regulation Authority specifies that the modification (in paragraph 9) of each PRA Relevant Instrument comes into effect on 1 April 2013.
- 15 The Prudential Regulation Authority directs that paragraph 10 of this Instrument comes into effect on 1 April 2013.
- 16 The Prudential Regulation Authority directs that paragraph 9, 10 and 13 of this Instrument come into force immediately after the coming into force of the PRA Relevant Instruments which have designated the provisions specified in the Annexes to this Instrument.

Amendments to the Handbook and other material

- 17 The Supervision manual (SUP) is amended in accordance with Annex A to this Instrument.
- 18 The Perimeter Guidance manual (PERG) is amended in accordance with Annex B to this Instrument.

Citation

- 19 This instrument may be cited as the Legal Cutover (FCA and PRA Handbook Miscellaneous Amendments) Instrument 2013.

By order of the persons appointed under Article 5 of the Designation Order to discharge specified functions of the Financial Conduct Authority as if they were its governing body

22 March 2013

By order of the Board of the Prudential Regulation Authority

22 March 2013

Annex A

Amendments to the Supervision manual (SUP)

In this Annex, underlining indicates new text and striking through indicates deleted text.



Variation of Permission (VOP) Application

Home Finance and General Insurance Mediation Activities

Firm Name

FSA Firm Reference Number

Important information you should read before completing this form

Purpose of this form

This form is **only** for firms wishing to change the scope of their permission for **Home Finance and/or General Insurance Mediation Business**. You must answer all sections.

If your application is for Investment business, or Insurance Business, Banking, E-Money, Lloyds Market and Funeral Plan Providers, there are specific forms for this purpose. If you are completing more than one of these forms (i.e. if your application is for more than one type of business), **you do not have to complete any sections or questions that are duplicated**, e.g. pages 2, 6, 11-13.

The notes that accompany the forms will help you complete the questions. They also explain why we need the information that we are asking for.

We will only grant an application to vary the permission of a firm if we are satisfied it meets conditions known as the threshold conditions. We need the information in this form so we can assess whether the applicant firm can continue to satisfy the threshold conditions.

It is important that you give accurate and complete information and disclose all relevant information. If you do not, you may be committing a criminal offence, it may increase the time taken to assess your application and may call into question your suitability to be authorised.

Submit your application by post to:

If the appropriate regulator is the FCA send to:
The Financial Services Authority

Variation of Permission Team
The Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS

If the appropriate regulator is the PRA send to:

Assessment and Monitoring Team
The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

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1

Contact details and timings for this application

We need this information in case we need to contact you when we assess this application.

Contact for this application

1.1 Details of the person we should contact about this application.

Title	
First names	
Surname	
Job title	
Business address	
Postcode	
Phone number (including STD code)	
Email address	

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

--

We will attempt to process your application as quickly as possible. If you wish your application to be granted by a specific date, we will try to do so. If we cannot, we will contact you with the reason why. However, please note that we must determine an application for a variation of permission once we have received it and deemed it to be complete within six months of it becoming complete.

2

Variation of Permission – Home Finance and General Insurance Mediation activities

Tell us what it is you wish to do to change your firm's permission.

2.1 Answer this section if you wish to do the following:

- add a new investment business activity to your permission;
- add a customer type or investment type to a current activity on your permission;
- delete an activity from your permission; or
- change, add or delete a limitation.

If you wish to add or amend several activities in different ways, copy this page and attach it to this form.

Select activity(ies)			
Add new activity	Amend current activity	Delete activity	
			Home Finance Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on regulated mortgage contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) regulated mortgage contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to regulated mortgage contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entering into regulated mortgage contracts (mortgage lending)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administering regulated mortgage contracts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on home reversion plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) home reversion plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to home reversion plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entering into a home reversion plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administering a home reversion plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on home purchase plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) home purchase plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to home purchase plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entering into a home purchase plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administering a home purchase plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on regulated sale and rent back agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) regulated sale and rent back agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to regulated sale and rent back agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entering into a regulated sale and rent back agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administering a regulated sale and rent back agreement
			General Insurance Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on investments (except pension transfers and opt outs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) deals in investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to transactions in investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dealing in investments as agent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting in the administration of insurance

Select customer type(s)		
Add customer	Delete customer	
<input type="checkbox"/>	<input type="checkbox"/>	Home Finance Activities
		Customer
<input type="checkbox"/>	<input type="checkbox"/>	General Insurance Activities
<input type="checkbox"/>	<input type="checkbox"/>	Retail (General Insurance business only)
<input type="checkbox"/>	<input type="checkbox"/>	Commercial (General Insurance business only)

Select investment type(s)

Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	Home Finance Activities
<input type="checkbox"/>	<input type="checkbox"/>	Regulated mortgage contract
<input type="checkbox"/>	<input type="checkbox"/>	Home reversion plan
<input type="checkbox"/>	<input type="checkbox"/>	Home purchase plan
<input type="checkbox"/>	<input type="checkbox"/>	General Insurance Activities
<input type="checkbox"/>	<input type="checkbox"/>	Non-investment insurance contract
<input type="checkbox"/>	<input type="checkbox"/>	Life policy (assisting in administration only)

2

Variation of Permission – Home Finance and General Insurance Mediation activities (cont'd)

Tell us what it is you wish to do to change your firm's permission.

Limitation(s) on your firm's activity(ies)

- ☐ Add a new limitation
- ☐ Delete a current limitation
- ☐ Amend a current limitation

Enter the limitation(s) below, clearly indicating the amendments if applicable.

Requirement(s)

2.2 Answer this question if you wish to add a new requirement, or amend or delete a current requirement.

2.2.1 If you are adding a new requirement to your firm's permission, select either a standard requirement from Appendix A in the notes that accompany this form, or enter a non-standard requirement:

- ☐ Standard requirement from Appendix A:

Ref Number	Short description

- ☐ Non-standard requirement:

2.2.2 If you are amending a current requirement on your firm's permission, enter it along with the proposed changes in the box below.

If you are deleting a current requirement on your firm's permission, enter it in the box below.

3

Variation of Permission – Client Money

Tell us what it is you wish to do to change your firm's client money permission.

3.1 Does your firm wish to change your client money or assets permission?

- ☐ No > Continue to Section 4.
☐ Yes > Answer the relevant questions in this section.

3.2 What is the firm able to do now, and how does it wish to change its permission for client money?

Firm is currently able to:	Firm wishes to be able to:
<input type="checkbox"/> Hold and control client money for home finance business only	<input type="checkbox"/> Hold and control client money for home finance business only
<input type="checkbox"/> Hold and control client money for Insurance Mediation only	<input type="checkbox"/> Hold and control client money for Insurance Mediation
<input type="checkbox"/> Control but not hold client money	<input type="checkbox"/> Control but not hold client money
<input type="checkbox"/> Not hold and not control client money	<input type="checkbox"/> Not hold and not control client money

3.3 Are you applying to stop holding client money?

- ☐ No > Continue to next question.
☐ Yes > Continue below.

- Please tick this box if you have included a report from your auditors confirming that you have done this and it has either been paid back to the clients concerned or transferred to another entity that is authorised to hold it. ☐
- Or, if you are applying to cease holding client money for Insurance Mediation as you have Risk Transfers in place, and you have NEVER held or controlled client money, please tick here to confirm the Risk Transfer Agreement in place with your Insurer covers ALL Client Money. This includes any claims monies received by your firm and any refund of premiums. ☐

If you cannot answer 'Yes' to either of the above two options, explain further below.

3.4 Are you applying to hold client money?

- ☐ No > Continue to Section 4.
☐ Yes > Continue to next question.

3.5 What type of account will your firm use to hold client money? (tick one)

- ☐ Statutory trust > Continue to next question.
☐ Non-statutory trust > Continue to next question.
☐ Other > Provide further details below.

3.6 Is the account held at an approved bank that meets the requirements imposed under CASS 4.3 or CASS 7.4?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

3.7 Have you read and understood the Client Money rules that you are required to follow?

- ☐ Yes > Continue to Section 4.
☐ No > Explain why below.

4

Reason for Variation

Tell us why you are applying to change your firm's permission.

We need to know why your firm is applying to change its permission. You should give as much information as possible, including:

- how this change will affect your firm and the long-term strategy for your business;
- any new operational, legal, market risks that you have identified and will need to consider; and
- details on any outsourcing.

5

Threshold Conditions

We need to know whether the firm will continue to satisfy the threshold conditions as a result of the change in its permission.

The threshold conditions are the minimum conditions a firm is required to satisfy, and continue to satisfy, to be given and retain Part IV 4A Permission. The firm must satisfy us these conditions will continue to be met if we grant the application.

You may be asked to provide documentary evidence to support of your answers, either during the application process or at a later point.

Tables B and C of the document '**Home Finance and General Insurance Mediation Business– Notes**' gives details on what we may ask you to provide to support your application.

5.1 Have you reviewed Tables B and C of the Notes, and submitted the supporting information as indicated by your type of application?

- ☐ Yes > Continue to next question.
☐ No > **Submitting the information now will significantly speed up the application process.**

Legal Status

5.2 Confirm that after this application your firm will retain its existing legal status.

- ☐ Yes > Continue to next question.
☐ No > Give details of how the legal status of the firm will change below.

Location of Offices

5.3 5.2 Confirm the following:

- if you are a body corporate, that your firm's Registered Office (or if you have no Registered Office, your Head Office) is located within the United Kingdom;
- if you are natural person, that your Head Office is in or you are resident in the United Kingdom.

- ☐ Yes > Continue to next question.
☐ No > Give further details below.

Close Links

5.3 As a result of this application, will your firm have any new close links with another person or firm?

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

Effective Supervision

5.3 As a result of this application, will there be any impact on the appropriate regulator's ability to effectively supervise the firm?

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

Adequate Appropriate resources

5.5.5.4 Prudential category

5.5.1 5.4.1 What is your firm's current prudential category?

5.5.2 5.4.2 Will the firm's prudential category change as a result of this application?

- ☐ No > Continue to question 5.5.
☐ Yes > What prudential category will your firm be in?

5.5.3 5.4.3 What will be the firm's new capital resource requirement?

5.5.4 5.4.4

Is the firm currently able to meet this new capital requirement?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.6 5.5 Professional Indemnity Insurance

5.6.1 5.5.1 Are you required to have in place professional indemnity insurance (PII)?

- ☐ No > Continue to question 5.7.
☐ Yes > Do you hold a valid quote or policy for PII that covers the current business of the firm, and the proposed change in business, if applicable, for which the firm is applying?
☐ Yes > Continue to next question.
☐ No > Explain why below.

Suitability

5.7 5.6 Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check it complies, and continues to comply, with regulations.

5.7.1 5.6.1 Do you have in place a Compliance Manual and a Compliance Monitoring Programme that reflects the firm's current business and the proposed change in business, if applicable, for which you are applying?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.8 5.7 Conduct of Business Requirements – Mortgage Business (MCOB) and Insurance Mediation (ICOB) Sourcebooks

5.8.1 5.7.1 Is the firm ready, willing and organised to comply with the relevant provisions in MCOB and/or ICOB (delete as appropriate), and, if relevant to this application, does the firm have in place the relevant customer documentation, such as Key Facts and Initial Disclosure Requirements Documentation, for the permission you are applying for?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.9 5.8 Systems and Controls (SYSC) Requirements

5.9.1 5.8.1 Does the firm continue to meet the SYSC requirements?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

Insurance Mediation Applications only:

5.10 5.9 Firms carrying on insurance mediation business are required to establish on reasonable grounds that all people in its management structure and any staff directly involved in their insurance mediation activity are of good repute. And they must ensure that a reasonable proportion of people within their management structure who are responsible for its insurance mediation activity, and all other people directly involved in it, demonstrate the knowledge and ability necessary to perform their duties. **Is the firm compliant with the Insurance Mediation Directive requirements?**

- ☐ Yes > Continue to next section.
☐ No > Explain why below.

We may contact you for more detailed information to support your application, especially if you are applying to significantly change your firm's current business.

6

Approved Persons

If a firm changes its permission it may need new Controlled Functions and Approved Persons or it may no longer require certain Controlled Functions.

You should consider the effect of this change on approved persons before submitting your application. If you require help, please from the FCA please call the FCA Approved Persons Helpline on +44 (0) 845 606 9966 or email iva@fca.gov.uk ~~iva@fca.gov.uk~~ iva@fca.org.uk. If you are a dual regulated firm and require help from the PRA, please call PRA Firm Enquiries on +44 (0) 203 461 7000 or email PRA.firmenquiries@bankofengland.co.uk

- 6.1 Each firm that carries on Insurance Mediation business must appoint an approved person who will be responsible for insurance mediation at the firm. This responsibility must be allocated to a director or senior manager performing a governing function; or the apportionment and oversight function; or the significant management (other business operations) function.**

What is the name of the individual the firm has appointed to be responsible for insurance mediation?

- 6.2 Have any individual(s) proposed to perform a new role, for the firm's Home Finance business or Insurance Mediation business, been assessed as competent to apply the knowledge and skills necessary to engage in or oversee the activities without supervision? And do they have the necessary qualifications (where relevant) and experience?**

- ☐ Yes > Continue to 6.3.
☐ No > Explain why below.

- 6.3 The changes you have requested may result in current controlled functions no longer being required. We will remove the specific functions from the profiles of the relevant approved persons. If this applies to your application, do you accept this?**

- ☐ Yes > Continue to Section 7.
☐ N/A, as no change to controlled functions. > Continue to Section 7.
☐ No > Explain why below.

7

EEA Notifications and Third-Country Banking and Investment Groups

We need to know about any connected firms outside the UK but within the EEA (European Economic Area). We also need to know whether the firm is a member of a third-country banking and investment group.

EEA Notifications

7.1 Is the firm connected with a firm outside the UK but within the EEA?

- ☐ No > Continue to next question.
☐ Yes > Give details of each connection below.

Name of EEA Regulated Firm	Name of EEA Regulator	Firm's Contact at EEA Regulator (include email address)

Third-Country Banking and Investment Groups

7.2.1 Is the firm a BIPRU firm?

- ☐ No > Continue to Section 8.
☐ Yes > Continue to next question.

7.2.2 Is the firm a member of a third-country (i.e outside of the EEA) banking and investment group?

- ☐ No > Continue to Section 8.
☐ Yes > We will ask you to give further details once we have received this application.

8

Fees

Changing your firm's permission can generate an application fee and vary your periodic fee.

If an application fee is due, you must pay it in full at the same time as submitting your application (by cheque or credit/debit card). If the fee is not paid in full within **five working days** of the date that you submit this form, your application will be returned to you. This fee is non-refundable; and we do not issue invoices for it.

If the proposed application will move the firm into a new fee block, a fee will apply as listed below. If the firm moves into more than one new fee block, you should pay the highest fee.

We charge a fee of £250 for applications that will increase your firm's permitted business activities but which do not change your firm's fee blocks. There is no fee to reduce your permission.

8.1 Which fee block(s) is the firm currently in?

8.2 Indicate which of the following applies to your application.

New Fee Block	Description	Application Fee
<input type="checkbox"/> A3	Friendly Societies	Straightforward - £750
<input type="checkbox"/> A4	Friendly Societies	
<input type="checkbox"/> A12	Advisory arrangers, dealers or brokers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A13	Advisory arrangers, dealers or brokers (not holding or controlling client money and/or assets)	
<input type="checkbox"/> A14	Corporate finance advisers	
<input type="checkbox"/> A18	Home finance providers, advisers and arrangers	
<input type="checkbox"/> A19	Insurance intermediaries	
<input type="checkbox"/> A1	E-money issuers only	Moderately complex - £2,500
<input type="checkbox"/> A2	Home finance providers and administrators	
<input type="checkbox"/> A5	Managing agents at Lloyd's	
<input type="checkbox"/> A7	Fund managers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A9	Operators, trustees and depositories of collective investment schemes	
<input type="checkbox"/> A9	Operators of personal pension schemes	
<input type="checkbox"/> A10	Firms dealing as principal	
<input type="checkbox"/> A1	Deposit acceptors (excluding e-money issuers and credit unions)	Complex - £12,500
<input type="checkbox"/> A3	Firms carrying on insurance activities subject only to prudential regulation (excluding friendly societies)	
<input type="checkbox"/> A4	Firms carrying on insurance activities subject to both prudential and conduct of business regulation (excluding friendly societies)	
<input type="checkbox"/> No change to fee block	Increase in scope of permission, but no change in fee block, e.g. only adding new customer or investment types to your activities, or removing a requirement or limitation	£250
<input type="checkbox"/> No new fee block	Reduction in scope of permission, e.g. only removing an activity, removing a customer or investment type from an activity, or adding a requirement or a limitation	No fee

8.3 Please confirm that you have enclosed a cheque for the correct application fee, where one is due.

- ☐ Yes
☐ No, I will pay using a credit card

Cheques should be made payable to the ~~Financial Services Authority~~ Financial Conduct Authority, with the firm name and reference number written on the back and enclosed with this form. To make a payment using a credit card, please do not enter the details on this form. We will contact you to ask for the details.

9

Declaration and Signature

Warning

Knowingly or recklessly giving us 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). Our rules (SUP 15.6.4R) require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to us and to tell us immediately if materially inaccurate information has been provided. Contravening these requirements may lead to disciplinary sanctions or other enforcement action by us. It should not be assumed that information is known to us just because it is in the public domain or has previously been disclosed to us 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~~ FCA and/or PRA 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 confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.
- ✓ I am aware that it is a criminal offence knowingly or recklessly to give the ~~FSA~~ FCA and/or PRA 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~~ FCA and/or PRA on request.
- ✓ I will notify the ~~FSA~~ FCA and/or PRA immediately if there is a significant change to the information given in the application pack. If I fail to do so, this may result in a delay in the application process or enforcement action.

Date	<input type="text"/>
Name of signatory ¹	<input type="text"/>
Position ² of signatory	<input type="text"/>
Individual Registration Number (if applicable)	<input type="text"/>
Signature	<input type="text"/>

¹ The signatory must be a suitable person of a Senior Management level at the firm.

² e.g. Director, Sole Trader, Compliance Officer, etc.



Variation of Permission (VOP) Application

Home Finance and General Insurance Mediation Activities – notes

Purpose of these Notes

These notes will help you fill in the **Home Finance and General Insurance Mediation** Activities form correctly.

If after reading these notes you need more help, you can:

- visit our website: <http://www.fsa.gov.uk/Pages/doing/regulated/notify/permissions/index.shtml>, where there is also a link to the Frequently Asked Questions page; www.fca.org.uk/your-fca and/or www.bankofengland.co.uk;
- consult the relevant tailored handbook or the full FSA Handbook: www.fcahandbook.info/FSA/index.jsp; www.fshandbook.info/FS/index.jsp;
- call the Firm Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000; or email fcc@fsa.gov.uk fcc@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk

These notes, while aiming to help you, do not replace the rules and guidance in the FSA Handbook.

Terms in the Form

The form uses the following terms:

'FSA' 'FCA/PRA', 'we', 'our', or 'us' refers to the ~~Financial Services Authority~~ Financial Conduct Authority and the Prudential Regulation Authority.

'The firm' refers to the firm applying for the variation of permission.

'You' refers to the person(s) signing the form on behalf of the applicant firm.

Contents of this form

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1

Contact details and timings for this application

Contact for this application

1.1 Details of the person we should contact about this application.

This should be an individual in the UK.

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

If you wish your application to be granted by a specific date, for example in time for a product launch, we will try to do so. However, the time taken to determine each application is significantly affected by the quality of the application submitted and whether it is complete. If you leave a question blank, do not sign the declaration or do not attach the required supporting information, we will have to treat the application as incomplete. This will increase the time taken for us to assess your application.

We are required by law to determine applications within the earlier of (a) six months of receiving a complete application or (b) 12 months of receiving an incomplete application. However, we aim to make a decision about the application as soon as possible.

2

Variation of Permission – Home Finance and General Insurance Mediation activities

It is your responsibility to make sure the regulated activities you request adequately cover the activities the applicant firm intends to carry on. Use this section to request any changes you wish to make to the firm's permission.

You need a Permission Notice that matches the applicant firm's needs and covers every aspect of regulated business it wants to carry on. The Permission Notice shows the range of regulated activities the applicant firm will be authorised to carry on, as well as the investment instruments and type(s) of customer it can deal with for each specific activity. It will also contain what we refer to as 'requirements' and 'limitations'.

Broadly speaking, a limitation is included in the description of a specific regulated activity (e.g. not to deal with retail customers) and will limit how it is carried on, in some way.

A requirement is on the firm to take or not to take a specified action (e.g. not to hold client money). A requirement may extend to activities of the firm which are not regulated activities.

If the applicant firm carries on a regulated activity that is not set out in its permission notice it could be in breach of FSMA and subject to enforcement action.

- For further detailed information on Home Reversion Schemes and Home Purchase Plans, which became regulated on 6 April 2007, please see the following page on our website: www.fsa.gov.uk/pages/Doing/Regulated/Notify/Permissions/home/index.shtml www.fca.org.uk/your-fca and/or www.bankofengland.co.uk;

3 Variation of Permission – Client Money

The rules and guidance about how applicant firms hold client money are designed to provide an adequate level of protection for consumers.

Statutory Trusts and Non-Statutory Trust Accounts

A non-statutory trust account can be used to make advances of credit. This enables a client's premium to be met from the pool of client money held before the client pays the premium to the intermediary and vice versa.

A statutory trust account does not permit this use of credit.

Another important difference between these two types of trust account is the level of minimum capital resource requirements for the firm.

- For a non-statutory trust account, the firm's minimum capital resources requirement is the higher of £50,000 or 5% of relevant annual income.
- For a statutory trust account, the firm's minimum capital resources requirement is the higher of £10,000 or 5% of relevant annual income.

However, firms may be subject to a higher level of minimum capital resources, depending on the type of business they carry on.

4 Reason for Variation

No additional notes.

5 Threshold Conditions

Threshold Conditions are the minimum requirements a firm must satisfy to be and to continue to be authorised. When we consider the applicant firm's application we will assess whether you will satisfy, and continue to satisfy, the threshold conditions which are set out in full in the Threshold Conditions (COND) 2 Sourcebook of the FSA Handbook

at: www.fshandbook.info/FSA/html/handbook/COND/2; www.fshandbook.info/FS/html/handbook/COND/2.

Legal Status

~~This is a requirement of Threshold Condition 2.1. The applicant firm must fall into one of the categories listed to apply for authorisation.~~

Location of Offices

This is a requirement of Threshold Condition 2.2.

Close Links

~~If the applicant firm has any close links (links with other firms or individuals), these must not prevent effective FSA supervision of the applicant firm if authorised. This is a requirement of Threshold Condition 2.3.~~

Effective Supervision

The appropriate regulator must be capable of effectively supervising the firm. This is a requirement of Threshold Condition 2.3.

Adequate ~~Appropriate~~ resources

We must be satisfied the applicant firm has adequate resources. We assess the quality and quantity of the applicant firm's resources for its:

- financial resources;
- management;
- staff; and
- systems and controls.

This is a requirement of Threshold Condition 2.4.

5

Threshold Conditions (cont'd)

Prudential category

We differentiate between our financial requirements by putting applicant firms in different prudential categories. The firm will fall into at least one prudential category; and it may fall into more than one prudential category, depending on its regulated activities.

The prudential categories are set out in the following table:

Table A

PRUDENTIAL CATEGORIES FOR NON- INVESTMENT BUSINESS FIRMS		
IPRU Sourcebook		Ref
Bank		B
Building Society		BS
Friendly Society		FS
Insurer		INS
Mortgage Lender		ML
Mortgage Administrator		MA
Mortgage and/or insurance intermediary		MGI
PRUDENTIAL CATEGORIES FOR INVESTMENT BUSINESS FIRMS		
IPRU(INV) Chapter	Sub Category in Chapter	Ref
2 – Professional Firms	N/A	PROF
3 – Securities and Futures Firms (not Investment Firms)	Corporate Finance	NI-CF
	Venture Capital	NI-VC
	Arranger	NI-ARR
	Agency Broker	NI-AB
	Financial Bookmaker	NI-FB
	Non clearing Floor Member	NI-NCFM
	Broadscope	NI-BRA
	Local	LOCAL
	EMP	EMP
	OMP	OMP
4 – Lloyd's Firms	N/A	LLOYD
5 – Investment Management Firms	N/A	IM
6 – Service Companies	N/A	SC
10 – Securities and Futures Firms (Investment Firms)	ISD A	ISD-A
	ISD B	ISD-B
	ISD C	ISD-C
	ISD D	ISD-D
	ISD Corporate Finance	ISD-CF
	ISD Branch	ISD-BRA

13 – Personal Investment Firms	A1	PI-A1
	A2	PI-A2
	A3	PI-A3
	B1	PI-B1
	B2	PI-B2
	B3	PI-B3
Media Firm	N/A	Media

5

Threshold Conditions (cont'd)

Professional Indemnity Insurance

Some types of firms are required to have professional indemnity insurance (PII) in place, depending on the type of business that they conduct. PII is liability insurance that covers businesses if a third party claims to have suffered a loss because of professional negligence. Unless an exemption applies, you must have compliant PII cover in place before we can grant your application. An authorised firm must have PII that is at least equal to the requirements of the FSA Handbook IPRU (INV) 13 and/or MIPRU 3.2.

All excesses and exclusions identified in the PII policy must have been satisfactorily covered - for example, your firm has adequate capital resources, or has made adequate arrangements to mitigate high excess(es), or increased excess(es) for specific business types. Please note we would not expect your firm to have exclusions for specific business types.

What if I intend to carry on more than one regulated activity?

If you carry on a combination of investment, home finance and/or insurance mediation regulated activities you will only need to comply with the higher of the prudential requirements as stated in MIPRU 3.2 and/or IPRU (INV)13 for each of these regulated activities.

You do not need to have more than one PII policy to satisfy each prudential requirement in MIPRU and IPRU (INV). One PII policy could cover the separate limits of indemnity and excesses for each type of regulated activity where appropriate. If you are subject to one or more limits of indemnity (because of the scope of your firm's regulated activities) and more than one limit applies, you only need to provide the highest one.

Useful Links

www.fsa.gov.uk/pages/doing/regulated/Firms/faq/rmar.shtml
www.fsa.gov.uk/pages/Doing/small_firms/advisors/FAQ/pii.shtml
www.fsa.gov.uk/pubs/policy/04_02/buying_pii.pdf

Suitability

We must be satisfied the applicant firm is 'fit and proper' to be authorised. We assess:

- the competence and ability of management;
- the management's commitment to carrying on the business with integrity; and
- the management's commitment to carrying on the business in compliance with the regulatory regime.

Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check it complies, and continues to comply, with regulations. When assessing this application we need to be satisfied the applicant firm has the appropriate compliance arrangements in place to meet its regulatory obligations. The applicant firm will need, as a **minimum**, to have in place procedures to meet our rules for the subject areas in the table below. These procedures must be ready for inspection at any time.

5

Threshold Conditions (cont'd)

Supporting Information to Submit With Your Application

For applications to add permission to do the following **for the first time**, the documents indicated in the table below **must** be supplied with the application. Failure to do so will lengthen the application process.

Table B – Regulated mortgage contracts, home reversion and home purchase plans

	ADDING FOR THE FIRST TIME		
	Home reversions and Home Purchase Plans (advising/ arranging)	Home reversions and Home Purchase Plans (Administering/ Entering into)	Entering into/ Administering regulated mortgage contracts
Evidence of compliance with the capital resource requirements	X (If not already in fee block A18)	X (If not already in fee block A2)	X
Compliance Manual			X
Compliance monitoring programme (procedures to establish, maintain and carry out regular periodic compliance reviews).	X	X	X
Business Plan – Including lending and underwriting policy		X	X
Details of operational procedures			X
Projected business volumes for 3 years		X	X
Product lists including key features of the new products		X	X
Details of charges that will apply to products		X	X
Draft customer documentation			X

Table C – Regulated sale and rent back agreements

	ADDING FOR THE FIRST TIME	
	Sale and rent back agreements (advising on and/or arranging)	Sale and rent back agreements (Administering / Entering into)
Evidence of compliance with the capital resource requirements	X (If not already in fee block A18)	X (If not already in fee block A2)
Compliance monitoring programme (procedures to establish, maintain and carry out regular periodic compliance reviews).	X	X
Business Plan	X	X
Sales and distribution procedures	X	X
Initial disclosure documentation	X	X
Pre-sale disclosure document	X	X

Pre-offer document: Stage one		X
Offer document: Stage two		X
Tenancy agreement		X
Affordability and suitability assessment procedures	X	X
Procedures for assessing unauthorised providers	X	

6

Approved Persons

You must ensure that no individual performs a controlled function until the application has been granted and we have approved the individual to perform the controlled function(s).

What is an approved person?

An approved person is an individual who is approved by us to perform a controlled function for an authorised firm or an appointed representative. To be approved and continue to be approved to perform a controlled function, an individual must:

- meet, and maintain, our criteria for approval (the 'fit and proper test'); and then
- perform their controlled function(s) in line with the Statement of Principles and Code of Practice for Approved Persons (APER) Sourcebook of the FSA Handbook.

What is a controlled function?

A controlled function is a function for a regulated business that has particular regulatory significance. For example, overseeing the firm's systems and controls and being responsible for compliance with our rules. There are different controlled functions relevant to the different types of businesses we regulate. Some controlled functions are required for every firm, others will depend on the nature of your business. Each controlled function has a 'CF' number. You can find a full list of all the controlled functions and an explanation of each one

at: www.fshandbook.info/FS/html/handbook/SUP/10, www.fshandbook.info/FS/html/handbook/SUP/10.

The Approved Person 'Form A' application form is found

at: www.fsa.gov.uk/pubs/other/ivreg_forma.pdf www.fca.org.uk/your-fca

7

EEA Notifications and Third-Country Banking and Investment Groups

EEA Notifications

We need to know about any connected firms outside the UK but within the EEA because we are required by FSMA to contact the relevant EEA Home State Regulators of these connected firms, as part of the application process.

Third-Country Banking and Investment Groups

Definition of BIPRU firm (currently in the New Glossary definition in CP06/03)

BIPRU firm has the meaning set out in BIPRU 1.1.6R, which subject to BIPRU 1.1.7R means a firm that is:

- a building society;
- a bank;
- a full scope BIPRU investment firm;
- a BIPRU limited licence firm; or
- a BIPRU limited activity firm.

Definition of third-country banking and investment group

A third-country banking and investment group is a banking and investment group that is:

- headed by:
 - a credit institution;
 - an asset management company;
 - an investment firm; or

- (iv) a financial holding company;
that has its head office outside the EEA; and
- (b) not part of a wider EEA banking and investment group.

Definition of financial holding company

A financial holding company is a financial institution that fulfils the following conditions:

- (a) its subsidiary undertakings are either exclusively or mainly credit institutions, investment firms or financial institutions;
- (b) at least one of those subsidiary undertakings is a credit institution or an investment firm; and
- (c) it is not a mixed financial holding company.

Definition of credit institution (as defined in articles 4(1) and 107 of the Banking Consolidation Directive (BCD))

A credit institution is:

(as defined in article 1(1) of the BCD)

- (1) an undertaking whose business is to receive deposits or other repayable funds from the public and to grant credits for its own account; or
- (2) an electronic money institution within the meaning of the E-Money Directive;

but excluding an institution within (2) that does not have the right to benefit from the mutual recognition arrangements under the BCD.

(See also the definitions of BCD credit institution, full credit institution, full BCD credit institution and Zone A credit institution in the Glossary of the ~~FSA~~ Handbook.)

Definition of investment firm (as defined in article 1(2) of the Investment Services Directive (ISD))

An investment firm is any legal person whose regular occupation or business of which is providing core investment services for third parties on a professional basis and (in relation to a person with his or its head office in an EEA State) a person, who is not a legal person, included as an investment firm by his or its Home State.

Please note, this definition will change when the Markets in Financial Instruments Directive (MiFID) is implemented.

8 Fees

The application fee is an integral part of your application. If you do not send a cheque for the appropriate fee in full with the completed application pack, we will not process your application.

For further information on fees, see FEES 4 Annex 1 AR and 1BR.

You should note the firm's periodic fee may change as a result of this application.

See ~~www.fsa.gov.uk/fees~~ www.fca.org.uk/your-fca and/or www.bankofengland.co.uk for further details.

9 Declaration and Signature

This must be the person who is responsible for making the application. This should be a suitable person of appropriate seniority at the firm.

Appendix A - Standard Requirements

Ref	Short Description	Requirement (full narrative)
1	Activities only in respect of long term insurance.	The firm may only carry on listed activities in respect of the investments specified for the purpose of its long term insurance business.
2	Corporate finance business only.	The firm must not conduct designated investment business other than corporate finance business.
3	Corporate finance or venture capital only.	The firm must not conduct designated investment business other than corporate finance business or venture capital business.
4	Derivatives as incidental services only.	The firm must not carry on a permitted activity concerning the sale of an option (including a commodity option), future (including commodity future) or contract for difference (including spread bet or rolling spot forex contract), except where the activity is incidental to services to a particular client.
5	Energy Market Participant.	The firm must not conduct designated investment business other than energy market activity.
6	Exempt CAD firm (arranging and advising)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments or investment advice.
7	Exempt CAD firm (arranging only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments.
8	Exempt CAD firm (advising only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except investment advice in relation to one or more financial instruments.
9	*Limited Activity firm	May only deal on own account in MiFID financial instruments for the purpose of (i) fulfilling or executing a client order or (ii) gaining entrance to a clearing and settlement system or a recognised exchange when acting in an agency capacity or executing a client order.
10	*Limited Licence firm	Unable to (i) hold financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's FCA's Glossary of defined expressions used in the FSA's FCA's Handbook and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
11	*Matched Principal Broker	Unable to: (i) hold investors' financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's FCA's Glossary of defined expressions used in the FSA's FCA's Handbook; and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
12	*Box Management (i)	Limited to authorised unit trust box management.
13	*Box Management (ii)	Limited to investment company with variable capital (ICVC) box management.
14	*Box Management (iii)	Limited to recognised collective investment scheme (CIS) box management operations.
15	*Box Management(iv)	Limited to unregulated CIS box operations.

16	May control money if settlement through a mandate.	The general requirement not to hold or control CLIENT MONEY does not restrict the firm from controlling CLIENT MONEY if it arises from an agreement under which the firm effects settlement through a mandate or otherwise.
17	May hold/control client money if rebated commission.	The general requirement not to hold or control CLIENT MONEY does not apply if the CLIENT MONEY arises from an agreement under which commission is rebated to the client.
18	MiFID client money/assets restriction	Unable to hold client money or <i>safeguard and administer assets (without) arranging</i> in relation to any investment services and activities (to which MiFID applies).
19	Exempt MiFID firm (Article 2).	Unable to carry on any investment services or activities (to which MiFID applies) applies on a regular basis.
20	Exempt MiFID firm (Article 3)	Must comply with the requirements in regulation 4C (or any successor provision) of the Financial Services and Markets Act 2000 (Markets in Financial Instruments) Regulations 2007
21	No actions to stabilise market price.	The firm must not act in any way to stabilise the market price of any investment.
22	No CORPORATE FIN. BUSINESS unless non-mainstream.	The firm must not carry on any CORPORATE FINANCE BUSINESS that is a REGULATED ACTIVITY unless it is a NON-MAINSTREAM REGULATED ACTIVITY.
23	No pension transfer or opt out.	The firm must not carry on any business relating to a PENSION TRANSFER or OPT OUT.
24	Not to act as Broker Fund Adviser.	The firm must not operate as a BROKER FUND ADVISER.
25	Oil Market Participant.	The firm must not conduct designated investment business which is not an oil market activity.
26	Private customers for regulated CIS only.	The firm may only conduct regulated activities for private customers which are regulated collective investment schemes.

* These are limitations, rather than requirements, and are included in the list of requirements as they affect a firm's prudential category.

END OF NOTES



Variation of Permission (VOP) Application

Applications for Insurance Business, Banking, Electronic Money, Lloyd's Market and Funeral Plan Providers

Firm Name

~~FSA reference number~~ Reference Number

Important information you should read before completing this form

Purpose of this form

This form is **only** for firms wishing to change the scope of their permission for **Insurance Business, Banking (accepting deposits), Electronic Money, Lloyd's Market and Funeral Plan Providers**. You must answer all sections.

If your application is for Mortgage and General Insurance business, or Investment Business, there are specific forms for this purpose. If you are completing more than one of these forms (i.e. if your application is for more than one type of business), **you do not have to complete any sections or questions that are duplicated**, e.g. pages 2, 6, 10-12.

The notes that accompany the forms will help you complete the questions. They also explain why we need the information we are asking for.

We will only grant an application to vary the permission of a firm if we are satisfied it meets conditions known as the threshold conditions. We need the information in this form so we can assess whether the applicant firm can continue to satisfy the threshold conditions.

It is important that you give accurate and complete information and disclose all relevant information. If you do not, you may be committing a criminal offence, it may increase the time taken to assess your application and may call into question your suitability to be authorised.

Electronic Money firms and Funeral Plan Providers should send the form to the FCA and all other firms should send their form to the PRA. Submit your application by post to the appropriate regulator at:

<u>Assessment and Monitoring Team</u> <u>Prudential Regulation Authority</u> <u>20 Moorgate</u> <u>London</u> <u>EC2R 6DA</u>	<u>Variation of Permission Team</u> <u>Permissions Department</u> <u>The Financial Services Authority Financial</u> <u>Conduct Authority</u> 25 The North Colonnade Canary Wharf London E14 5HS
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1

Contact details and timings for this application

We need this information in case we need to contact you when we assess this application.

Contact for this application

1.1 Details of the person we should contact about this application.

Title	
First names	
Surname	
Job title	
Business address	
Postcode	
Phone number (including STD code)	
Email address	

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

We will attempt to process your application as quickly as possible. If you wish your application to be granted by a specific date, we will try to do so. If we cannot, we will contact you with the reason why. However, please note that we must determine an application for a variation of permission once we have received it and deemed it to be complete within six months of it becoming complete.

Tell us what it is you wish to do to change your firm's permission.

- add a new investment business activity to your permission;
- add a customer type or investment type to a current activity on your permission;
- delete an activity from your permission; or
- change, add or delete a limitation.

Select activity(ies)	Add new activity	Amend current activity	Delete activity	
				<u>Insurance Business</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effecting contracts of insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying out contracts of insurance
				<u>Accepting Deposits</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepting deposits
				<u>Issuing Electronic Money</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Issuing electronic money
				<u>The Lloyd's Market</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advising on syndicate participation at Lloyd's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managing the underwriting capacity of a Lloyd's syndicate as a managing agent at Lloyd's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging (bringing about) deals in investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Making arrangements with a view to transactions in investments
				<u>Funeral Plan Providers</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entering as provider into a funeral plan contract

Select customer type(s)		
Add	Delete	
		<u>COBS Client Types</u>
<input type="checkbox"/>	<input type="checkbox"/>	Retail client
<input type="checkbox"/>	<input type="checkbox"/>	Professional client
<input type="checkbox"/>	<input type="checkbox"/>	Eligible counterparty

[illegible]

2

Variation of Permission – activities (continued)

Tell us what it is you wish to do to change your firm's permission.

Select investment type(s) (Continued)			
Add	Delete	Add	Delete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Accepting deposits</u>		<u>Funeral Plan Providers</u>	
	Deposit		Funeral plan contract
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>The Lloyd's Market</u>		<u>Issuing electronic money</u>	
	Membership of a Lloyd's syndicate		Electronic money
<input type="checkbox"/>	<input type="checkbox"/>		
	Underwriting capacity of a Lloyd's syndicate		
<input type="checkbox"/>	<input type="checkbox"/>		
	Rights to or interests in investment		

Limitation(s) on your firm's activity(ies)	
<input type="checkbox"/>	Add a new limitation
<input type="checkbox"/>	Delete a current limitation
<input type="checkbox"/>	Amend a current limitation
Enter the limitation(s) below.	

Requirement(s)

2.2 Answer this question if you wish to add a new requirement, or amend or delete a current requirement.

2.2.1 If you are adding a new requirement to your firm's permission, select either a standard requirement from Appendix A in the notes that accompany this form, or enter a non-standard requirement:

☐ Standard requirement from Appendix A:

Ref Number	Short description

☐ Non-standard requirement:

--

2.2.2 If you are amending a current requirement on your firm's permission, enter it along with the proposed changes in the box below.
If you are deleting a current requirement on your firm's permission, enter it in the box below.

--

3

Variation of Permission – Client Money

Tell us what it is you wish to do to change your firm's client money permission.

3.1 Does your firm wish to change your client money or assets permission?

- ☐ No > Continue to Section 4.
☐ Yes > Answer the rest of the questions in this section.

3.2 What is the firm able to do now, and how does it wish to change its permission for client money?

Firm is currently able to:	Firm wishes to be able to:
<input type="checkbox"/> Hold and control client money	<input type="checkbox"/> Hold and control client money
<input type="checkbox"/> Control but not hold client money	<input type="checkbox"/> Control but not hold client money
<input type="checkbox"/> Not hold and not control client money	<input type="checkbox"/> Not hold and not control client money

3.3 Are you applying to stop holding client money?

- ☐ No > Continue to next question.
☐ Yes > You must include a report from your auditors confirming that you have done this and that it has either been paid back to the clients concerned or transferred to another entity that is authorised to hold it.

Have you attached this report?

- ☐ Yes > Continue to Section 4.
☐ No > Explain why below.

3.4 Are you applying to hold client money?

- ☐ No > Continue to Section 4.
☐ Yes > Continue to next question.

3.5 What type of account will your firm use to hold client money? (tick one)

- ☐ Statutory trust > Continue to next question.
☐ Non-statutory trust > Continue to next question.
☐ Other > Provide further details below.

3.6 Is the account held at an approved bank that meets the requirements imposed under CASS 4.3?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

3.7 Have you read and understood the Client Money rules that you are required to follow?

- ☐ Yes > Continue to Section 4.
☐ No > Explain why below.

4

Reason for Variation

Tell us why you are applying to change your firm's permission.

We need to know why your firm is applying to change its permission. You should give as much information as possible, including:

- how this change will affect your firm and the long-term strategy for your business;
- how this change will affect your firm, business model, business plans and the long term strategy for your business;
- any new operational, legal, market risks that you have identified and will need to consider; and
- details on any outsourcing.

5

Threshold Conditions

We need to know whether the firm will continue to satisfy the threshold conditions as a result of the change in its permission.

The threshold conditions are the minimum conditions a firm is required to satisfy, and continue to satisfy, to be given and retain Part IV 4A Permission. The firm must satisfy us these conditions will continue to be met if we grant the application.

You may be asked to provide documentary evidence to support of your answers, either during the application process or at a later point.

Legal Status (Banks and Insurers only)

5.1 Please confirm that after this application your firm will retain its existing legal status.

- ☐ Yes > Continue to next question.
☐ No > Give details of how the legal status of the firm will change below.

Location of Offices

5.2 Confirm the following:

- if you are a body corporate, that your firm's Head Office (and also if you have a Registered Office, your Registered Office) is located within the United Kingdom; or
- if you are not a body corporate and your Head Office is in the United Kingdom, that you carry on business in the United Kingdom.

- ☐ Yes > Continue to next question.
☐ No > Give further details below.

Effective Supervision

5.3 As a result of this application, will there be any impact on the appropriate regulator's ability to effectively supervise the firm?

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

~~Appointment of claims representatives (Insurance Business only)~~

~~5.3 Is the applicant firm proposing to underwrite direct motor liability business within the United Kingdom?~~

- ~~☐ No > continue to the next question~~
~~☐ Yes > Please confirm the following:~~
~~☐ The applicant will appoint a claims representative in every country within the European Union prior to the permission being granted.~~

Close Links

5.4 ~~As a result of this application, will your firm have any new close links with another person or firm?~~

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

Adequate Appropriate resources / Business to be conducted in a prudent manner

5.5 5.4 Prudential category

5.5.1 5.4.1 What is your firm's current prudential category?

5.5.2 5.4.2 Will the firm's prudential category change as a result of this application?

- ☐ No > Continue to question 5.6
☐ Yes > What prudential category will your firm be in?

5.5.3 5.4.3 What will be the firm's new capital resource requirement?

5.5.4 5.4.4 Is the firm currently able to meet this new capital requirement?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

Suitability

5.6 5.5 Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check it complies and continues to comply with regulations.

5.6.1 5.5.1 Do you have in place a Compliance Manual and a Compliance Monitoring Programme that reflects the firm's current business and the proposed change in business, if applicable, for which the firm is applying?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.7 5.6 Conduct of Business (COBS) Requirements - Conduct of Business (COBS) Sourcebook

5.7.1 5.6.1 Is the firm ready, willing and organised to comply with the relevant provisions in COBS, and, if relevant to this application, does the firm have in place the relevant customer disclosure documentation for the permission you are applying for?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5

Threshold Conditions (cont'd)

We need to know whether the firm will continue to satisfy the threshold conditions as a result of the change in its permission.

5.8 5.7 Systems and Controls (SYSC) Requirements

~~5.8.1~~ 5.7.1 Does the firm continue to meet the SYSC requirements?

- ☐ Yes > Continue to next section.
- ☐ No > Explain why below.

We may contact you for more detailed information to support your application, especially if you are applying to significantly change your firm's current business.

6

Approved Persons

If a firm changes its permission it may need new Controlled Functions and Approved Persons or it may no longer require certain Controlled Functions.

You should consider the effect of this change on approved persons before submitting your application. If you require help, please call the Approved Persons Helpline on 020 7066 0019 or email iva@fca.gov.uk iva@fca.org.uk.

6.1 Will the change require new approved persons or additional controlled functions for existing approved persons in relation to the application?

- ☐ No > Continue to question 6.3.
☐ Yes > Continue to next question.

6.2 Have you submitted the required Approved Person 'Form A' application form?

- ☐ Yes > Provide the names of applicant(s) and their new controlled functions below.
☐ No > Explain why below.

6.3 Have any individual(s) proposed to perform a new role been assessed as competent to apply the knowledge and skills necessary to engage in or oversee the activities without supervision? And do they have the necessary qualifications (where relevant) and experience?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

6.4 Does the firm have locum arrangements in place, to cover controlled functions such as Investment Advisers and Investment Managers?

- ☐ Yes > Provide the firm name below.
☐ No > Explain why below.

6.5 The changes you have requested may result in current controlled functions no longer being required. We will remove the specific functions from the profiles of the relevant approved persons. If this applies to your application, do you accept this?

- ☐ Yes > Continue to Section 7.
☐ N/A, as no change to controlled functions. > Continue to Section 7.
☐ No > Explain why below.

7

EEA Notifications and Third-Country Banking and Investment Groups

We need to know about any connected firms outside the UK but within the EEA (European Economic Area). We also need to know whether the firm is a member of a third-country banking and investment group.

EEA Notifications

7.1 Is the firm connected with a firm outside the UK but within the EEA?

- ☐ No > Continue to next question.
☐ Yes > Give details of each connection below.

Name of EEA Regulated Firm	Name of EEA Regulator	Firm's Contact at EEA Regulator (include email address)

Third-Country Banking and Investment Groups

7.2.1 Is the firm a BIPRU firm?

- ☐ No > Continue to Section 8.
☐ Yes > Continue to next question.

7.2.2 Is the firm a member of a third-country (i.e. outside of the EEA) banking and investment group?

- ☐ No > Continue to Section 8.
☐ Yes > We will ask you to give further details once we have received this application.

8

Fees

Changing your firm's permission can generate an application fee and vary your periodic fee.

If an application fee is due, you must pay it in full at the same time as submitting your application (by cheque or credit/debit card). If the fee is not paid in full within **five working days** of the date that you submit this form, your application will be returned to you. This fee is non-refundable; and we do not issue invoices for it.

If the proposed application will move the firm into a new fee block, a fee will apply as listed below. If the firm moves into more than one new fee block, you should pay the highest fee.

We charge a fee of £250 for applications that will increase your firm's permitted business activities but which do not change your firm's fee blocks. There is no fee to reduce your permission.

8.1 Which fee block(s) is the firm currently in?

8.2 Indicate which of the following applies to your application.

New Fee Block	Description	Application Fee
<input type="checkbox"/> A3	Friendly Societies	Straightforward - £750
<input type="checkbox"/> A4	Friendly Societies	
<input type="checkbox"/> A12	Advisory arrangers, dealers or brokers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A13	Advisory arrangers, dealers or brokers (not holding or controlling client money and/or assets)	
<input type="checkbox"/> A14	Corporate finance advisers	
<input type="checkbox"/> A18	Home finance providers, advisers and arrangers	
<input type="checkbox"/> A19	Insurance intermediaries	Moderately complex - £2,500
<input type="checkbox"/> A1	E-money issuers only	
<input type="checkbox"/> A2	Home finance providers and administrators	
<input type="checkbox"/> A5	Managing agents at Lloyd's	
<input type="checkbox"/> A7	Fund managers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A9	Operators, trustees and depositories of collective investment schemes	
<input type="checkbox"/> A9	Operators of personal pension schemes	
<input type="checkbox"/> A10	Firms dealing as principal	Complex - £12,500
<input type="checkbox"/> A1	Deposit acceptors (excluding e-money issuers and credit unions)	
<input type="checkbox"/> A3	Firms carrying on insurance activities subject only to prudential regulation (excluding friendly societies)	
<input type="checkbox"/> A4	Firms carrying on insurance activities subject to both prudential and conduct of business regulation (excluding friendly societies)	£250
<input type="checkbox"/> No change to fee block	Increase in scope of permission, but no change in fee block, e.g. only adding new customer or investment types to your activities, or removing a requirement or limitation	
<input type="checkbox"/> No new fee block	Reduction in scope of permission, e.g. only removing an activity, removing a customer or investment type from an activity, or adding a requirement or a limitation	No fee

8.3 Please confirm that you have enclosed a cheque for the correct application fee, where one is due.

- ☐ Yes
☐ No, I will pay using a credit/debit card

Cheques should be made payable to the Financial Services Conduct Authority, with the firm name and reference number written on the back and enclosed with this form. To make a payment using a credit/debit card, please do not enter the details on this form. We will contact you to ask for the details.

9

Declaration and Signature

Warning

Knowingly or recklessly giving us 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). Our rules (SUP 15.6.4R) require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to us and to tell us immediately if materially inaccurate information has been provided. Contravening these requirements may lead to disciplinary sanctions or other enforcement action by us. It should not be assumed that information is known to us just because it is in the public domain or has previously been disclosed to us 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~~ FCA/PRA 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 confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.
- ✓ I am aware that it is a criminal offence knowingly or recklessly to give the ~~FSA~~ FCA/PRA 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~~ FCA/PRA on request.
- ✓ I will notify the ~~FSA~~ FCA/PRA immediately if there is a significant change to the information given in the application pack. If I fail to do so, this may result in a delay in the application process or enforcement action.

Date	<input type="text"/>
Name of signatory ¹	<input type="text"/>
Position ² of signatory	<input type="text"/>
Individual Registration Number (if applicable)	<input type="text"/>
Signature	<input type="text"/>

¹ The signatory must be a suitable person of appropriate seniority at the firm.

² e.g. Director, Sole Trader, Compliance Officer, etc.



Variation of Permission (VOP) Application

Applications for Insurance Business, Banking, Electronic Money, Lloyd's Market and Funeral Plan Providers – notes

Purpose of these Notes

These notes will help you fill in the **Insurance Business, Banking (accepting deposits), Electronic Money, Lloyd's Market and Funeral Plan Providers** form correctly.

If after reading these notes you need more help, you can:

- visit our website: <http://www.fsa.gov.uk/Pages/doing/regulated/notify/permissions/index.shtml>, where there is also a link to the **Frequently Asked Questions** page www.fca.org.uk/your-fca and/or www.bankofengland.co.uk;
- consult the ~~relevant tailored handbook or the full FSA Handbook~~: www.fshandbook.info/FSA/index.jsp www.fshandbook.info/FS/index.jsp;
- call the Firm Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000; or email fcc@fsa.gov.uk fcc@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk

These notes, while aiming to help you, do not replace the rules and guidance in the ~~FSA~~ Handbook.

Terms in the Form

The form uses the following terms:

~~'FSA'~~ **FCA/PRA**, **'we', 'our', or 'us'** refers to the ~~Financial Services Authority~~ **Financial Conduct Authority** ~~and the Prudential Regulation Authority~~.

'The firm' refers to the firm applying for the variation of permission.

'You' refers to the person(s) signing the form on behalf of the applicant firm.

Contents of this form

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1

Contact details and timings for this application

Contact for this application

1.1 Details of the person we should contact about this application.

This should be an individual in the UK.

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

If you wish your application to be granted by a specific date, for example in time for a product launch, we will try to do so. However, the time taken to determine each application is significantly affected by the quality of the application and whether it is complete. If you leave a question blank, do not sign the declaration or do not attach the required supporting information, we will have to treat the application as incomplete. This will increase the time taken for us to assess your application.

We are required by law to determine applications within the earlier of (a) six months of receiving a complete application or (b) 12 months of receiving an incomplete application. However, we aim to make a decision about the application as soon as possible.

2

Variation of Permission – activities

It is your responsibility to make sure the regulated activities you request adequately cover the activities the applicant firm intends to carry on. Use this page to request any changes you wish to make to the firm's permission.

You need a Permission Notice that matches the applicant firm's needs and covers every aspect of regulated business it wants to carry on. The Permission Notice shows the range of regulated activities the applicant firm will be authorised to carry on, as well as the investment instruments and type(s) of customer it can deal with for each specific activity. It will also contain what we refer to as 'requirements' and 'limitations'.

Broadly speaking, a limitation is included in the description of a specific regulated activity (e.g. not to deal with retail customers) and will limit how it is carried on, in some way.

A requirement is on the firm to take or not to take a specified action (e.g. not to hold client money). A requirement may extend to activities of the firm which are not regulated activities.

If the applicant firm carries on a regulated activity that is not set out in its permission notice it could be in breach of FSMA and subject to enforcement action.

Changing Customer Types

Amendments to customer types may affect your exemption status under Dispute Resolution: Complaints, and the Fees Manual (FEES) 6.2.1R. This is particularly relevant if you are adding or removing the customer type 'retail'. Please ensure you notify your normal supervisory contact in writing of any changes to your status under this exemption that this variation of permission may cause.

3

Variation of Permission – Client Money

The rules and guidance about how applicant firms hold client money are designed to provide an adequate level of protection for consumers.

Statutory Trusts and Non-Statutory Trust Accounts

A non-statutory trust account can be used to make advances of credit. This enables a client's premium to be met from the pool of client money held before the client pays the premium to the intermediary and vice versa.

A statutory trust account does not permit this use of credit.

Another important difference between these two types of trust account is the level of minimum capital resource requirements for the firm.

3 Variation of Permission – Client Money (cont'd)

- For a non-statutory trust account, the firm's minimum capital resources requirement is the higher of £50,000 or 5% of relevant annual income.
- For a statutory trust account, the firm's minimum capital resources requirement is the higher of £10,000 or 5% of relevant annual income.

You should note that applying for a variation permission in relation to client money may affect your prudential category.

4 Reason for Variation

No additional notes.

5 Threshold Conditions

Threshold Conditions are the minimum requirements a firm must satisfy to be and to continue to be authorised. When we consider the applicant firm's application we will assess whether you will satisfy, and continue to satisfy, the threshold conditions which are set out in full in the Threshold Conditions (COND) 2 Sourcebook of the FSA Handbook at: www.fshandbook.info/FSA/html/handbook/COND/2, www.fshandbook.info/FS/html/handbook/COND/2.

Legal Status

~~This is a requirement of Threshold Condition 2.1. The applicant firm must fall into one of the categories listed to apply for authorisation.~~ This is a condition for which the PRA is responsible in relation to Banks and Insurers.

Location of Offices

This is a requirement of Threshold Condition 2.2.

~~Appointment of claims representatives (Insurance Business only)~~

~~Threshold Condition 2A requires an applicant firm seeking to carry on, or carrying on, motor vehicle liability insurance business to appoint a claims representative in each country of the European Union other than the United Kingdom.~~

Close Links

~~If the applicant firm has any close links (links with other firms or individuals), these must not prevent effective FSA supervision of the applicant firm if authorised. This is a requirement of Threshold Condition 2.3.~~

Effective supervision

The appropriate regulator must be capable of effectively supervising the firm. This is a requirement of Threshold Condition 2.3.

Adequate Appropriate resources / Business to be conducted in a prudent manner

We must be satisfied the applicant firm has adequate resources. We assess the quality and quantity of the applicant firm's resources for its:

- financial resources;
- management;
- staff; and
- systems and controls.

This is a requirement of Threshold Condition 2.4.

5

Threshold Conditions (cont'd)

Prudential category

We differentiate between our financial requirements by putting applicant firms in different prudential categories. The firm will fall into at least one prudential category; and it may fall into more than one prudential category, depending on its regulated activities.

The prudential categories are set out in the following table.

Table A

PRUDENTIAL CATEGORIES FOR NON- INVESTMENT BUSINESS FIRMS		
Sourcebook		Ref
Bank (GENPRU and BIPRU)		B
Building Society (GENPRU and BIPRU)		BS
Friendly Society (IPRU-FSOC)		FS
Insurer (GENPRU, INSPRU and IPRU-INS)		INS
Mortgage Lender (MIPRU)		ML
Mortgage Administrator (MIPRU)		MA
Mortgage and/or insurance intermediary (MIPRU)		MGI
PRUDENTIAL CATEGORIES FOR INVESTMENT BUSINESS FIRMS		
IPRU(INV) Chapter	Sub Category in Chapter	Ref
2 – Professional Firms	N/A	PROF
3 – Securities and Futures Firms (not Investment Firms)	Corporate Finance	NI-CF
	Venture Capital	NI-VC
	Arranger	NI-ARR
	Agency Broker	NI-AB
	Financial Bookmaker	NI-FB
	Non clearing Floor Member	NI-NCFM
	Broad scope	NI-BRA
	Local	LOCAL
	EMP	EMP
	OMP	OMP
4 – Lloyd's Firms	N/A	LLOYD
5 – Investment Management Firms	N/A	IM
6 – Service Companies	N/A	SC
13 – Personal Investment Firms	A1	PI-A1
	A2	PI-A2
	A3	PI-A3
	B1	PI-B1
	B2	PI-B2
	B3	PI-B3
Media Firm	N/A	Media

5

Threshold Conditions (cont'd)

Suitability

We must be satisfied the applicant firm is 'fit and proper' to be authorised. We assess:

- the competence and ability of management;
- the management's commitment to carrying on the business with integrity; and
- the management's commitment to carrying on the business in compliance with the regulatory regime.

Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check that it complies, and continues to comply, with regulations. When assessing this application we need to be satisfied the applicant firm has the appropriate compliance arrangements in place to meet its regulatory obligations. The applicant firm will need, as a **minimum**, to have in place procedures to meet our rules for the subject areas in the table below. These procedures must be ready for inspection at any time.

6

Approved Persons

You must ensure that no individual performs a controlled function until the application has been granted and we have approved the individual to perform the controlled function(s).

What is an approved person?

An approved person is an individual who is approved by us to perform a controlled function for an authorised firm or an appointed representative. To be approved and continue to be approved to perform a controlled function, an individual must:

- meet, and maintain, our criteria for approval (the 'fit and proper test'); and then
- perform their controlled function(s) in line with the Statement of Principles and Code of Practice for Approved Persons (APER) Sourcebook of the FSA Handbook.

What is a controlled function?

A controlled function is a function for a regulated business that has particular regulatory significance. For example, overseeing the firm's systems and controls and being responsible for compliance with our rules. There are different controlled functions relevant to the different types of businesses we regulate. Some controlled functions are required for every firm, others will depend on the nature of your business. Each controlled function has a 'CF' number. You can find a full list of all the controlled functions and an explanation of each one

at: www.fshandbook.info/FSA/html/handbook/SUP/10. www.fshandbook.info/FS/html/handbook/SUP/10.

The Approved Person 'Form A' application form is found

at: www.fsa.gov.uk/pubs/other/ivreg_forma.pdf www.fca.org.uk/your-fca

EEA Notifications

We need to know about any connected firms outside the UK but within the EEA because we are required by FSMA to contact the relevant EEA Home State Regulators of these connected firms, as part of the application process.

Third-Country Banking and Investment Groups**Definition of BIPRU firm (currently in the New Glossary definition in CP06/03)**

BIPRU firm has the meaning set out in BIPRU 1.1.6R, which subject to BIPRU 1.1.7R means a firm that is:

- (a) a building society;
- (b) a bank;
- (c) a full scope BIPRU investment firm;
- (d) a BIPRU limited licence firm; or
- (e) a BIPRU limited activity firm.

Definition of third-country banking and investment group

A third-country banking and investment group is a banking and investment group that is:

- (a) headed by:
 - (i) a credit institution;
 - (ii) an asset management company;
 - (iii) an investment firm; or
 - (iv) a financial holding company;

that has its head office outside the EEA; and

- (b) not part of a wider EEA banking and investment group.

Definition of financial holding company

A financial holding company is a financial institution that fulfils the following conditions:

- (a) its subsidiary undertakings are either exclusively or mainly credit institutions, investment firms or financial institutions;
- (b) at least one of those subsidiary undertakings is a credit institution or an investment firm; and
- (c) it is not a mixed financial holding company.

Definition of credit institution (as defined in articles 4(1) and 107 of the Banking Consolidation Directive (BCD))

A credit institution is:

- (1) an undertaking whose business is to receive deposits or other repayable funds from the public and to grant credits for its own account; or
- (2) an electronic money institution within the meaning of the E-Money Directive;

but excluding an institution within (2) that does not have the right to benefit from the mutual recognition arrangements under the BCD.

(See also the definitions of BCD credit institution, full credit institution, full BCD credit institution and Zone A credit institution in the Glossary of the ~~FSA~~ Handbook.)

Definition of investment firm (as defined in article 4(1) of the Markets in Financial Instruments Directive (MiFID))

in summary) a firm to which MiFID applies including, for some purposes only, a credit institution and UCITS investment firm.

(in full) a firm which is:

- (1) an investment firm with its head office in the EEA (or, if it has a registered office, that office);

(2) a BCD credit institution (only when providing an investment service or activity in relation to the rules implementing the Articles referred to in Article 1(2) of MiFID);

(3) a UCITS investment firm (only when providing the services referred to in Article 5(3) of the UCITS Directive in relation to the rules implementing the articles of MiFID referred to in Article 5(4) of that Directive);

unless, and to the extent that, MiFID does not apply to it as a result of Article 2 (Exemptions) or Article 3 (Optional exemptions) of MiFID.

8

Fees

The application fee is an integral part of your application. If you do not send a cheque for the appropriate fee in full with the completed application pack, we will not process your application.

For further information on fees, see FEES 4 Annex 1AR and 1BR.

You should note the firm's periodic fee may change as a result of this application.

See ~~www.fsa.gov.uk/fees~~ www.fca.org.uk/your-fca and/or www.bankofengland.co.uk for further details.

9

Declaration and Signature

This must be the person who is responsible for making the application. This should be a suitable person of appropriate seniority at the firm.

Appendix A - Standard Requirements

Ref	Short Description	Requirement (full narrative)
1	Activities only in respect of long term insurance.	The firm may only carry on listed activities in respect of the investments specified for the purpose of its long term insurance business.
2	Corporate finance business only.	The firm must not conduct designated investment business other than corporate finance business.
3	Corporate finance or venture capital only.	The firm must not conduct designated investment business other than corporate finance business or venture capital business.
4	Derivatives as incidental services only.	The firm must not carry on a permitted activity concerning the sale of an option (including a commodity option), future (including commodity future) or contract for difference (including spread bet or rolling spot forex contract), except where the activity is incidental to services to a particular client.
5	Energy Market Participant.	The firm must not conduct designated investment business other than energy market activity.
6	Exempt CAD firm (arranging and advising)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments or investment advice.
7	Exempt CAD firm (arranging only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments.
8	Exempt CAD firm (advising only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except investment advice in relation to one or more financial instruments.
9	*Limited Activity firm	May only deal on own account in MiFID financial instruments for the purpose of (i) fulfilling or executing a client order or (ii) gaining entrance to a clearing and settlement system or a recognised exchange when acting in an agency capacity or executing a client order.
10	*Limited Licence firm	Unable to (i) hold financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's FCA's Glossary of defined expressions used in the FSA's FCA's Handbook and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
11	*Matched Principal Broker	Unable to: (i) hold investors' financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's FCA's Glossary of defined expressions used in the FSA's FCA's Handbook; and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
12	*Box Management (i)	Limited to authorised unit trust box management.
13	*Box Management (ii)	Limited to investment company with variable capital (ICVC) box management.
14	*Box Management (iii)	Limited to recognised collective investment scheme (CIS) box management operations.
15	*Box Management(iv)	Limited to unregulated CIS box operations.
16	May control money if settlement through a mandate.	The general requirement not to hold or control CLIENT MONEY does not restrict the firm from controlling CLIENT MONEY if it arises from an agreement under which the firm effects settlement through a mandate or otherwise.
17	May hold/control client money if rebated	The general requirement not to hold or control CLIENT MONEY does not apply if the CLIENT MONEY arises from an agreement

	commission.	under which commission is rebated to the client.
18	MiFID client money/assets restriction	Unable to hold client money or <i>safeguard and administer assets (without) arranging</i> in relation to any investment services and activities (to which MiFID applies).
19	Exempt MiFID firm (Article 2).	Unable to carry on any investment services or activities (to which MiFID applies) applies on a regular basis.
20	Exempt MiFID firm (Article 3)	Must comply with the requirements in regulation 4C (or any successor provision) of the Financial Services and Markets Act 2000 (Markets in Financial Instruments) Regulations 2007
21	No actions to stabilise market price.	The firm must not act in any way to stabilise the market price of any investment.
22	No CORPORATE FIN. BUSINESS unless non-mainstream.	The firm must not carry on any CORPORATE FINANCE BUSINESS that is a REGULATED ACTIVITY unless it is a NON-MAINSTREAM REGULATED ACTIVITY.
23	No pension transfer or opt out.	The firm must not carry on any business relating to a PENSION TRANSFER or OPT OUT.
24	Not to act as Broker Fund Adviser.	The firm must not operate as a BROKER FUND ADVISER.
25	Oil Market Participant.	The firm must not conduct designated investment business which is not an oil market activity.
26	Private customers for regulated CIS only.	The firm may only conduct regulated activities for private customers which are regulated collective investment schemes.

* These are limitations, rather than requirements, and are included in the list of requirements as they affect a firm's prudential category.

END OF NOTES



Variation of Permission (VOP) Application

Investment Business

Firm Name

~~FSA reference number~~ Firm Reference Number

Important information you should read before completing this form

Purpose of this form

This form is **only** for firms wishing to change the scope of their permission for **Investment Business**. You must answer all sections.

If your application is for Mortgage and General Insurance business, or Insurance Business, Banking, E-Money, Lloyds Market and Funeral Plan Providers, there are specific forms for this purpose. If you are completing more than one of these forms (i.e. if your application is for more than one type of business), **you do not have to complete any sections or questions that are duplicated**, e.g. pages 2, 6, and 10-13.

The notes that accompany the forms will help you complete the questions. They also explain why we need the information we are asking for.

We will only grant an application to vary the permission of a firm if we are satisfied it meets conditions known as the threshold conditions. We need the information in this form so we can assess whether the applicant firm can continue to satisfy the threshold conditions.

It is important that you give accurate and complete information and disclose all relevant information. If you do not, you may be committing a criminal offence, it may increase the time taken to assess your application and may call into question your suitability to be authorised.

Submit your application by post to:

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

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1

Contact details and timings for this application

We need this information in case we need to contact you when we assess this application.

Contact for this application

1.1 Details of the person we should contact about this application.

Title	
First names	
Surname	
Job title	
Business address	
Postcode	
Phone number (including STD code)	
Email address	

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

--

We will attempt to process your application as quickly as possible. If you wish your application to be granted by a specific date, we will try to do so. If we cannot, we will contact you with the reason why. However, please note that we must determine an application for a variation of permission once we have received it and deemed it to be complete within six months of it becoming complete.

Tell us what it is you wish to do to change your firm's permission.

- add a new investment business activity to your permission;
- add a customer type or investment type to a current activity on your permission;
- delete an activity from your permission; or
- change, add or delete a limitation.

Select Investment business activity(ies)		
Add new activity	Amend current activity	Delete activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acting as the depositary or sole director of an open-ended investment company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acting as trustee of an authorised unit trust scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advising on investments (except pension transfers and opt outs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advising on pension transfers and opt outs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arranging (bringing about) deals in investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arranging safeguarding and administration of assets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Causing dematerialised instructions to be sent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dealing in investments as agent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dealing in investments as principal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establishing, operating or winding up a personal pension scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establishing, operating or winding up a stakeholder pension scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establishing, operating or winding up a regulated collective investment scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establishing, operating or winding up a unregulated collective investment scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Making arrangements with a view to transactions in investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Managing investments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operating a multilateral trading facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Providing basic advice on stakeholder products
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safeguarding and administration of assets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sending dematerialised instructions

Select customer type(s)

Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	<u>COBS Client Types</u>
<input type="checkbox"/>	<input type="checkbox"/>	Retail (investment)
<input type="checkbox"/>	<input type="checkbox"/>	Professional
<input type="checkbox"/>	<input type="checkbox"/>	Eligible counterparty
<input type="checkbox"/>	<input type="checkbox"/>	Retail (basic advice only)

Select investment type(s)

Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	Alternative debenture
<input type="checkbox"/>	<input type="checkbox"/>	Certificate representing certain security
<input type="checkbox"/>	<input type="checkbox"/>	Commodity future
<input type="checkbox"/>	<input type="checkbox"/>	Commodity option and option on commodity future
<input type="checkbox"/>	<input type="checkbox"/>	Contract for differences (excl. a spread bet and a rolling spot forex contract)
<input type="checkbox"/>	<input type="checkbox"/>	Debenture
<input type="checkbox"/>	<input type="checkbox"/>	Funeral plan contract
<input type="checkbox"/>	<input type="checkbox"/>	Future (excl. a commodity future and a rolling spot forex)
<input type="checkbox"/>	<input type="checkbox"/>	Government or public security
<input type="checkbox"/>	<input type="checkbox"/>	Life policy
<input type="checkbox"/>	<input type="checkbox"/>	Option (excluding a commodity option and an option on commodity futures)
<input type="checkbox"/>	<input type="checkbox"/>	Personal pension scheme
<input type="checkbox"/>	<input type="checkbox"/>	Rights to or interests in investments – contractually based investment
<input type="checkbox"/>	<input type="checkbox"/>	Rights to or interests in investments – security
<input type="checkbox"/>	<input type="checkbox"/>	Rolling spot forex
<input type="checkbox"/>	<input type="checkbox"/>	Share
<input type="checkbox"/>	<input type="checkbox"/>	Spread bet
<input type="checkbox"/>	<input type="checkbox"/>	Stakeholder pension scheme
<input type="checkbox"/>	<input type="checkbox"/>	Stakeholder products (basic advice only)
<input type="checkbox"/>	<input type="checkbox"/>	Unit
<input type="checkbox"/>	<input type="checkbox"/>	Warrant

2

Variation of Permission – Investment Business activities (cont'd)

Tell us what it is you wish to do to change your firm's permission.

Limitation(s) on your firm's activity(ies)

- ☐ Add a new limitation
- ☐ Delete a current limitation
- ☐ Amend a current limitation

Enter the limitation(s) below, clearly indicating the amendments if applicable.

Requirement(s)

2.2 Answer this question if you wish to add a new requirement, or amend or delete a current requirement.

2.2.1 If you are adding a new requirement to your firm's permission, select either a standard requirement from Appendix A in the notes that accompany this form, or enter a non-standard requirement:

- ☐ Standard requirement from Appendix A:

Ref Number Short description

--	--

- ☐ Non-standard requirement:

--

2.2.2 If you are amending a current requirement on your firm's permission, enter it along with the proposed changes in the box below.

If you are deleting a current requirement on your firm's permission, enter it in the box below.

--

3

Variation of Permission – Client Money

Tell us what it is you wish to do to change your firm's client money permission.

3.1 Does your firm wish to change your client money or assets permission?

- ☐ No > Continue to Section 4.
☐ Yes > Answer the relevant questions in this section.

3.2 What is the firm able to do now, and how does it wish to change its permission for client money?

Firm is currently able to:	Firm wishes to be able to:
<input type="checkbox"/> Hold and control client money	<input type="checkbox"/> Hold and control client money
<input type="checkbox"/> Control but not hold client money	<input type="checkbox"/> Control but not hold client money
<input type="checkbox"/> Not hold and not control client money	<input type="checkbox"/> Not hold and not control client money

3.3 Are you applying to stop holding client money?

- ☐ No > Continue to next question.
☐ Yes > You must include a report from your auditors confirming that you have done this and that it has either been paid back to the clients concerned or transferred to another entity that is authorised to hold it.

Have you attached this report?

- ☐ Yes > Continue to Section 4.
☐ No > Explain why below.

3.4 Are you applying to hold client money?

- ☐ No > Continue to Section 4.
☐ Yes > Continue to next question.

3.5 What type of account will your firm use to hold client money? (tick one)

- ☐ Statutory trust > Continue to next question.
☐ Non-statutory trust > Continue to next question.
☐ Other > Provide further details below.

3.6 Is the account held at an approved bank that meets the requirements imposed under CASS 4.3?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

3.7 Have you read and understood the Client Money rules that you are required to follow?

- ☐ Yes > Continue to Section 4.
☐ No > Explain why below.

4

Reason for Variation

Tell us why you are applying to change your firm's permission.

We need to know why your firm is applying to change its permission. You should give as much information as possible, including:

- how this change will affect your firm and the long-term strategy for your business;
- any new operational, legal, market risks that you have identified and will need to consider; and
- details on any outsourcing.

5

Threshold Conditions

We need to know whether the firm will continue to satisfy the threshold conditions as a result of the change in its permission.

The threshold conditions are the minimum conditions a firm is required to satisfy, and continue to satisfy, to be given and retain Part IV 4A Permission. The firm must satisfy us these conditions will continue to be met if we grant the application.

You may be asked to provide documentary evidence to support of your answers, either during the application process or at a later point.

Table B of the document '**Investment Business – Notes**' gives details on what we may ask you to provide to support your application.

5.1 Have you reviewed Table B of the Notes, and submitted the supporting information as indicated by your type of application?

- ☐ Yes > Continue to next question.
☐ No > **Submitting the information now will significantly speed up the application process.**

Legal Status

5.2 Confirm that after this application your firm will retain its existing legal status.

- ☐ Yes > Continue to next question.
☐ No > Give details of how the legal status of the firm will change below.

Location of Offices

5.35.2 Confirm the following:

- if you are a body corporate, that your firm's Head Office (and also if you have a Registered Office, your Registered Office) is located within the United Kingdom; or
- if you are not a body corporate and your Head Office is in the United Kingdom, that you carry on business in the United Kingdom.

- ☐ Yes > Continue to next question.
☐ No > Give further details below.

Close Links

5.4 As a result of this application, will your firm have any new close links with another person or firm?

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

Effective Supervision

5.3 As a result of this application, will there be any impact on the appropriate regulator's ability to effectively supervise the firm?

- ☐ No > Continue to next question.
☐ Yes > Give further details below.

Adequate Appropriate resources

5.55.4 Prudential category

5.5.1 5.4.1 What is your firm's current prudential category?

5.5.2 5.4.2 Will the firm's prudential category change as a result of this application?

- ☐ No > Continue to question 5.6 5.5.
☐ Yes > What prudential category will your firm be in?

5.5.3 5.4.3 What will be the firm's new capital resource requirement?

5.5.4 5.4.4 Is the firm currently able to meet this new capital requirement?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.6 5.5 Professional Indemnity Insurance

5.6.1 5.5.1 Are you required to have in place professional indemnity insurance (PII)?

- ☐ No > Continue to question 5.7 5.6.
☐ Yes > Do you hold a valid quote or policy for PII that covers the current business of the firm, and the proposed change in business, if applicable, for which the firm is applying?
☐ Yes > Continue to next question.
☐ No > Explain why below.

Suitability

5.7 5.6 Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check it complies and continues to comply with regulations.

5.7.1 5.6.1 Do you have in place a Compliance Manual and a Compliance Monitoring Programme that reflects the firm's current business and the proposed change in business, if applicable, for which you are applying?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.8 5.7 Conduct of Business Requirements – ~~New~~ Conduct of Business (COBS) Sourcebook

5.8.1 5.7.1 Is the firm ready, willing and organised to comply with the relevant provisions in COBS, and, if applicable to this application, does the firm have in place the relevant customer disclosure documentation for the permission you are applying for?

- ☐ Yes > Continue to next question.
☐ No > Explain why below.

5.9 5.8 Systems and Controls (SYSC) Requirements

5.9.1 5.8.1 Does the firm continue to meet the SYSC requirements?

- ☐ Yes > Continue to next section.

☐ No > Explain why below.

We may contact you for more detailed information to support your application, especially if you are applying to significantly change your firm's current business.

6

Approved Persons

If a firm changes its permission it may need to have new Approved Persons and/or additional Controlled Functions or it may no longer need some existing Controlled Functions.

You should consider the effect of this change on approved persons before submitting your application. If you require help, please call the Approved Persons Helpline on 020 7066 0019 or email iva@fca.gov.uk or iva@fca.org.uk.

6.1 Will the change require new approved persons or additional controlled functions for existing approved persons in relation to the application?

- ☐ No > Continue to question 6.2.
- ☐ Yes > Have you submitted the required Approved Person 'Form A' application form?
- ☐ Yes > Provide the names of applicant(s) and new controlled functions below.
- ☐ No > Explain why below.

6.2 Have any individual(s) proposed to perform a new role (whether an approved person or not) has been assessed as competent to apply the knowledge and skills necessary to engage in or oversee the activities without supervision? And do they have the necessary qualifications (where relevant) and experience?

- ☐ No > Explain why below.
- ☐ Yes > Has this individual carried on this role before (e.g. at another firm)?
- ☐ Yes > Continue to question 6.3
- ☐ No > Provide information below on how they have been assessed as competent.

6.3 Does the firm have locum arrangements in place, to cover controlled functions such as Investment Advisers and Investment Managers?

- ☐ Yes > Provide the firm name below.
- ☐ No > Explain why below.

6.4 The changes you have requested may result in current controlled functions no longer being required. We will remove the specific functions from the profiles of the relevant approved persons. If this applies to your application, do you accept this?

- ☐ Yes > Continue to Section 7.
- ☐ N/A, as no change to controlled functions. > Continue to Section 7.
- ☐ No > Explain why below.

--

7

EEA Notifications and Third-Country Banking and Investment Groups

We need to know about any connected firms outside the UK but within the EEA (European Economic Area). We also need to know whether the firm is a member of a third-country banking and investment group.

EEA Notifications

7.1 Is the firm connected with a firm outside the UK but within the EEA?

- ☐ No > Continue to next question.
☐ Yes > Give details of each connection below.

Name of EEA Regulated Firm	Name of EEA Regulator	Firm's Contact at EEA Regulator (include email address)

Third-Country Banking and Investment Groups

7.2.1 Is the firm a BIPRU firm?

- ☐ No > Continue to Section 8.
☐ Yes > Continue to next question.

7.2.2 Is the firm a member of a third-country (i.e outside of the EEA) banking and investment group?

- ☐ No > Continue to Section 8.
☐ Yes > We will ask you to give further details once we have received this application.

8

Markets in Financial Instruments Directive (MiFID) and the Capital Requirements Directive (CRD)

We need to know the firm has considered the effect of MiFID and the CRD, and whether it will change as a result of this application.

MiFID Status

8.1 Is your firm subject to MiFID, and is it subject to the CRD, or will it become subject to them as a result of this application ?

- ☐ Yes > Continue to question 8.2.
☐ No > Does your firm wish to remain a MiFID exempt firm?
 ☐ Yes > Section complete.
 ☐ No, firm wishes to opt-in to MiFID. > We will contact you for further information. Continue to next question.

8.2 Will your firm be acting as a 'Systematic Internaliser'?

- ☐ No > Continue to next question.
☐ Yes > Continue to next question.
☐ N/A as not dealing on own account > Continue to next question.

8.3 CRD categorisation

8.3.1 Indicate below what is the firm's current categorisation under the CRD and what it will be if this application is granted, selecting one Capital Resource Requirement and one Base Capital Resource Requirement:

Capital Resource Requirement	Current Category	Proposed Category
Full Scope	<input type="checkbox"/>	<input type="checkbox"/>
Limited Activity	<input type="checkbox"/>	<input type="checkbox"/>
Limited Licence	<input type="checkbox"/>	<input type="checkbox"/>
Exempt CAD firm	<input type="checkbox"/>	<input type="checkbox"/>
Non-BIPRU firm	<input type="checkbox"/>	<input type="checkbox"/>
UCITS Investment firm	<input type="checkbox"/>	<input type="checkbox"/>

Base Capital Resource Requirement	Current Category	Proposed Category
Article 7 Recast CAD	<input type="checkbox"/>	<input type="checkbox"/>
Article 8 Recast CAD	<input type="checkbox"/>	<input type="checkbox"/>
BIPRU €50k	<input type="checkbox"/>	<input type="checkbox"/>
BIPRU €125k	<input type="checkbox"/>	<input type="checkbox"/>
BIPRU €730k	<input type="checkbox"/>	<input type="checkbox"/>
Non-BIPRU firm	<input type="checkbox"/>	<input type="checkbox"/>

9

Fees

Changing your firm's permission can generate an application fee and vary your periodic fee.

If an application fee is due, you must pay it in full at the same time as submitting your application (by cheque or credit/debit card). If the fee is not paid in full within **five working days** of the date that you submit this form, your application will be returned to you. This fee is non-refundable; and we do not issue invoices for it.

If the proposed application will move the firm into a new fee block, a fee will apply as listed below. If the firm moves into more than one new fee block, you should pay the highest fee.

We charge a fee of £250 for applications that will increase your firm's permitted business activities but which do not change your firm's fee blocks. There is no fee to reduce your permission.

9.1 Which fee block(s) is the firm currently in?

9.2 Indicate which of the following applies to your application.

New Fee Block	Description	Application Fee
<input type="checkbox"/> A3	Friendly Societies	Straightforward - £750
<input type="checkbox"/> A4	Friendly Societies	
<input type="checkbox"/> A12	Advisory arrangers, dealers or brokers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A13	Advisory arrangers, dealers or brokers (not holding or controlling client money and/or assets)	
<input type="checkbox"/> A14	Corporate finance advisers	
<input type="checkbox"/> A18	Home finance providers, advisers and arrangers	
<input type="checkbox"/> A19	Insurance intermediaries	
<input type="checkbox"/> A1	E-money issuers only	Moderately complex - £2,500
<input type="checkbox"/> A2	Home finance providers and administrators	
<input type="checkbox"/> A5	Managing agents at Lloyd's	
<input type="checkbox"/> A7	Fund managers (holding or controlling client money and/or assets)	
<input type="checkbox"/> A9	Operators, trustees and depositories of collective investment schemes	
<input type="checkbox"/> A9	Operators of personal pension schemes	
<input type="checkbox"/> A10	Firms dealing as principal	
<input type="checkbox"/> A1	Deposit acceptors (excluding e-money issuers and credit unions)	Complex - £12,500
<input type="checkbox"/> A3	Firms carrying on insurance activities subject only to prudential regulation (excluding friendly societies)	
<input type="checkbox"/> A4	Firms carrying on insurance activities subject to both prudential and conduct of business regulation (excluding friendly societies)	
<input type="checkbox"/> No change to fee block	Increase in scope of permission, but no change in fee block, e.g. only adding new customer or investment types to your activities, or removing a requirement or limitation	£250
<input type="checkbox"/> No new fee block	Reduction in scope of permission, e.g. only removing an activity, removing a customer or investment type from an activity, or adding a requirement or a limitation	No fee

9.3 Please confirm that you have enclosed a cheque for the correct application fee, where one is due.

- ☐ Yes
☐ No, I will pay using a credit/debit card

Cheques should be made payable to the ~~Financial Services Authority~~ Financial Conduct Authority, with the firm name and reference number written on the back and enclosed with this form. To make a payment using a credit/debit card, please do not enter the details on this form. We will contact you to ask for the details.

10 Declaration and Signature

Warning

Knowingly or recklessly giving us 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). Our rules (SUP 15.6.4R) require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to us and to tell us immediately if materially inaccurate information has been provided. Contravening these requirements may lead to disciplinary sanctions or other enforcement action by us. It should not be assumed that information is known to us just because it is in the public domain or has previously been disclosed to us 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~~ FCA/PRA 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 confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.
- ✓ I am aware that it is a criminal offence knowingly or recklessly to give the ~~FSA~~ FCA/PRA 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~~ FCA/PRA on request.
- ✓ I will notify the ~~FSA~~ FCA/PRA immediately if there is a significant change to the information given in the application pack. If I fail to do so, this may result in a delay in the application process or enforcement action.

Date	
Name of signatory ¹	
Position ² of signatory	
Individual Registration Number (if applicable)	
Signature	

¹ The signatory must be a suitable person of appropriate seniority at the firm.

² e.g. Director, Sole Trader, Compliance Officer, etc.



Variation of Permission (VOP) Application

Investment Business – notes

Purpose of these Notes

These notes will help you fill in the **Investment Business** form correctly.

If after reading these notes you need more help, you can:

- visit our website: <http://www.fsa.gov.uk/Pages/doing/regulated/notify/permissions/index.shtml>, where there is also a link to the Frequently Asked Questions page; www.fca.org.uk/your-fca and/or www.bankofengland.co.uk;
- consult the relevant tailored handbook or the full FSA Handbook: www.fcahandbook.info/FSA/index.jsp; www.fshandbook.info/FS/html/handbook;
- call the Firm Contact Centre on 0845 606 9966; or **PRA Firm Enquiries on 020 3461 7000; or**
- email ~~fcc@fsa.gov.uk~~ fcc@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk

These notes, while aiming to help you, do not replace the rules and guidance in the FSA Handbook.

Terms in the Form

The form uses the following terms:

'FSA' 'FCA/PRA', 'we', 'our', or 'us' refers to the ~~Financial Services Authority~~ Financial Conduct Authority and the Prudential Regulation Authority.

'The firm' refers to the firm applying for the variation of permission.

'You' refers to the person(s) signing the form on behalf of the applicant firm.

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1

Contact details and timings for this application

Contact for this application

1.1 Details of the person we should contact about this application.

This should be an individual in the UK.

Timings for this application

1.2 Does the applicant firm have any timing factors that it would like us to consider?

If you wish your application to be granted by a specific date, for example in time for a product launch, we will try to do so. However, the time taken to determine each application is significantly affected by the quality of the application submitted and whether it is complete. If you leave a question blank, do not sign the declaration or do not attach the required supporting information, we will have to treat the application as incomplete. This will increase the time taken for us to assess your application.

We are required by law to determine applications within the earlier of (a) six months of receiving a complete application or (b) 12 months of receiving an incomplete application. However, we aim to make a decision about the application as soon as possible.

2

Variation of Permission – Investment Business activities

It is your responsibility to make sure the regulated activities you request adequately cover the activities the applicant firm intends to carry on. Use this page to request any changes you wish to make to the firm's permission.

You need a Permission Notice that matches the applicant firm's needs and covers every aspect of regulated business it wants to carry on. The Permission Notice shows the range of regulated activities the applicant firm will be authorised to carry on, as well as the investment instruments and type(s) of customer it can deal with for each specific activity. It will also contain what we refer to as 'requirements' and 'limitations'.

Broadly speaking, a limitation is included in the description of a specific regulated activity (e.g. not to deal with retail customers in relation to that regulated activity) and will limit how it can be carried on, in some way.

A requirement is on the firm to take or not to take a specified action (e.g. not to hold client money). A requirement may extend to activities which are not regulated activities.

If the applicant firm carries on a regulated activity that is not set out in its permission notice it could be in breach of FSMA and subject to enforcement action.

Changing Customer Types

Amendments to customer types may affect your exemption status under Dispute Resolution: Complaints (DISP) 1.1.12R, and Fees Manual (FEES) 6.2.1R. This is particularly relevant if you are adding or removing the retail customer type. Please ensure you notify your normal supervisory contact in writing of any changes to your status under this exemption that this variation of permission may cause.

3 Variation of Permission – Client Money

The rules and guidance about how applicant firms hold client money are designed to provide an adequate level of protection for consumers.

In relation to investment business, other than MiFID business, these rules are in CASS 4.3: www.fshandbook.info/FS/html/handbook/CASS/4/3 www.fshandbook.info/FS/html/handbook/CASS/4/3. As regards MiFID business, see CASS 7: <http://www.fshandbook.info/FS/html/handbook/CASS/7>. <http://www.fshandbook.info/FS/html/handbook/CASS/7>.

You should note that applying for a variation permission in relation to client money may affect your prudential category.

4 Reason for Variation

No additional notes.

5 Threshold Conditions

The Threshold Conditions are the minimum requirements a firm must satisfy to be, and to continue to be, authorised. When we consider the applicant firm's application we will assess whether you will satisfy, and continue to satisfy, the threshold conditions which are set out in full in the Threshold Conditions Sourcebook (COND) 2 of the FSA Handbook at: www.fshandbook.info/FS/html/handbook/COND/2. www.fshandbook.info/FS/html/handbook/COND/2.

Legal Status

~~This is a requirement of Threshold Condition 2.1. The applicant firm must fall into one of the categories listed to apply for authorisation.~~

Location of Offices

This is a requirement of Threshold Condition 2.2.

Close Links

~~If the applicant firm has any close links (links with other firms or individuals), these must not prevent effective FSA supervision of the applicant firm if authorised. This is a requirement of Threshold Condition 2.3.~~

Effective Supervision

The appropriate regulator must be capable of effectively supervising the firm. This is a requirement of Threshold Condition 2.3.

Adequate Appropriate resources

We must be satisfied the applicant firm has adequate resources. We assess the quality and quantity of the applicant firm's resources for its:

- financial resources;
- management;
- staff; and
- systems and controls.

This is a requirement of Threshold Condition 2.4.

Prudential category

We differentiate between our financial requirements by putting applicant firms in different prudential categories. The firm will fall into at least one prudential category; and it may fall into more than one

prudential category, depending on its regulated activities. The prudential categories are set out in the following table.

Table A

PRUDENTIAL CATEGORIES FOR NON- INVESTMENT BUSINESS FIRMS		
Sourcebook		Ref
Bank (GENPRU and BIPRU)		B
Building Society (GENPRU and BIPRU)		BS
Friendly Society (IPRU-FSOC)		FS
Insurer (GENPRU, INSPRU and IPRU-INS)		INS
Mortgage Lender (MIPRU)		ML
Mortgage Administrator (MIPRU)		MA
Mortgage and/or insurance intermediary (MIPRU)		MGI
PRUDENTIAL CATEGORIES FOR NON-MiFID INVESTMENT BUSINESS FIRMS		
IPRU(INV) Chapter	Sub Category in Chapter	Ref
1 & 2 – Professional Firms	N/A	PROF
1 & 3 – Securities and Futures Firms (not Investment Firms)	Corporate Finance	NI-CF
	Venture Capital	NI-VC
	Arranger	NI-ARR
	Agency Broker	NI-AB
	Financial Bookmaker	NI-FB
	Non clearing Floor Member	NI-NCFM
	Broadscope	NI-BRA
	Local	LOCAL
	EMP	EMP
	OMP	OMP
1 & 4 – Lloyd's Firms	N/A	LLOYD
1 & 5 – Investment Management Firms	N/A	IM
1 & 6 – Service Companies	N/A	SC
1 & 13 – Personal Investment Firms	B1	PI-B1
	B2	PI-B2
	B3	PI-B3
Media Firm	N/A	Media

Professional Indemnity Insurance

Some types of firms are required to have professional indemnity insurance (PII) in place, depending on the type of business that they conduct. PII is liability insurance that covers businesses if a third party claims to have suffered a loss because of professional negligence. If your firm is required to have PII, unless an exemption applies, you must have compliant PII cover in place before we can grant your application. This must be at least equal to the requirements of the FSA Handbook IPRU (INV) 13 and/or MIPRU 3 and/or IPRU (INV) chapter 9.

All excesses and exclusions identified in the PII policy must have been satisfactorily covered – for example, your firm has adequate capital resources, or has made adequate arrangements to mitigate high excess(es), or increased excess(es) for specific business types. Please note we would not expect your firm to have exclusions for specific business types.

What if I intend to carry on more than one regulated activity?

If you carry on a combination of investment, home finance and/or insurance mediation regulated activities you will only need to comply with the higher of the prudential requirements as stated in MIPRU and/or IPRU (INV)13 and/or IPRU (INV) chapter 9 for each of these regulated activities.

You do not need to have more than one PII policy to satisfy each prudential requirement in PRU and IPRU (INV). One PII policy could cover the separate limits of indemnity and excesses for each type of regulated activity where appropriate. If you are subject to one or more limits of indemnity (because of the scope of your firm's regulated activities) and more than one limit applies, you only need to provide the highest one.

<http://www.fsa.gov.uk/pages/doing/regulated/Firms/fag/rmar.shtml>

http://www.fsa.gov.uk/pages/Doing/small_firms/advisers/FAQ/pii.shtml

http://www.fsa.gov.uk/pubs/policy/04-02/buying_pii.pdf

For more information see: www.fca.org.uk/your-fca and/or www.bankofengland.co.uk:

Suitability

We must be satisfied the applicant firm is 'fit and proper' to be authorised. We assess:

- the competence and ability of management;
- the management's commitment to carrying on the business with integrity; and
- the management's commitment to carrying on the business in compliance with the regulatory regime.

Compliance

A firm must establish, maintain and carry out a Compliance Monitoring Programme of actions to check it complies, and continues to comply, with regulations. When assessing this application we need to be satisfied the applicant firm has the appropriate compliance arrangements in place to meet its regulatory obligations. The applicant firm will need, as a **minimum**, to have in place procedures to meet our rules for the subject areas in the table below. These procedures must be ready for inspection at any time.

5

Threshold Conditions (cont'd)

Supporting Information to Submit With Your Application

For applications to add permission to do the following **for the first time**, you **must** supply the documents indicated in the table below with the application. If you do not do this, it will lengthen the application process.

Table B

In addition to this, we may contact you for more detailed information to support your application,

	Regulated activities or client money permission
--	---

especially if you are applying to significantly change your firm's current business.

	Advising on investments (except pension transfers and opt outs)	Advising on pension transfers and opt outs	Dealing in investments as principal	Managing Investments	Establishing operating or winding up a regulated/ unregulated collective investment scheme	Arranging safeguarding and administration of assets/ safeguarding and administration of assets/ Holding and/or controlling client money or assets	Establishing operating or winding up a personal pension scheme
Evidence of compliance with the capital resource requirements			X	X			
Evidence of satisfaction of the Training and Competence (T&C) requirements for controlled functions in the firm including relevant experience, CV's and qualifications		X		X			
Compliance Manual	X		X	X	X	X	
Compliance monitoring programme (procedures to establish, maintain and carry out regular periodic compliance reviews.)	X		X	X	X	X	
Business Plan – Including rationale and projections	X		X	X	X		X
Details of operational procedures				X	X		X
Confirmation that scheme documentation is in place					X		
Details including value of SIPPs assets and number of clients now and after 12 months							X

6

Approved Persons

You must ensure that no individual performs a controlled function until the application has been granted and we have approved the individual to perform the controlled function(s).

What is an approved person?

An approved person is an individual who is approved by us to perform a controlled function for an authorised firm or an appointed representative. To be approved and continue to be approved to perform a controlled function, an individual must:

- meet, and maintain, our criteria for approval (the 'fit and proper test'); and then
- perform their controlled function(s) in line with the Statement of Principles and Code of Practice for Approved Persons (APER) Sourcebook of the FSA Handbook.

What is a controlled function?

A controlled function is a function for a regulated business that has particular regulatory significance. For example, overseeing the firm's systems and controls and being responsible for compliance with our rules. There are different controlled functions relevant to the different types of businesses we regulate. Some controlled functions are required for every firm, others will depend on the nature of your business.

Each controlled function has a 'CF' number. You can find a full list of all the controlled functions and an explanation of each one at: www.fshandbook.info/FS/html/handbook/SUP/10 www.fshandbook.info/FS/html/handbook/SUP/10

The Approved Person 'Form A' application form is found at: www.fsa.gov.uk/pubs/other/ivreg_forma.pdf www.fca.org.uk/your-fca

7

EEA Notifications and Third-Country Banking and Investment Groups

EEA Notifications

We need to know about any connected firms outside the UK but within the EEA because we are required by FSMA to contact the relevant EEA Home State Regulators of these connected firms, as part of the application process.

Third-Country Banking and Investment Groups

Definition of BIPRU firm

Has the meaning set out BIPRU 1.1.6 R (The definition of a BIPRU firm), which is in summary a firm that is:

- (a) a building society; or
- (b) a bank; or
- (c) a full scope BIPRU investment firm; or
- (d) a BIPRU limited licence firm; or
- (e) a BIPRU limited activity firm;

but excluding firms of the type listed in BIPRU 1.1.7 R (Exclusion of certain types of firm from the definition of BIPRU firm).

Definition of third-country banking and investment group

A third-country banking and investment group is a banking and investment group that is:

- (a) headed by:
 - (i) a credit institution;

- (ii) an asset management company;
 - (iii) an investment firm; or
 - (iv) a financial holding company;

that has its head office outside the EEA; and

- (b) not part of a wider EEA banking and investment group.

Definition of financial holding company

A financial holding company is a financial institution that fulfils the following conditions:

- (a) its subsidiary undertakings are either exclusively or mainly credit institutions, investment firms or financial institutions;
- (b) at least one of those subsidiary undertakings is a credit institution or an investment firm; and
- (c) it is not a mixed financial holding company.

Definition of credit institution (as defined in articles 4(1) and 107 of the Banking Consolidation Directive (BCD))

A credit institution is:

(as defined in article 1(1) of the BCD)

- (1) an undertaking whose business is to receive deposits or other repayable funds from the public and to grant credits for its own account; or
- (2) an electronic money institution within the meaning of the E-Money Directive;

but excluding an institution within (2) that does not have the right to benefit from the mutual recognition arrangements under the BCD.

(See also the definitions of BCD credit institution, full credit institution, full BCD credit institution and Zone A credit institution in the Glossary of the FSA Handbook.

Definition of MiFID investment firm (as defined in article 4(1)(1) of *MiFID*))

in summary) a firm to which MiFID applies including, for some purposes only, a credit institution and UCITS investment firm.

(in full) a firm which is:

- (1) an investment firm with its head office in the EEA (or, if it has a registered office, that office);
- (2) a BCD credit institution (only when providing an investment service or activity in relation to the rules implementing the Articles referred to in Article 1(2) of MiFID);
- (3) a UCITS investment firm (only when providing the services referred to in Article 5(3) of the UCITS Directive in relation to the rules implementing the articles of MiFID referred to in Article 5(4) of that Directive);

unless, and to the extent that, MiFID does not apply to it as a result of Article 2 (Exemptions) or Article 3 (Optional exemptions) of MiFID.

8

Markets in Financial Instruments Directive (MiFID) and the Capital Requirements Directive (CRD)

MiFID Status

CRD came into effect on 1 January 2007. Broadly speaking, the CRD only applies to firms which MiFID applies. The prudential rules these firms need to follow are contained in the Prudential Sourcebook for Banks, Building Societies and Investment firms (BIPRU) and the General Prudential Sourcebook (GENPRU).

Exempt CAD firms benefit from a lighter regime under the recast Capital Adequacy directive but are nonetheless subject to initial capital requirements (see articles 7 and 8). Exempt BIPRU commodities firms benefit from a transitional regime under the recast CAD (article 48). Please see PERG 13.6 Q54, 57, 58 and 59, <http://fsahandbook.info/FSA/html/handbook/PERG/13/6>
<http://fsahandbook.info/FS/html/handbook/PERG/13/6>

Guidance on MiFID and CRD categorisation and whether firms will be affected by either directive is set out in the Handbook, see PERG 13: <http://fsahandbook.info/FS/html/handbook/PERG/13>.

What is a 'Systematic Internaliser'?

MiFID defines Systematic Internalisers as those investment firms, which, on an organised, frequent and systematic basis, deal on own account by transacting client orders outside a Regulated Market or a Multilateral Trading Facility. This is also commonly known as Over-the-Counter trading.

CRD categorisation – BIPRU Prudential Rules

Base Capital Resource Requirement

€50k	A BIPRU €50k firm which: <ul style="list-style-type: none"> is not authorised to deal for own account in, or underwrite issues of, financial instruments on a firm commitment basis; offers one or more of the following services: <ul style="list-style-type: none"> reception and transmission of orders; execution of orders; or management of individual portfolios of investments. does not hold client's money and/or securities and is not authorised to do so; is not a UCITS investment firm; and does not operate a multilateral trading facility..
€125k	A BIPRU €125K firm which: <ul style="list-style-type: none"> is not authorised to deal for own account in, or underwrite issues of, financial instruments on a firm commitment basis; offers one or more of the following services: <ul style="list-style-type: none"> reception and transmission of orders; execution of orders; or management of individual portfolios of investments. can hold client money or securities, or is authorised to do so; is not a UCITS investment firm; and does not operate a multilateral trading facility
€730k	a BIPRU €730K firm is an investment firm subject to the recast CAD but is not a BIPRU €50K firm, a BIPRU €125K firm or a UCITS investment firm.
UCITS investment firm	A <i>UCITS investment firm</i> should hold base capital of €125,000 plus an additional amount of own funds, in accordance with the UCITS Directive, equal to 0.02% of the amount by which the value of portfolios under management exceed €250,000,000 (subject to an overall maximum base capital requirement of €10,000,000).



Markets in Financial Instruments Directive (MiFID) and the Capital Requirements Directive (CRD) (cont'd)

Capital Resources Requirement

For full scope BIPRU investment firms, the minimum capital resource requirement will be calculated as the higher of the base requirement **or** the sum of the credit, market and operational risk requirements.

For BIPRU limited activity firms, the minimum capital resource requirements will be calculated as the higher of the base requirement **or** the sum of the credit, market risk and the fixed overheads requirement (FOR).

For BIPRU limited licence firms, the minimum capital resource requirements will be calculated as the higher of the base requirement **or** the sum of credit and market risk requirements **or** the FOR.

Full scope BIPRU investment firm	an investment firm that is neither a BIPRU limited activity firm, nor a BIPRU limited licence firm.
BIPRU limited activity firm	an investment firm that deals on own account only for the purpose of fulfilling or executing client orders, or gaining entrance to a clearing and settlement system or a recognised exchange when acting in an agency capacity or executing a client order.
BIPRU limited licence firm	an investment firm that is not authorised to provide the investment services of dealing on own account or underwriting and/or placing financial instruments on a firm commitment basis, or a UCITS investment firm.

For further information, see <http://www.fsa.gov.uk/Pages/About/What/International/basel/info/index.shtml>, www.fca.org.uk/your-fca and/or www.bankofengland.co.uk;

MiFID firms not generally subject to GENPRU and BIPRU

Firm Category	IPRU (INV) chapters
An exempt CAD firm (which is a Securities and futures firm)	1 & 9
An exempt CAD firm (which is an Investment management firm)	1, 5 & 9
An exempt CAD firm (which is a Personal investment firm)	1 & 13
Securities and futures firm (which is an exempt BIPRU commodities firm)	1 & 3
Locals	1 & 3

9 Fees

The application fee is an integral part of your application. If you do not send a cheque for the appropriate fee in full with the completed application pack, we will not process your application.

For further information on fees, see FEES 4 Annex [1AR](#) and [1BR](#).

You should note the firm's periodic fee may change as a result of this application. See www.fsa.gov.uk/fees, www.fca.org.uk/your-fca and/or www.bankofengland.co.uk for further details.

10 Declaration and Signature

This must be the person who is responsible for making the application. This should be a suitable person of appropriate seniority at the firm.

Appendix A - Standard Requirements

Ref	Short Description	Requirement (full narrative)
1	Activities only in respect of long term insurance.	The firm may only carry on listed activities in respect of the investments specified for the purpose of its long term insurance business.
2	Corporate finance business only.	The firm must not conduct designated investment business other than corporate finance business.
3	Corporate finance or venture capital only.	The firm must not conduct designated investment business other than corporate finance business or venture capital business.
4	Derivatives as incidental services only.	The firm must not carry on a permitted activity concerning the sale of an option (including a commodity option), future (including commodity future) or contract for difference (including spread bet or rolling spot forex contract), except where the activity is incidental to services to a particular client.
5	Energy Market Participant.	The firm must not conduct designated investment business other than energy market activity.
6	Exempt CAD firm (arranging and advising)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments or investment advice.
7	Exempt CAD firm (arranging only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except reception and transmission of orders in relation to one or more financial instruments.
8	Exempt CAD firm (advising only)	Unable to carry on any investment service or activity, to which MiFID applies, on a regular basis except investment advice in relation to one or more financial instruments.
9	*Limited Activity firm	May only deal on own account in MiFID financial instruments for the purpose of (i) fulfilling or executing a client order or (ii) gaining entrance to a clearing and settlement system or a recognised exchange when acting in an agency capacity or executing a client order.
10	*Limited Licence firm	Unable to (i) hold financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's <u>FCA's</u> Glossary of defined expressions used in the FSA's <u>FCA's</u> Handbook and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
11	*Matched Principal Broker	Unable to: (i) hold investors' financial instruments for own account unless it meets the 'matched principal exemption conditions' as defined in the FSA's <u>FCA's</u> Glossary of defined expressions used in the FSA's <u>FCA's</u> Handbook; and (ii) underwrite MiFID financial instruments and/or place MiFID financial instruments on a firm commitment basis.
12	*Box Management (i)	Limited to authorised unit trust box management.
13	*Box Management (ii)	Limited to investment company with variable capital (ICVC) box

		management.
14	*Box Management (iii)	Limited to recognised collective investment scheme (CIS) box management operations.
15	*Box Management(iv)	Limited to unregulated CIS box operations.
16	May control money if settlement through a mandate.	The general requirement not to hold or control CLIENT MONEY does not restrict the firm from controlling CLIENT MONEY if it arises from an agreement under which the firm effects settlement through a mandate or otherwise.
17	May hold/control client money if rebated commission.	The general requirement not to hold or control CLIENT MONEY does not apply if the CLIENT MONEY arises from an agreement under which commission is rebated to the client.
18	MiFID client money/assets restriction	Unable to hold client money or <i>safeguard and administer assets (without) arranging</i> in relation to any investment services and activities (to which MiFID applies).
19	Exempt MiFID firm (Article 2).	Unable to carry on any investment services or activities (to which MiFID applies) applies on a regular basis.
20	Exempt MiFID firm (Article 3)	Must comply with the requirements in regulation 4C (or any successor provision) of the Financial Services and Markets Act 2000 (Markets in Financial Instruments) Regulations 2007
21	No actions to stabilise market price.	The firm must not act in any way to stabilise the market price of any investment.
22	No CORPORATE FIN. BUSINESS unless non-mainstream.	The firm must not carry on any CORPORATE FINANCE BUSINESS that is a REGULATED ACTIVITY unless it is a NON-MAINSTREAM REGULATED ACTIVITY.
23	No pension transfer or opt out.	The firm must not carry on any business relating to a PENSION TRANSFER or OPT OUT.
24	Not to act as Broker Fund Adviser.	The firm must not operate as a BROKER FUND ADVISER.
25	Oil Market Participant.	The firm must not conduct designated investment business which is not an oil market activity.
26	Private customers for regulated CIS only.	The firm may only conduct regulated activities for private customers which are regulated collective investment schemes.

* These are limitations, rather than requirements, and are included in the list of requirements as they affect a firm's prudential category.

END OF NOTES



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Cancellation of Part ~~IV~~ 4A Permission - Application Form

(SUP 6 Ann 6D)

Firm name[†]

("The Firm")

Firm reference number[†]

Address[†]

The Financial ~~Services~~ Conduct Authority
Permissions Department
Regulatory Transactions
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.

[†] The above 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

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

NOTES

Please note that before completing this form to cancel all of your firm's regulated activities, you may find it helpful to discuss your proposed application with your usual supervisory contact at the FSA appropriate regulator.

You should ensure that all relevant information and confirmations are included in the form. If not, your application will be delayed whilst we seek the outstanding information and/or confirmations. Ultimately your application will be refused if the outstanding information and/or confirmations are not provided.

For more complex applications e.g. involving banks or insurance companies, we may request some additional information, in which case we will send a separate schedule.

N.B. an inwardly passporting EEA firm that is applying to cancel a top-up permission should only deal with matters in relation to that top-up permission in this form.

If you want to cancel some but not all of the regulated activities of your firm's permission then you should use the relevant Variation of Permission form to vary your firm's permission. Where a firm may require a long period in which to wind down (run off) its business, it is usually appropriate for the firm to apply to vary its permission before commencing the wind down. Please contact your normal supervisory contact to discuss your options.

To enable the FSA appropriate regulator to process this application for the cancellation of your firm's Part ~~IV~~ 4A permission, i.e. of all of its regulated activities, your firm should have taken the appropriate steps and be able to answer YES to each question below.

	Yes	No
• Have you notified all your firm's clients of its intention to cancel its permission and how this will affect them? (See SUP 6.4.11) [†]	<input type="checkbox"/>	<input type="checkbox"/>
• Are your firm's fees paid up to date? (See SUP 6.4.22) [†]	<input type="checkbox"/>	<input type="checkbox"/>
• Have all of your firm's regulatory returns been submitted up to date? (See SUP 16) [†]	<input type="checkbox"/>	<input type="checkbox"/>
• Have you already informed your firm's approved persons of this application for cancellation? [†]	<input type="checkbox"/>	<input type="checkbox"/>
• Can you confirm that there are no unsatisfied or undischarged complaints against the firm that have not been fully dealt with in accordance with your firm's complaints procedures? (See SUP 6.4.10 & 22) [†]	<input type="checkbox"/>	<input type="checkbox"/>
• If your firm's carrying on of regulated activities has not already ceased, will your firm cease to do so within the next 6 months? (See SUP 6.4.3) [†]	<input type="checkbox"/>	<input type="checkbox"/>

[†] The above 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

If you and the firm are not able to answer YES to all the questions above, you should NOT be making this application.[†]

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

§ Denotes a mandatory field

Application Details Part 1

Section B1

3 On behalf of The Firm, I/we, the undersigned, hereby apply to cancel the Firm's Part ~~IV~~ 4A permission and declare that: [†]

[†] The above 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

The firm has ceased conducting all regulated activities from: / /

OR

The firm will cease conducting all regulated activities from: / /

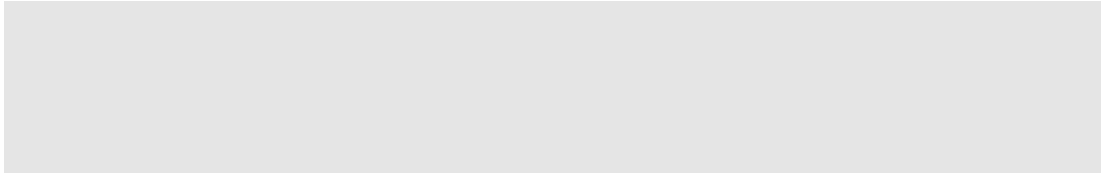
Please note that all regulated activities must cease no later than six months from the date of any application to cancel Part ~~IV~~ 4A permissions (see SUP 6.4.3 G).

If you do not intend to cease regulated activities within the next six months, you should NOT apply at this stage.

4 What are your firm's reason(s) for cancellation (please tick as appropriate): [†]

- | | | |
|-----|---|--------------------------|
| (a) | Ceased to carry on regulated activities | <input type="checkbox"/> |
| (b) | Proposing only to be authorised through: | |
| | Association of Chartered Certified Accountants | <input type="checkbox"/> |
| | Institute of Chartered Accountants in England and Wales | <input type="checkbox"/> |
| | Institute of Chartered Accountants in Scotland | <input type="checkbox"/> |
| | Law Society | <input type="checkbox"/> |
| | Law Society of Scotland | <input type="checkbox"/> |
| (c) | Business transferred to another regulated firm | <input type="checkbox"/> |
| (d) | Joining a network | <input type="checkbox"/> |
| (e) | Merging with another regulated firm | <input type="checkbox"/> |
| (f) | To become an appointed representative of another regulated firm | <input type="checkbox"/> |
| (g) | Firm never carried on regulated activities | <input type="checkbox"/> |
| (h) | Non-availability of professional indemnity insurance cover | <input type="checkbox"/> |
| (i) | Cost of professional indemnity insurance cover | <input type="checkbox"/> |
| (j) | Other (please provide details) | <input type="checkbox"/> |

[†] The above 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



- | | | | |
|---|---|--------------------------|--------------------------|
| | | Yes | No |
| 5 | Is there any information, relating to the withdrawal of individual approved persons performing controlled functions, of which the FSA <u>appropriate regulator</u> should be aware? [†] | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details:

-
- | | | | |
|---|---|--------------------------|--------------------------|
| 6 | Does your firm hold or control client money or assets? [†] | <input type="checkbox"/> | <input type="checkbox"/> |
| | We may ask you for an auditor's report. Please refer to SUP 6.4.15G, 6.4.16G and 6.4.17G. | | |
| | All client money/client deposits/discharged custody assets and any other property belonging to clients must be repaid before cancellation can proceed. Please refer to SUP 6.2.22 (2)G. | | |
-

- | | | | |
|---|--|--------------------------|--------------------------|
| 7 | Are any of your firm's clients being transferred to another firm that is regulated by the FSA <u>either the FCA or PRA</u> ? [†] | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|

- 7a If 'Yes', number of firms to whom business is being transferred _____[†]

Please complete Section B2a for each firm to whom business is being transferred.

[†] The above 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

Application Details Part 2

Section B2a

(If there is more than one transferee firm, please copy this page and attach to the form)

Name of firm to which business is being transferred [†]				§		
a) On what date do you propose to transfer this business? [†]			/	/	§	
				Yes	No	
b) Is this firm currently authorised? [†]				<input type="checkbox"/>	<input type="checkbox"/>	
(If not, it must be authorised before the transfer takes place. You can find out whether a firm is authorised by checking the FSA Financial Services Register on our website)						
If yes, please enter either its Firms reference number						
c) Address of Firm [†]						
d) If no, please enter the date on which it is expected to become authorised [†]			/	/		
e) Principal compliance contact at firm [†]						§

§ Denotes a mandatory field

[†] The above 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

- | | | | |
|----------|---|--------------------------|--------------------------|
| 8 | Does your firm: [†] | Yes | No |
| | (i) undertake corporate finance business; | <input type="checkbox"/> | <input type="checkbox"/> |
| | (ii) have any investment agreements; | <input type="checkbox"/> | <input type="checkbox"/> |
| | (iii) manage any Collective Investment Schemes; | <input type="checkbox"/> | <input type="checkbox"/> |
| | (iv) have any outstanding subordinated loan agreements? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer yes to any of the above, by signing this Form you will be declaring that, by the date of cancellation, in respect of:

Q8 (i) all mandates have been or will be transferred;

Q8 (ii) your firm has terminated or will be terminating all agreements;

Q8 (iii) schemes managed by the firm have been or will be wound up; and

Q8 (iv) all such loan agreements have been or will be terminated

9 a) Pensions: Selling or advising between 29 April 1988 and 30 June 1994 [†]

Tick as appropriate:

The firm did not undertake the business of pension selling or advising between 29 April 1988 and 30 June 1994- ☐

The firm did undertake the business of pension selling or advising between 29 April 1988 and 30 June 1994 and has completed its review as specified by the rules and guidance issued by the PIA and the FSA. ☐

The firm did undertake the business of pension selling or advising between 29 April 1988 and 30 June 1994 and has not completed its review (as specified by the rules and guidance issued by the PIA and the FSA) and has therefore been in contact with the FSA and carried out all the actions required. ☐

b) Free Standing Voluntary Contributions ('FSAVCs'): Advising or arranging between 29 April 1988 and 15 August 1999. [†]

Tick as appropriate:

The firm did not undertake the business of advising or arranging FSAVCs between 29 April 1988 and 15 August 1999- ☐

The firm did undertake the business of advising or arranging FSAVCs between 29 April 1988 and 15 August 1999 and has completed its review as specified by the rules and guidance issued by the PIA and the FSA. ☐

The firm did undertake the business of advising or arranging FSAVCs between 29 April 1988 and 15 August 1999 and has not completed its review (as specified by the rules and guidance issued by the PIA and the FSA) and has therefore been in contact with the FSA and carried out all the actions required. ☐

Note: Please only apply to cancel once the resolution of all Pension review and/or FSAVC review issues are near completion.

[†] The above 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

Warning

Knowingly or recklessly giving the ~~FSA~~ appropriate regulator 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~~ appropriate regulator and to notify the ~~FSA~~ appropriate regulator immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ appropriate regulator. It should not be assumed that information is known to the ~~FSA~~ appropriate regulator merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ appropriate regulator 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~~ appropriate regulator 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 application form

- I/we confirm that this information is accurate and complete to the best of my/our knowledge and belief.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the ~~FSA~~ appropriate regulator 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~~ appropriate regulator on request.
- I/we will notify the ~~FSA~~ appropriate regulator 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.

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

Date[†]

Name of first signatory^{1†}

Position² of first signatory[†]

[∞] The above question(s) should only be completed if submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.

¹ For a sole trader, the signature of the principal is required. For any other firm, the signature of two directors or of two partners, as appropriate, is required.

[†] The above 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

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

Individual Registration Number[†]

Signature^{*}

Name of second signatory*

Position of second signatory*

Individual Registration Number^{*}

Signature*

* The above question(s) 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 submission of this form is online.

* The above question(s) 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 submission of this form is online.



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Waiver Application number
(for ~~FSA~~ FCA/PRA use only)

Waiver - Application Form

Firm name[†]

Firm reference number[†]

Address[†]

Please tick if this firm has a PRA firm within its immediate group

☐

~~Please return this form to:~~

Please return this form via email to EITHER the Central Waivers Team at the FCA (if solo regulated or dual regulated and applying for a waiver or modification of a rule in the FCA Handbook) or the Assessment and Monitoring Team at the PRA (if applying for a waiver or modification of a rule in the PRA Handbook):

The Central Waivers Team

The Financial ~~Services~~ Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 20 7066 1000
Facsimile +44 (0) 20 7066 1099
Email: centralwaiversteam@fca.org.uk

Assessment and Monitoring Team

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone: +44 (0)20 3461 7000

Email: PRA-waivers@bankofengland.co.uk

[†] The above 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

SUP 8 Ann 2D (see SUP 8.3.3D)

Application form for a *waiver*

Before completing this form, you may find it helpful to discuss your application with your appropriate supervisory contact at the ~~FSA~~ Financial Conduct Authority or the Prudential Regulation Authority. However, you must still ensure you include all relevant information in this form. If you do not, your application will be delayed while you answer further questions from us.

~~Please read the notes in the next section when you complete this form as they explain or give help for many of the questions.~~

Before completing this application form please read the notes provided at the end of this form as they explain or give help for many of the questions.

Does the applicant have any timing factors that it would like us to consider (Yes / No)? [†]

If Yes, please enter date required? [†]

Personal Details

Section A

1 Contact name for this application[†]

§

2 Contact details: [†]

a Business Address

b Position in the firm

c Daytime telephone 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

§ Denotes a mandatory question

d Email address

e Individual reference number (IRN), if applicable

f Name of Approved Person responsible for this application, if applicable

Additional Details

Section A1

3 Group applications

Where applicable, please list the group firms on behalf of which this application is also being made: [†]

FSA Firm Reference Number	Firm Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4 What types of client would be affected if we granted your application? (tick all that apply) [†]

- Retail Clients ☐
- Professional Clients ☐
- Eligible Counterparty ☐
- Retail Customers (insurance mediation activities only) ☐
- Commercial Customers (insurance mediation activities only) ☐
- Customers (home finance business only) ☐

[†] 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

Rule(s) to which the application relates**Section B**

If you are applying for a waiver or modification of more than one rule, you should copy this section as appropriate and attach the copies to this application.

5	Please state the Handbook rule to which the application relates [†]	§		
			Yes	No
6	Is there a related Handbook Annex? [†]	§	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, Annex Reference			
7	Is there a related Handbook table? [†]	§	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, Table Reference			
8	Which section of the Financial Services and Markets Act 2000 (FSMA) forms the basis for the application for waiver/modification of this rule? [†]			§
	FSMA 44 <u>138A</u> (relevant for most rules)	<input type="checkbox"/>	FSMA 250 (relevant for certain rules in the Collective investment scheme sourcebook, see SUP 8.2.3G)	
	FSMA 294 (relevant for certain rules in the Recognised Investment Exchanges and Recognised Clearing Houses Sourcebook, see REC 3.3)	<input type="checkbox"/>	OEIC Regulations – Regulation 7 (relevant for certain rules in the Collective investment scheme sourcebook, see SUP 8.2.3G)	
			<input type="checkbox"/>	<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

§ Denotes a mandatory question

9 Are you applying for a waiver or modification of this rule? [†] §

Waiver

☐

Modification

☐

If applying for a modification, please describe the modification you require: [†]

Unmodified Handbook text:

Draft of modified Handbook text:

10

Are you applying for a variation of an existing waiver/modification which has previously been granted to the firm? [†]

§

Yes

No

☐☐

If yes, give the direction reference number

11

Have you been able to establish whether this rule implements a European directive requirement? (The notes at the end of this form give more guidance for this question.) [†]

§

Yes, implements a directive requirement

☐

No implementation of a directive requirement

☐

Not known

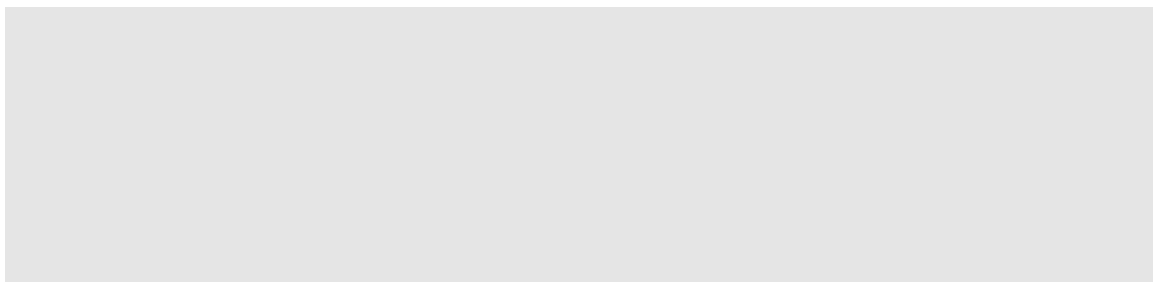
☐

If yes, please state the matters considered to be relevant in assessing whether the waiver would be compatible with European directive requirements: [†]

[†] 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

§ Denotes a mandatory question

[Type text]



SUP 8 Annex 2D

Direction reference number:

Additional Details

Section D

- 14** Please give a brief description of the nature of your business and a full and clear explanation of why you are applying for the waiver or modification. You may attach any documents that you wish to submit with this application. [†]

[†] 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

15 Please give a full and clear explanation of why you think you satisfy the statutory tests: [†]

§ Denotes a mandatory question

[†] 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

- a** Your compliance with the rules, or with the rules as unmodified, would be unduly burdensome because...

(In answering this question you will need to include detailed figures showing the costs to your firm of complying with the rules as is and as modified.)[†]

OR

- b** Your compliance with the rules, or with the rules as unmodified, would not achieve the purpose for which the rules were made because...[†]

AND

~~c The waiver or modification would not result in undue risk to persons whose interests the rules are intended to protect because...~~

c The direction would not adversely affect the advancement of any of the regulator's objectives because ...

- If solo regulated (regardless of whether the firm is part of a *PRA* group) or dual regulated and applying for the waiver/ modification of a rule in the *FCA Handbook* please reference the *FCA's* operational objectives.
- If dual regulated and applying for the waiver/ modification of a rule in the *PRA Handbook* please reference the *PRA's* objectives.
- If dual regulated and applying for the waiver/ modification of a shared rule please reference both regulator's objectives.

The *FCA's* operational objectives: (i) The consumer protection objective
(ii) The integrity objective
(iii) The competition objective

Additional guidance regarding the *FCA's* operational objectives: <https://fca/about/why-we-do-it/statutory-objectives>

The *PRA* objectives: i) general objective- promote the safety and soundness of firms its supervises
ii) insurance objective – to contribute to securing an appropriate degree of protection for those who are or may become policyholders

§

16

Are you happy for us to publish the waiver? [†]
(please see SUP 8.6.7G, Firm's objection to publication)

§

Yes No

☐☐

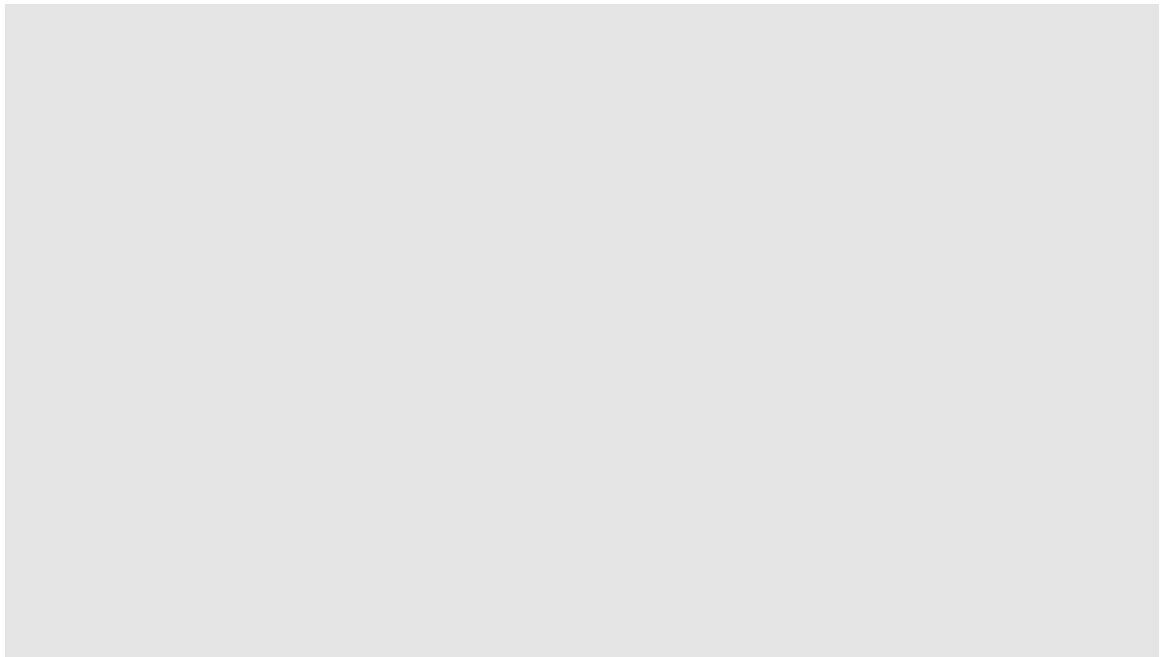
§ Denotes a mandatory question

[†] 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

[Type text]

If no, please state your reasons: [†]

We prefer to publish waivers wherever possible. If you believe you have good grounds for not publishing, you will need to give clear and substantive arguments.



Supporting Documents

Indicate the required supporting documents to accompany this form[†]

Documents	Mode (by email, fax or post)

Other information (please specify)[†]

--

Declaration and signatures

Section E

Warning

Knowingly or recklessly giving the ~~FSA~~ FCA or the PRA 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~~ FCA or the PRA and to notify the ~~FSA~~ FCA or the PRA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA or the PRA. It should not be assumed that information is known to the ~~FSA~~ FCA or the PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA or the PRA 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~~ FCA or the PRA 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 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~~ FCA or the PRA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant's compliance with the rules in relation to the questions, must be available to the ~~FSA~~ FCA or the PRA on request.
- I/we will notify the ~~FSA~~ FCA or the PRA 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[†]

--

[†] 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

Name of first signatory^{1†}

Position² of first signatory[†]

Individual Registration Number[†]

Signature *

Name of second signatory[†]

Position of second signatory[†]

Individual Registration Number[†]

Signature *

Declaration and signature if a third party is named

If the waiver will name a third party (for example, the firm to whom Client Money balance will be transferred to when applying for a waiver of CASS 7.2.15R(2)), please check the box below to confirm that you have the agreement of the third party and enter the third party's name below.

I confirm the information in this form that concerns my circumstances is accurate and complete to the best of my knowledge and belief. I also confirm that I am happy for the waiver to be published, unless otherwise indicated in box 20 of this form*.

Signature of named Third Party*

Name and Date[†]

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.

~~[∞] These questions should only be completed if submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.~~

[†] 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

~~*The above 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.~~

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

[†] 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

*The above 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 to completing the waivers form

Please note that defined terms used in the text are shown in italics. Definitions can be found in the Handbook Glossary <http://www.fsa.gov.uk/pubs/hb-releases/rel43/rel43glossary.pdf>

Question Number	Notes
Front Cover	If the applicant is not a <i>firm</i> , for example an applicant for a <i>Part IV 4A permission</i> , give its name and indicate that it is not an <i>authorised person</i> . There is no need to give the firm reference number.
Section A	We may contact the <i>approved person</i> , or other designated individual, about the application. The individual may have responsibility for an application for more than one applicant if they have the authority to do so.
Section A1	If the application is submitted by, or on behalf of, more than one applicant (for example, by more than one firm in a group), the names of each applicant must be given as well as each FSA firm reference number, if applicable.
Section B Question 8	Section 148 <u>138A</u> of FSMA is the power used to give most waivers. Section 250 of FSMA and regulation 7 of the <i>OEIC Regulations</i> are relevant only for certain <i>rules</i> in the Collective Investment Schemes sourcebook (see SUP 8.2.3G). Section 294 of FSMA is relevant only for certain <i>rules</i> in the Recognised Investment Exchanges and Recognised Clearing Houses sourcebook (see REC 3.3).
Section B Question 9	Your draft modification must show how you propose to change the original text of the <i>rule(s)</i> . You must do this by underlining inserted text and scoring through deleted text.
Section B Question 10	You can find the Direction reference number on the Direction we send you.
Section B Question 11	We cannot give a <i>waiver</i> that would be incompatible with the <i>United Kingdom's</i> responsibilities under European directives. In many cases, the 'Purpose' section of a chapter or section of the Handbook will identify whether the text implements a directive requirement. We only expect you to take reasonable steps in answering this question; what is reasonable will depend on your resources. If you are unable to confirm which particular European directive requirements the <i>rule</i> to be waived implements, you should reply 'unable to confirm'. You will have to give us details if you are able to identify a particular European directive requirement implemented by the <i>rule</i> to be waived, but think the proposed waiver would not breach that requirement.
Section C	You can find published <i>waivers</i> at: http://www.fsa.gov.uk/Pages/Library/Other_publications/Waivers/index.shtml http://www.fca.org.uk/your-fca

Section D Question 14	<p>We expect you to provide (where applicable):</p> <ul style="list-style-type: none"> • relevant background information about the firm and the context in which you are applying for a <i>waiver</i>; • details of any relevant correspondence with former or other regulators; • details of any relevant correspondence with us; • details of any changes in an a: <ul style="list-style-type: none"> ○ <i>rule</i>; ○ circumstance; or ○ market condition <p>that has affected the applicant or prompted your application for a <i>waiver</i>;</p> <ul style="list-style-type: none"> • details of the anticipated benefits that may be received if the <i>waiver</i> was granted (and, if not arguing the 'unduly burdensome' argument, what the estimated impact on the firm and its customers would be if the <i>waiver</i> was not granted); and • an explanation of why the <i>waiver</i> is required. <p>This list is not exhaustive. You should include any other information that you think is relevant.</p> <p>You should know what information we require and cross-reference it to the answers set out in Question 16, where relevant, to avoid duplication.</p>
Section D Question 15	<p>We cannot give a <i>waiver</i> unless the statutory tests are satisfied. The tests are set out in section 148 138A(4) of FSMA, and reproduced in SUP 8.3.1G. The tests under sections 250 and 294 of FSMA and regulation 7 of the <i>OEIC Regulations</i>, are similar. You need to be aware that both matters ('unduly burdensome' or 'not achieve the purpose'; and 'undue risk' '<u>not affect the advancement of any of the regulator's objectives</u>') noted require detailed explanation and substantive argument before we can process the application. Unless there are satisfactory responses to these matters, we may reject the <i>waiver</i> application, or we may need more information. You should set out only the relevant arguments in support of the unduly burdensome or purpose tests.</p> <p><u>The FCA and the PRA have a duty to coordinate their activities in relation to waivers and rule modifications where there are matters of common regulatory interest or where the grant of a direction by one regulator could adversely affect the advancement of the other regulator's objectives. Where this duty applies, the second regulator may need to evaluate whether approving your application might adversely affect the advancement of its own objectives. In these cases, we may ask you to provide additional supporting information.</u></p>
Section D Question 16	See SUP 8.6.7G (Firm's objection to publication).



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FSA ~~FCA~~/PRA use only)

The ~~FSA has~~ FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on ~~the FSA's website at~~ http://www.fsa.gov.uk/pubs/forma_notes.doc both FCA and PRA websites at:http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc<http://www.bankofengland.co.uk/PRA>

Both the applicant and the candidate will be treated by the ~~FSA~~FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Long Form A – Incoming EEA only

Application to perform controlled functions under the approved person regime

~~FSA Handbook Reference: SUP10 Annex 4D~~ FCA Handbook Reference: SUP 10A Annex 4D

PRA Handbook Reference: SUP 10B Annex 4D

1 April ~~2009~~ 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

The Financial Services Authority – Permissions, Decisions & Reporting Division	
<u>Financial Conduct Authority</u>	<u>Prudential Regulation Authority</u>
<u>25 The North Colonnade</u>	<u>20 Moorgate</u>
<u>Canary Wharf</u>	<u>London</u>
<u>London E14 5HS</u>	<u>United Kingdom</u>
<u>United Kingdom</u>	<u>EC2R 6DA</u>

Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.gov.uk iva@fca.org.uk
Website <http://www.fca.gov.uk>
<http://www.fca.org.uk>

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

Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquires@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8
Lothbury Road, London, EC2R 7HH](#)

- 1.01 a** *Candidate* Individual Reference Number (IRN) [†]
- b** OR name of previous regulatory body [†]
- c** AND previous reference number (if applicable) [†]
- 1.02** Title (e.g. Mr, Mrs, Ms, etc) [†]
- 1.03** Surname [†]
- 1.04** ALL forenames [†]
- 1.05** Name commonly known by [†]
- 1.06** Date of birth (dd/mm/yyyy) [†]
- 1.07** National Insurance number [†]
- 1.08** Previous name [†]
- 1.09** Date of name change [†]
- 1.10 a** Nationality [†]
- b** Passport number (if National Insurance number not available) [†]
- 1.11** Place of birth [†]



I have supplied further information related to this page in Section 6 [†]

YES

☐

NO

☐

1.12 a Private address[†]

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1[†]

b

Postcode

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/

1.14 a Previous address 2[†]

¹

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

²

2.01	Name of <i>firm</i> making the application	
2.02	FSA-Firm Reference Number (FRN)	
2.03 a	Who should the FSA-FCA/PRA contact at the <i>firm</i> in relation to this application?	
b	Business Address	
c	Position	
d	Telephone	
e	E-mail	



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
			Name of group	
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
			AR firm name and reference number	
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
			AR firm name and reference number	
		g	Other	<input type="checkbox"/>
	Give details			

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	Significant influence functions	CF 11 Money laundering reporting function	<input type="checkbox"/>
		CF 12 Actuarial function	<input type="checkbox"/>
		CF 12A With-profits actuary function	<input type="checkbox"/>
		CF 12B Lloyd's Actuary function	<input type="checkbox"/>
		CF 29 Significant management function	<input type="checkbox"/>
c	significant influence functions	CF 40 Benchmark submission function	<input type="checkbox"/>
		CF 50 Benchmark administration function	<input type="checkbox"/>
b	Customer function	CF 30 Customer function	<input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES

☐

NO

☐

3.03 Effective date of *controlled functions* indicated above[†]

3.04 Job title (mandatory for *controlled function* 28 & 29)[†]

Please refer to notes on the requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm?


(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES

☐

NO

☐

 I have supplied further information related to this page in Section 6 YES ☐ NO ☐

3.05

Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.[†]

	FSA-Firm Reference Number	Name of <i>firm</i>	<i>Controlled function</i>	Job title (mandatory for <i>controlled function 29</i>)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

N.B.: ALL gaps must be accounted for

4.01 Employment details (1)[†]

a	Period (mm/yyyy)	From	<input type="text"/> / <input type="text"/>	To	<input type="text"/>																		
b	Nature of employment	<table border="0"> <tr> <td>a</td> <td>Employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b</td> <td>Self-employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c</td> <td>Not employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d</td> <td>Full-time education</td> <td><input type="checkbox"/></td> </tr> </table>				a	Employed	<input type="checkbox"/>	b	Self-employed	<input type="checkbox"/>	c	Not employed	<input type="checkbox"/>	d	Full-time education	<input type="checkbox"/>						
a	Employed	<input type="checkbox"/>																					
b	Self-employed	<input type="checkbox"/>																					
c	Not employed	<input type="checkbox"/>																					
d	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details	<input type="text"/>																					
c	Name of employer	<input type="text"/>																					
d	Nature of business	<input type="text"/>																					
e	Previous / other names of employer	<input type="text"/>																					
f	Last known address of employer	<input type="text"/>																					
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of regulatory body <input type="text"/>																				
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, of which firm? <input type="text"/>																				
i	Position held	<input type="text"/>																					
j	Responsibilities	<input type="text"/>																					
k	Reason for leaving:	<table border="0"> <tr> <td>a</td> <td>Resignation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b</td> <td>Redundancy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c</td> <td>Retirement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d</td> <td>Termination/dismissal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e</td> <td>End of contract</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f</td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>				a	Resignation	<input type="checkbox"/>	b	Redundancy	<input type="checkbox"/>	c	Retirement	<input type="checkbox"/>	d	Termination/dismissal	<input type="checkbox"/>	e	End of contract	<input type="checkbox"/>	f	Other	<input type="checkbox"/>
a	Resignation	<input type="checkbox"/>																					
b	Redundancy	<input type="checkbox"/>																					
c	Retirement	<input type="checkbox"/>																					
d	Termination/dismissal	<input type="checkbox"/>																					
e	End of contract	<input type="checkbox"/>																					
f	Other	<input type="checkbox"/>																					
	Specify	<input type="text"/>																					



I have supplied further information related to this page in Section 6

YES

☐

NO

☐

4.02 Employment details (2)[†]

a	Period (mm/yyyy)	From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>																		
b	Nature of employment	<table border="0"><tr><td><i>a</i></td><td>Employed</td><td><input type="checkbox"/></td></tr><tr><td><i>b</i></td><td>Self-employed</td><td><input type="checkbox"/></td></tr><tr><td><i>c</i></td><td>Not employed</td><td><input type="checkbox"/></td></tr><tr><td><i>d</i></td><td>Full-time education</td><td><input type="checkbox"/></td></tr></table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details	<input type="text"/>																					
c	Name of employer	<input type="text"/>																					
d	Nature of business	<input type="text"/>																					
e	Previous / other names of employer	<input type="text"/>																					
f	Last known address of employer	<input type="text"/>																					
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Name of regulatory body <input type="text"/>																			
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, of which <i>firm</i> ? <input type="text"/>																			
i	Position held	<input type="text"/>																					
j	Responsibilities	<input type="text"/>																					
k	Reason for leaving:	<table border="0"><tr><td><i>a</i></td><td>Resignation</td><td><input type="checkbox"/></td></tr><tr><td><i>b</i></td><td>Redundancy</td><td><input type="checkbox"/></td></tr><tr><td><i>c</i></td><td>Retirement</td><td><input type="checkbox"/></td></tr><tr><td><i>d</i></td><td>Termination/dismissal</td><td><input type="checkbox"/></td></tr><tr><td><i>e</i></td><td>End of contract</td><td><input type="checkbox"/></td></tr><tr><td><i>f</i></td><td>Other</td><td><input type="checkbox"/></td></tr></table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					
	Specify	<input type="text"/>																					

I have supplied further information
related to this page in Section 6YES ☐NO ☐

5.01 a	Has the <i>candidate</i> ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):	YES <input type="checkbox"/> NO <input type="checkbox"/>
i.	involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty or	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii.	relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies</i> , insurance, banking or other financial services, insolvency, consumer credit or consumer protection, <i>money laundering</i> , market manipulations or <i>insider dealing</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	Is the <i>candidate</i> the subject of any current criminal proceedings?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c	Has the <i>candidate</i> ever been given a caution in relation to any criminal offence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.02	Has the <i>candidate</i> any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01 and above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.03 a	Has the candidate, ever had a County Court Judgement (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not (whether or not in the United Kingdom)? Has the candidate had:	YES <input type="checkbox"/> NO <input type="checkbox"/>
i.	more than 2 CCJs or judgment debts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii.	more than £1,000 in total of CCJs or judgment debts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	Is the candidate aware of:	YES <input type="checkbox"/> NO <input type="checkbox"/>
i.	any proceedings that have begun, or anybody's intention to begin proceedings against the candidate for a CCJ or other judgment debt?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii.	more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
iii.	anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the <i>candidate</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.04	Does the candidate have any current judgement debts (including CCJs) made under a court order still outstanding, whether in full or in part?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.05	Has the <i>candidate</i> ever failed to satisfy any such judgment debts within one year of the making of the order?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.06 a	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of any bankruptcy proceedings, or proceedings for the sequestration of the <i>candidate's</i> estate?	YES <input type="checkbox"/> NO <input type="checkbox"/>

[†] The above 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

b	Has the <i>candidate</i> ever entered or is in the process of entering into an agreement in favour of the <i>candidate</i> 's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed).?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.07	Does the <i>candidate</i> have any outstanding financial obligations arising from <i>regulated activities</i> , which the <i>candidate</i> has carried on in the past, (whether or not in the <i>United Kingdom</i>)? (In the case of <i>advisers</i> , this will include any outstanding liabilities arising from commissions paid for the sale of <i>packaged products</i> that have lapsed.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.08	Has the <i>candidate</i> ever been found guilty of carrying on any unauthorised <i>regulated activities</i> or been investigated for the possible carrying on of unauthorised <i>regulated activities</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.09	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.10	Has the <i>candidate</i> ever (whether or not in the <i>United Kingdom</i>) –	
a	been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c	been disqualified from acting as a <i>director</i> of a <i>company</i> or from acting in a management capacity or conducting the affairs of any <i>company</i> , <i>partnership</i> or unincorporated association?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d	been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?	YES <input type="checkbox"/> NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐ NO ☐

1

In relation to activities regulated by the ~~FSA~~ FCA and/or PRA or any other regulatory body (see note section 5), has:

i. the *candidate*, or

ii. any company, partnership or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner or company secretary, during the candidate's association with that entity and for a period of three years after the candidate ceased to be associated with it, **ever** –

a

been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?

YES ☐

b

been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body?

YES ☐

c

resigned whilst under investigation by, or been required to resign from, any such body?

YES ☐

d

decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?

YES ☐

e

been the subject of any civil action which has resulted in a finding against the *candidate* or it by a court?

YES ☐

2

Has any company, partnership, or unincorporated association of which the *candidate* is or has been a controller, director, senior manager, partner, or company secretary, in the *United Kingdom* or elsewhere, at any time during the *candidate's* involvement or within one year of such an involvement –

a

been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?

YES ☐

b

been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?

YES ☐

c

been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?

YES ☐

d

been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the *Takeover Panel* or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)?

YES ☐

3

Is the *candidate* aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the *controlled functions* for which approval is now sought?

YES ☐



I have supplied further information related to this page in Section 6 YES ☐

6.00

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- **Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*).**
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
- **Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.**

Declaration of Candidate

Knowingly or recklessly giving the **FSA FCA and/or PRA** information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the **FSA FCA and/or PRA** merely because it is in the public domain or has previously been disclosed to the **FSA FCA and/or PRA** or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the **FSA FCA and/or PRA** may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the **FSA FCA and/or PRA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.**

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>) (<http://fshandbook.info/fs/html/handbook/APER>) (<http://www.bankofengland.co.uk/PRA>)

7.01 Candidate's full name[†]

7.02 Signature^{*}

Date[†] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

[†] The above 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

Declaration of *Firm*

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

~~APER 4.4.6E~~ APER 4.4.7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the *candidate* is a fit and proper *person* to perform the *controlled function(s)* listed in section 3. FOR FIRMS UNDERTAKING ANY NON MiFID BUSINESS PLEASE ALSO COMPLETE THE FOLLOWING

The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required in the performance of such function(s).

YES ☐ NO ☐

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of proposed role as set out in , the Statements of Principle and Code of Practice for Approved Persons

**(~~<http://fsahandbook.info/FSA/html/handbook/APER>~~)(<http://fshandbook.info/fs/html/handbook/APER>)
(<http://www.bankofengland.co.uk/PRA>)**

7.03 Name of the *firm* submitting the application[†]

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

[†] The above 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



Application number
(for FSA FCA/PRA use only)

The FSA has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the FSA's both FCA and PRA websites at: http://fsa.gov.uk/pubs/forms/imap_forma_notes.doc

http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc

<http://www.bankofengland.co.uk/PRA>

Both the applicant and the candidate will be treated by the FSA FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Long Form A – UK and Overseas Firms (not Incoming EEA)

Application to perform controlled functions under the approved persons regime

FSA Handbook Reference: SUP 10 Annex 4D

FCA Handbook Reference: SUP 10A Annex 4D

PRA Handbook Reference: SUP 10B Annex 4D

1 May 2011–1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

The Financial Services Authority Authorisations Division

Financial Conduct Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone +44 (0) 845 606 9966

Facsimile +44 (0) 207 066 0017

E-mail iva@fsa.gov.uk iva@fca.org.uk

Website <http://www.fsa.gov.uk>

<http://www.fca.org.uk>

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

United Kingdom

Telephone +44 (0) 203 461 7000

E-mail PRA.firmenquiries@bankofengland.co.uk

Website www.bankofengland.co.uk/PRA

[Registered as a Limited Company in England and Wales No 07854923. Registered Office: 8 Lothbury](#)

[†] The above 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

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

[Road, London, EC2R 7HH](#)

Personal identification details

1.01 a	Candidate Individual Reference Number (IRN) [†]	
b	OR name of previous regulatory body [†]	
c	AND previous reference number (if applicable) [†]	
1.02	Title (e.g. Mr, Mrs, Ms, etc) [†]	
1.03	Surname [†]	
1.04	ALL forenames [†]	
1.05	Name commonly known by [†]	
1.06	Date of birth (dd/mm/yyyy) [†]	/ /
1.07	National Insurance number [†]	
1.08	Previous name [†]	
1.09	Date of name change [†]	/ /
1.10 a	Nationality [†]	
b	Passport number (if National Insurance number not available) [†]	
1.11	Place of birth [†]	



I have supplied further information related to this page in Section 6 [†]

YES

☐

NO

☐

1.12 a Private address[†]

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1[†]

b

Postcode

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/

1.14 a Previous address 2[†]

¹

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/



I have supplied further
information
related to this page in Section 6[†]

YES

☐

NO

☐

2.01 Name of *firm* making the application

2.02 ~~FSA~~ Firm Reference Number (FRN)

2.03 a Who should the ~~FSA~~ FCA/PRA contact at the *firm* in relation to this application?

b Position

c Telephone

d Fax

e E-mail



I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
			Name of group	
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
			AR firm name and reference number	
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
			AR firm name and reference number	
		g	Other	<input type="checkbox"/>
			Give details	

3.02	For applications from a single firm, please tick the boxes that correspond to the <i>controlled functions</i> to be performed. If the <i>controlled functions</i> are to be performed for more than one firm, please go to question 3.05			
a	Significant influence functions	CF 1	Director function	<input type="checkbox"/>
		CF 2	Non-executive director function	<input type="checkbox"/>
		CF 3	Chief executive function	<input type="checkbox"/>
		CF 4	Partner function	<input type="checkbox"/>
		CF 5	Director of an unincorporated association function	<input type="checkbox"/>
		CF 6	Small friendly society function	<input type="checkbox"/>
	Significant influence functions	CF 8	Apportionment and oversight function (this function is not applicable to all firms please refer to Notes for Completing Form A)	<input type="checkbox"/>
		CF 10	Compliance oversight function	<input type="checkbox"/>
		CF 10a	CASS operational oversight function	<input type="checkbox"/>
		CF 11	Money laundering reporting function	<input type="checkbox"/>
		CF 12	Actuarial function	<input type="checkbox"/>
		CF 12A	With-profits actuary function	<input type="checkbox"/>
		CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
		CF 28	System and controls function	<input type="checkbox"/>
		CF 29	Significant management function	<input type="checkbox"/>
		CF 40	Benchmark submission function	<input type="checkbox"/>
		CF 50	Benchmark administration function	<input type="checkbox"/>
b	Customer function	CF 30	Customer function	<input type="checkbox"/>

3.03	Effective date of controlled functions indicated above [†]	
3.04	Job title (mandatory for controlled function 28 & 29) [†] Please refer to notes on the	

[†] The above 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
 Long Form A – UK and Overseas
 Application to perform controlled functions under the approved persons regime
 Version 13-14

requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm?

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES ☐ NO ☐



I have supplied further information related to this page in Section 6[†]

YES ☐ NO ☐

3.05 Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.[†]

	Firm Reference Number	Name of <i>firm</i>	Controlled function	Job title (mandatory for controlled function 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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
Long Form A – UK and Overseas
Application to perform controlled functions under the approved persons regime
Version 13-14

Employment history in the past 5 years

Section 4

N.B.: ALL gaps must be accounted for

4.01 Employment details (1)[†]

a	Period (mm/yyyy)	From	<input type="text"/> / <input type="text"/>	To	<input type="text"/>																		
b	Nature of employment	<table border="0"> <tr> <td><i>a</i></td> <td>Employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Self-employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Not employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Full-time education</td> <td><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details	<input type="text"/>																					
c	Name of employer	<input type="text"/>																					
d	Nature of business	<input type="text"/>																					
e	Previous / other names of employer	<input type="text"/>																					
f	Last known address of employer	<input type="text"/>																					
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of regulatory body																			
				<input type="text"/>																			
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, of which <i>firm</i> ?																			
				<input type="text"/>																			
i	Position held	<input type="text"/>																					
j	Responsibilities	<input type="text"/>																					
k	Reason for leaving:	<table border="0"> <tr> <td><i>a</i></td> <td>Resignation</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Redundancy</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Retirement</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Termination/dismissal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>e</i></td> <td>End of contract</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>f</i></td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					

Specify

4.02 Employment details (2)[†]

a	Period (mm/yyyy)	From		/		To		/	
b	Nature of employment								
	a	Employed						<input type="checkbox"/>	
	b	Self-employed						<input type="checkbox"/>	
	c	Not employed						<input type="checkbox"/>	
	d	Full-time education						<input type="checkbox"/>	
	If c or d is ticked, please give details								
c	Name of employer								
d	Nature of business								
e	Previous / other names of employer								
f	Last known address of employer								
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of regulatory body					
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, of which <i>firm</i> ?					
i	Position held								
j	Responsibilities								
k	Reason for leaving:								
	a	Resignation						<input type="checkbox"/>	
	b	Redundancy						<input type="checkbox"/>	
	c	Retirement						<input type="checkbox"/>	
	d	Termination/dismissal						<input type="checkbox"/>	
	e	End of contract						<input type="checkbox"/>	
	f	Other						<input type="checkbox"/>	
	Specify								

I have supplied further information
related to this page in Section 6[†]YES ☐NO ☐

5.01 a Has the *candidate* **ever** been convicted of any offence (whether spent or not and whether or not in the *United Kingdom*):

- i. involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty—or
- ii. relating to *companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations or insider dealing?*

YES ☐ NO ☐

b Is the *candidate* the subject of any current criminal proceedings?

YES ☐ NO ☐

c Has the *candidate* **ever** been given a caution in relation to any criminal offence?

YES ☐ NO ☐

5.02 Has the *candidate* any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?

YES ☐ NO ☐

5.03 Has the candidate, **ever** had a County Court Judgment (CCJ) or other judgment debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?

a

Has the candidate had:

- i) more than 2 CCJs or judgment debts?
- ii) more than £1,000 in total of CCJs or judgment debts?

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

b

Is the candidate aware of:

- i. any proceedings that have begun, or anybody's intention to begin proceedings against the candidate for a CCJ or other judgment debt?
- ii. more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment debt?
- iii. anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the *candidate*?

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

5.04 Does the candidate have any **current** judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?

YES ☐ NO ☐

5.05 Has the *candidate* **ever** failed to satisfy any such judgment debts within one year of the order being made?

YES ☐ NO ☐

5.06 a Is the *candidate*, or has the *candidate* **ever** been, the subject of any bankruptcy proceedings, or proceedings for the sequestration of the *candidate's* estate?

YES ☐ NO ☐



I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

- b** Has the *candidate* **ever** entered or is in the process of entering into an agreement in favour of the *candidate's* creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

YES

☐

NO

☐

- 5.07** Does the *candidate* have any outstanding financial obligations arising from *regulated activities*, which the *candidate* has carried out in the past(whether or not in the *United Kingdom* or overseas)?

(In the case of *advisers*, this will include any outstanding liabilities arising from commissions paid for the sale of *packaged products* that have lapsed.)

YES

☐

NO

☐

- 5.08** Has the *candidate* **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

YES

☐

NO

☐

- 5.09** Is the *candidate*, or has the *candidate* **ever** been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

YES

☐

NO

☐

- 5.10** Has the *candidate* **ever**, (whether or not in the *United Kingdom*) –

- a** been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?

YES

☐

NO

☐

- b** been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

YES

☐

NO

☐

- c** been disqualified from acting as a *director* of a *company* or from acting in a management capacity or conducting the affairs of any *company*, *partnership* or unincorporated association?

YES

☐

NO

☐

- d** been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?

YES

☐

NO

☐

I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

[†] The above 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
Long Form A – UK and Overseas
Application to perform controlled functions under the approved persons regime
Version 13-14

5.11

In relation to activities regulated by the ~~FSA~~ *FCA* and/or *PRA* or any other regulatory body (see note section 5), has:

i. the *candidate* or

ii. any company, partnership or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner or company secretary, during the candidate's association with that entity and for a period of three years after the candidate ceased to be associated with it, **ever** –

a	been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary action by any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	resigned whilst under investigation by, or been required to resign from, any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e	been the subject of any civil action which has resulted in a finding against the <i>candidate</i> or it by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

5.12

Has any *company, partnership, or unincorporated association* of which the *candidate* is or has been a *controller, director, senior manager, partner, or company secretary*, in the *United Kingdom* or elsewhere, at any time during the *candidate's* involvement or within one year of such an involvement –

a	been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the <i>Takeover Panel</i> or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.13	Is the <i>candidate</i> aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the <i>controlled functions</i> for which approval is now sought?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

- 6.00
- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
 - If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
 - Please also include here any additional information indicated in previous sections of the Form.
 - Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
 - If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
 - Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.

Question	Information

Declaration of *Candidate*

Knowingly or recklessly giving the ~~FSA~~ *FCA* and/or *PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the ~~FSA~~ *FCA* and/or *PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(~~<http://fsahandbook.info/FSA/html/handbook/APER>~~)

(~~<http://fshandbook.info/fs/html/handbook/APER>~~)

(~~<http://www.bankofengland.co.uk/PRA>~~)

☐ Tick here to confirm you have read and understood this declaration:^{en}

7.01 *Candidate's full name*[†]

7.02 *Signature*^{*}

Date [‡] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

Declarations and signatures

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

~~APER~~ 4.4.6E–7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).

In signing this form on behalf of the firm:

- a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.
- b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitting to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.
- c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fshandbook.info/FSA/html/handbook/APER>)

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.03	Name of the <i>firm</i> submitting the application [†]	
7.04	Name of <i>person</i> signing on behalf of the <i>firm</i> [†]	
7.05	Job title [†]	
7.06	Signature [*]	
	Date [†]	/ /

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.



Application number
(for FSA FCA/PRA use only)

The ~~FSA has~~ FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on ~~the FSA's website at~~ http://www.fsa.gov.uk/pubs/forma_notes.doc, both FCA and PRA websites at:
http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc
<http://www.bankofengland.co.uk/PRA>
Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Short Form A - Incoming EEA Only

Application to perform controlled functions under the approved persons regime

~~FSA Handbook Reference: SUP10 Annex 4D~~
FCA Handbook Reference: SUP 10A Annex 4D
PRA Handbook Reference: SUP 10B Annex 4D
1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

~~Financial Conduct Services Authority~~
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.fsa.gov.uk
Website <http://www.fca.org.fsa.gov.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

1.01 a	<i>Candidate</i> Individual Reference Number (IRN)	
b	OR name of previous regulatory body	
c	AND previous reference number (if applicable)	
1.02	Title (e.g. Mr, Mrs, Ms, etc)	
1.03	Surname	
1.04	ALL forenames	
1.05	Name commonly known by	
1.06	Date of birth (dd/mm/yyyy)	/ /
1.07	National Insurance number	
1.08	Previous name	
1.09	Date of name change	/ /
1.10 a	Nationality	
b	Passport number (if National Insurance number not available)	
1.11	Place of birth	



I have supplied further information related to this page in Section 6 YES ☐ NO ☐

1.12 a Private address

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

/

1.14 a Previous address 2

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

/



I have supplied further information
related to this page in Section 6

YES ☐

NO ☐

Version 6 5

[†] The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

2.01	Name of <i>firm</i> making the application	
2.02	Firm Reference Number (FRN)	
2.03 a	Who should the <i>FCA/PRA</i> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	



I have supplied further information
related to this page in Section 6 YES ☐ NO ☐

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
			Name of group	
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
			AR firm name and reference number	
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
			AR firm name and reference number	
		g	Other	<input type="checkbox"/>
	Give details			

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	Significant influence functions	CF 11 Money laundering reporting function	<input type="checkbox"/>
		CF 12 Actuarial function	<input type="checkbox"/>
		CF 12A With-profits actuary function	<input type="checkbox"/>
		CF 12B Lloyd's Actuary function	<input type="checkbox"/>
		CF 29 Significant management function	<input type="checkbox"/>
b	Significant influence functions continued	CF 40 Benchmark submission function	<input type="checkbox"/>
		CF 50 Benchmark administration function	<input type="checkbox"/>
c	Customer function	CF 30 Customer function	<input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

3.03 Effective date of *controlled functions* indicated above

/ /

3.04 Job title (mandatory for *controlled functions* 29)

Please refer to notes on the requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm? [†]

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES ☐ NO ☐



I have supplied further information related to this page in Section 6

YES ☐ NO ☐

Version 6 5

[†] The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

3.05 Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.

	FSA Firm Reference Number	Name of <i>firm</i>	Controlled <i>function</i>	Job title (mandatory for <i>controlled function</i> 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6 YES ☐ NO ☐

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the FCA and/or PRA of the revised detail.

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the FCA and/or PRA of the revised detail.

6.00

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

Version 6 5

† The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

Declaration of *Candidate*

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

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b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>),

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.01 Candidate's full name[†]

7.02 Signature^{*}

Date[†] / /

[†] The above 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

^{*} The above question(s) 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 submission of this form is online.

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.7 6 E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the firm believes on the basis of due and diligent enquiry that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3.

FOR FIRMS UNDERTAKING ANY NON MIFID BUSINESS PLEASE ALSO COMPLETE THE FOLLOWING

The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).

YES ☐ NO ☐

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each firm identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those firms at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of proposed role as set out in, the Statements of Principle and Code of Practice for Approved Persons.

~~(<http://fsahandbook.info/FSA/html/handbook/APER>),~~

~~(<http://fshandbook.info/fs/html/handbook/APER>)~~

~~(<http://www.bankofengland.co.uk/PRA>)~~

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

7.03 Name of the firm submitting the application[†]

7.04 Name of person signing on behalf of the firm[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

[∞] The above question(s) should only be completed if submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.

[†] The above 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

^{*} The above question(s) 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 submission of this form is online.

Version 6 5

† The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime



Application number
(for FSA FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the ~~FSA's website~~ both FCA and PRA websites at:
http://www.fsa.gov.uk/pubs/forms/imap_forma_notes.doc
http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc
<http://www.bankofengland.co.uk/PRA>
Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Short Form A – UK and Overseas Firms (not Incoming EEA)

Application to perform controlled functions under the approved persons regime

~~FSA~~ FCA Handbook Reference: SUP 10A Annex 4D

~~PRA~~ Handbook Reference: SUP 10B Annex 4D

~~1 May 2014~~ 1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

~~The Financial Services Authority~~ Financial Prudential Regulation Authority
Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail ~~iva@fsa.gov.uk~~ iva@fca.org.uk

20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

Website ~~<http://www.fsa.gov.uk>~~
<http://www.fca.org.uk>

1.01 a	Candidate FSA Individual Reference Number (IRN) [†]	
b	OR name of previous regulatory body [†]	
c	AND previous reference number (if applicable) [†]	
1.02	Title (e.g. Mr, Mrs, Ms, etc) [†]	
1.03	Surname [†]	
1.04	ALL forenames [†]	
1.05	Name commonly known by [†]	
1.06	Date of birth (dd/mm/yyyy) [†]	/ /
1.07	National Insurance number [†]	
1.08	Previous name [†]	
1.09	Date of name change [†]	/ /
1.10 a	Nationality [†]	
b	Passport number (if National Insurance number not available) [†]	
1.11	Place of birth [†]	



I have supplied further information related to this page in Section 6 [†]

YES

☐

NO

☐

1.12 a Private address [†]

[†] The above 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

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a

Previous address 1[†]

b

Postcode

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/

1.14 a

Previous address 2[†]

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/



**I have supplied further
information
related to this page in Section 6[†]**

YES

☐

NO

☐

2

[†] The above 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

2.01	Name of <i>firm</i> making the application	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the FSA <u>FCA/PRA</u> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	



I have supplied further
information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
		Name of group		
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
		AR firm name and reference number		
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
		AR firm name and reference number		
		g	Other	<input type="checkbox"/>
Give details				

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.
If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	Significant influence functions	CF 1	Director function	<input type="checkbox"/>
		CF 2	Non-executive director function	<input type="checkbox"/>
		CF 3	Chief executive function	<input type="checkbox"/>
		CF 4	Partner function	<input type="checkbox"/>
		CF 5	Director of an unincorporated association function	<input type="checkbox"/>
		CF 6	Small friendly society function	<input type="checkbox"/>
	Significant influence functions continued	CF 8	Apportionment and oversight function (this function is not applicable to all firms please refer to Notes for Completing Form A)	<input type="checkbox"/>
		CF 10	Compliance oversight function	<input type="checkbox"/>
		CF 10Aa	CASS operational oversight function	<input type="checkbox"/>
		CF 11	Money Laundering reporting function	<input type="checkbox"/>
		CF 12	Actuarial function	<input type="checkbox"/>
		CF 12A	With-profits actuary function	<input type="checkbox"/>
		CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
		b	significant influence functions continued	CF 28
CF 29	Significant management function			<input type="checkbox"/>
CF 40	Benchmark submission function			<input type="checkbox"/>
CF 50	Benchmark administration function			<input type="checkbox"/>
c	Customer function	CF 30	Customer function	<input type="checkbox"/>

[†] The above 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



I have supplied further
information
related to this page in Section 6

YES

☐

NO

☐

3.03 Effective date of *controlled functions*
indicated above[†]

3.04 Job title (mandatory for *controlled
function* 28 & 29)[†]

Please refer to notes on the
requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for
Insurance mediation at the firm?

(Note: Yes can only be selected if the
individual is applying for (CF1, 3-8 or
29)

YES

☐

NO

☐

I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

[†] The above 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

3.05 Complete this section only if the application is on behalf of more than one firm.

List all firms within the group (including the firm entered in 2.01) for which the candidate requires approval and the requested controlled function for that firm.[†]

	Firm Reference Number	Name of firm	Controlled function	Job title (mandatory for controlled function 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long form A as opposed to a Short Form A informing the FSA FCA and/or PRA of the revised detail.

[†] The above 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

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the ~~FSA~~ FCA and/or PRA of the revised detail.

[†] The above 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

6.00

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
- Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.

Question	Information
	<p>Please indicate how many additional sheets are being submitted</p>

[†] The above 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

Declaration of *Candidate*

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ FCA and/or PRA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.01 *Candidate's full name*[†]

7.02 *Signature*^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.6^{7E} provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA.

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the firm:

~~I~~ **Believes** on the basis of due and diligent enquiries made to date that the *candidate* is a fit and proper *person* to perform the *controlled function(s)* listed in section 3. ~~The firm also~~

~~Believes~~, on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such *function(s)*.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

~~(<http://fsahandbook.info/FSA/html/handbook/APER>)~~

~~(<http://fshandbook.info/fs/html/handbook/APER>)~~

~~(<http://www.bankofengland.co.uk/PRA>)~~

7.03 Name of the *firm* submitting the application[†]

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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

Guidance Notes to assist with the completion of the Long and/or Short Form A for UK, Overseas and Incoming EEA firms for an application to perform controlled function(s) under the approved persons regime.

PLEASE NOTE: A *CANDIDATE* MUST NOT PERFORM ANY *CONTROLLED FUNCTION* UNTIL THE ~~FSA~~ *FCA* and/or *PRA* HAS GRANTED APPROVAL.

~~Full details of the approved persons regime and the application process are given in chapter 10 (Section 10.12) of the Supervision manual ('SUP').~~

~~For more information on the factors which the FSA takes into account when considering applications, please refer to the Fit and Proper Test for Approved Persons ('FIT') in the FSA Handbook.~~

The purpose of this Form What is the Form A used for?

~~This Form is referred to in the relevant direction in SUP 10.12. This Form must be used where the candidate is an individual seeking approval to perform controlled functions. The firm is the applicant.~~

The Form A is used by an authorised firm which seeks the FCA and/or PRA's approval under section 59 of the Financial Services and Markets Act 2000 ("FSMA") for a particular individual to perform controlled functions. The Form A is referred to in the Supervision Manual ("SUP") [<http://fshandbook.info/FS/html/handbook/SUP>] which is part of the Handbook. Full details of the approved persons regime and the application process are given in Chapter 10 of SUP (SUP 10A of the FCA manual and 10B of the PRA manual).

The applicant is the firm that makes the application for approval. The candidate is the individual in respect of whom the application is made. The Form A must be completed by the firm with information provided by the candidate. Both the firm and the candidate must sign the Form A.

Applications for corporate candidates must be made using an adapted Form A that will be supplied by the ~~FSA~~ FCA and/or PRA upon request.

Important information about the Form A

The Form A is of the utmost importance to the FCA and/or PRA assessment of the fitness and propriety of the candidate.

All information relevant to the application must be provided to the FCA and/or PRA with the Form A. This applies even if the information is, or is believed to be, already known to the FCA and/or PRA, as a result of it being in the public domain, or has been previously disclosed to the FCA and/or PRA or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included; if in doubt, disclose it.

If the firm or candidate becomes aware of further information which might be relevant to the application following submission of the Form A, it should provide it to the FCA and/or PRA immediately. The obligation to provide full, frank and unambiguous information does not stop with the submission of the Form A.

The information supplied by the candidate should be verified by the firm wherever possible. If the FCA and/or PRA vetting checks reveal any matters that have not been disclosed, then applications will be delayed and, in some cases, possibly rejected.

The firm is responsible for the accuracy of the data and completion of the Form A. If the Form A is not fully and correctly completed, the FCA and/or PRA may need to return it for proper completion. This could significantly delay the FCA and/or PRA's decision on whether to grant approval to perform the requested controlled functions.

The FCA and/or PRA may require the applicant to provide further information at any time after receiving an application and before determining whether approval is to be granted or not. It may direct the format in which this information is provided, for example, in an interview with the candidate.

Key assumptions about the firm and the candidate

The FCA and/or PRA relies on the information contained in the Form A and makes certain assumptions about the firm and the candidate in considering the information contained in the form. It is **very important that the candidate and the firm are aware of these assumptions**:

1. it is assumed that the candidate is **not performing the controlled function applied for**. A candidate must not perform any controlled function until the FCA and/or PRA has granted approval. If the firm permits the candidate to perform controlled functions without FCA and/or PRA approval it may be in breach of section 59 of FSMA and the candidate may also be in breach of his/her regulatory obligations;
2. it is assumed that the firm and the candidate know and understand the factors which the FCA and/or PRA takes into account when considering the fitness and propriety of the candidate. These factors are set out in the part of the Handbook entitled the Fit and Proper Test for Approved Persons ("**FIT**") [<http://fshandbook.info/FS/html/handbook/FIT>];
3. it is assumed that the candidate knows and understands the obligations and responsibilities of an approved person. These are set out in the part of the Handbook entitled the **Statements of Principle and Code of Practice for Approved Persons ("APER")** [<http://fshandbook.info/FS/html/handbook/APER>]; and
4. finally, it is assumed that both the firm and the candidate have read and understood these guidance notes in completing the Form A. **The responsibility for the accuracy and completeness of the information supplied rests with the candidate and the firm.** Seeking legal and/or compliance advice about how to complete the Form A will **not** discharge that responsibility.

Completing this Form Practical notes for completing the Form A

Expressions in the Form A and in these guidance notes which appear in italics have the meaning given in the Glossary to the Handbook (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the Glossary) [<http://fshandbook.info/FS/html/handbook/Glossary>].

The Form A must be completed in black ink and (if in manuscript) in BLOCK LETTERS. It is now possible to complete the Form A online, using the FCA's Online Notifications and Applications ("ONA") system. See the FCA ONA pages for details of this:

[<http://www.fca.org.uk/your-fca>]; and/or
<http://www.bankofengland.co.uk/PRA>

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. ~~Tick~~ Select the appropriate box where a yes/no answer is required. Where you answer "yes" you must:

- (1) ~~provide Further details should be given~~ in section 6 (Supplementary Information) of the Form A. ~~if~~ If there is insufficient space for a detailed answer then you may attach further pages; and
- (2) tick "yes" at the bottom of the relevant page of the Form A to confirm that you have provided additional information.

Additional information can be attached to the Form. It must be securely attached to the Form and you must indicate at section 6.0 the number of additional sheets attached.

If you want to attach additional information to the Form A it must be securely attached, for example by stapling it to the Form A and you should state in section 6 (Supplementary Information) the number of additional sheets attached.

~~Do not assume that information is known to the FSA merely because it is in the public domain, or has been previously disclosed to the FSA or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the candidate should be verified by the firm wherever possible. If the FSA's vetting checks reveal any matters that have not been disclosed, then applications will be subject to investigation and the candidate's suitability to be approved will be called into question. A person who knowingly or recklessly provides information to the FSA that is false or misleading may commit a criminal offence, and could face prosecution under section 398 of the Act regardless of the status of their application.~~

~~Expressions in this Form in italics have the meaning given in the Glossary to the FSA's Handbook (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the Glossary).~~

~~The firm is responsible for the accuracy of the data and completion of the Form. If the Form is not fully and correctly completed, the FSA may need to return it for proper completion. This could significantly delay the FSA's decision on whether to grant approval to perform the requested controlled functions~~

~~The FSA may require the applicant to provide further information at any time after receiving an application and before determining whether approval is to be granted or not.~~

~~If a firm has provided, or has information that reasonably suggests that it may have provided, the FSA with information which was or has become false, misleading, incomplete or inaccurate, in a material particular, it must notify the FSA immediately.. Failure to notify the FSA may result in a delay in processing or rejection.~~

SHORTENED APPLICATION FORM

The two types of Form A: Short Form A and Long Form A

There are two types of Form A; a Long Form A and a Short Form A. The key difference is that the Long Form A requires detailed information about the fitness and propriety of the candidate.

Please use the shortened application form if any of the following conditions apply. The Short Form A may be used if any of the following conditions apply:

- (1) ~~an approved person~~ individual who is already an approved person is applying to perform an additional *controlled function* under an *arrangement* with the same *firm*; or
- (2) ~~the candidate~~ has ceased to perform a controlled function under an arrangement with firm A and now requires approval to perform a controlled function under an arrangement with firm B. These can be two entirely different firms and not just two firms in the same group (**however**, see the important exception below at paragraph (3)); or
- (3) ~~an approved person~~ individual who is already an approved person with another firm, firm B, is applying to perform a controlled function for a different firm, firm A and is already authorised approved for that particular group of functions (i.e. either SIF functions: CF1-12B, CF28, CF29, or 30 40 or 50) for another firm. For example, if a the individual is approved to perform CF2 non-executive director is applying to be approved as a CF2 for an additional firm for firm B and now seeks a second, additional approval to be CF1 director for another firm, firm A.

~~A Submission of a CV is only applicable to short form applicants if they have never previously held a significant function or, if the previous submission of their CV when applying for a significant function, has altered from their previous application or the application is for a governing function of an appointed representative. It should be attached securely to the Form.~~

You should submit a curriculum vitae ('CV') with the Short Form A if:

- (1) the candidate has never previously held a significant influence function (CF1-12B, 28, 29, 40 or 50); or
- (2) the candidate's CV has altered from the last time they applied for a significant influence function (i.e. it has changed from the last time the FCA and/or PRA had sight of the CV)

The CV should be attached securely to the Short Form A by stapling it. If you are submitting the Short Form A online, using ONA, the CV should be attached to the application electronically. For help using ONA, refer to:

<http://www.fca.org.uk/your-fca> and/or
<http://www.bankofengland.co.uk/PRA>

However, a full Form A must be completed in full if: The Long Form A **must** be completed if:

- (1) the candidate ceased to be an approved person more than six months ago;
- (2) the candidate or approved person is seeking approval in respect of a significant influence function for the first time, or has not been approved in a significant influence function within the last 6 months; or
- (3) there have been any changes to the answers provided in section 5 of the application form, there have been any matters arising in relation to the candidate's fitness and propriety which mean that their answers to Section 5 of the Long Form A (Fitness and Propriety) may have changed since they last completed a Form A (i.e. since they last made an application for approval).

For example, such matters could include (but are not limited to), where:

- the candidate has been investigated by the FCA and/or PRA, by another regulatory body or an authorised firm;
- the candidate has had CCJs registered against their name or has entered into a voluntary arrangement with creditors (whether formal or informal);
- the candidate has been the subject of a criminal investigation or convicted of criminal offences; or
- the candidate has been the subject of any civil action.

If you are in any doubt whether a Short Form A is acceptable, please submit a Long Form A and make full disclosure of all issues which could potentially be relevant. A Long Form A is acceptable in all circumstances. If in doubt, disclose.

SECTION 1 – CANDIDATE PERSONAL IDENTIFICATION DETAILS

The information collected in this section (including nationality, place of birth, date of birth, previous names) is used to assist us in verifying the identity of the candidate thereby enabling us to discharge our statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. This information will not be disclosed for any other purpose without the permission of the applicant candidate.

~~If the candidate has more than one previous name (surname or forenames), passport number or nationality, or is known by any other names, provide details in section 6. (please see 1.08, 4.10)~~

1.01: ~~If the *candidate* does not have an FSA Individual Reference Number or does not know it, include the name of the previous regulator and the previous Individual Reference Number, as applicable. For individuals who have previously been approved with the FSA, their reference number can be found on the Register of Individuals on the FSA website.~~

1.12 to 14: ~~A full 3 year history for *United Kingdom* addresses must be given for the candidate. Any gaps must be fully explained or a statement provided in either the address history or section 6 of the form, stating that the individual resides abroad.~~

~~The information collected in this section (including nationality, place of birth, date of birth, previous names) is used to assist us in verifying the identity of the candidate thereby enabling us to discharge our statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. This information will not be disclosed for any other purpose without the permission of the applicant.~~

1.01a: For individuals who have previously been approved with the *FCA* and/or *PRA* their *FCA* and/or *PRA* Individual Reference Number ("IRN") can be found on the Register of Individuals on the *FCA* and/or *PRA* websites:
<http://www.fca.org.uk/your-fca>; and/or
<http://www.bankofengland.co.uk/PRA>

If the *candidate* has been approved before but does not know their Individual Reference Number and it is not on the Register of Individuals then leave this box blank. Equally, if the candidate does not have an IRN because they have not been an approved person before then leave this box blank.

1.01b If the *candidate* has previously been an approved person but with a predecessor organisation of the *FCA* and/or *PRA* (for example the Personal Investment Authority) then include the name of the previous regulator here. In addition, please provide the date(s) of approval and the name(s) of the firm(s) involved in the supplementary section in section 6.

1.01c If the *candidate* has previously been an approved person but with a predecessor organisation of the *FCA* and/or *PRA* then include the previous Individual Reference Number, here.

1.05: If the *candidate* is commonly known by a different name other than that which appears on their passport or national insurance card then put this name here. This may include, for example, a shortened version of their full name or where they are known by a middle name or names given as a result of naming conventions whether for religious or other reasons. If the candidate has more than one alternative name, please give all other names known by in section 6.

1.08 If the *candidate* has changed their name (surname or forenames), for example due to marriage, then please put this previous name in the box. If the *candidate* has more than one previous name, please provide details of all the previous names in section 6.

1.10a If the *candidate* has more than one nationality, please provide details in section 6 as to all nationalities held and the reasons for this.

1.10b If the *candidate* has more than one passport number, please provide details in section 6 as to all passport numbers held and the reasons for this.

1.12 to 14: A full 3 year history for all *United Kingdom* addresses must be given for the *candidate*. Any gaps must be fully explained in either the address history section of the form here or, if more space is needed, in section 6 of the form. If any gaps are as a result of the *candidate* being resident outside the UK, please state this and give details of where the *candidate* resided during this period. It is open to the *candidate* to provide a written statement if this is simpler which should be attached to the Form A.

SECTION 2 – FIRM IDENTIFICATION DETAILS

~~2.01 & 2.02: This section identifies the *firm* making the application by *FSA Firm Reference Number (FRN)* and name.~~

~~2.01 This is the name of the *firm* that is the *applicant* for the purposes of section 59 FSMA. Where the *candidate* will be working at a subsidiary or appointed representative of the *firm* then this will be given at question 3.05 of the Form A.~~

~~2.02: This is the *FCA* and/or *PRA Firm Reference Number (FRN)* of the *firm* that is the *applicant* for the purposes of section 59 FSMA. The FRN can be found on the Register of Firms on the *FCA* and/or *PRA* websites: <http://www.fca.org.uk/Pages/register/index.shtml>; and/or <http://www.bankofengland.co.uk/PRA>~~

~~2.03: The *firm* must indicate give a point of contact for any queries in connection with the application and must provide a telephone contact number and e-mail address. Please note that this need not be the same person that signs the Form A on behalf of the *firm* but should be someone who is able to field and/or answer any questions that the *FCA* and/or *PRA* may have in relation to the application. The signatory will be responsible for the accuracy of the information in the form.~~

SECTION 3 – ARRANGEMENTS AND CONTROLLED FUNCTIONS

~~The *firm* must tick the box in 3.01 that most accurately describes its *arrangement* with the *candidate*.~~

~~In this section, the *firm* should describe its *arrangement* with the *candidate*.~~

~~Unless the *firm* indicates otherwise, the *FCA* and/or *PRA* assumes that the *arrangement* detailed by the *firm* on the Form A includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the *FCA* and/or *PRA*. However, where the responsibilities of the individual fall outside the description of the *controlled function* the *firm* must consider what further approval is necessary. Permitting an individual to perform a *controlled function* without *FCA* and/or *PRA* approval is a breach of section 59 of FSMA.~~

~~*Firms* wishing to seek guidance with regard to ~~MiFID~~ the Markets in Financial Instruments Directive (MiFID) and how it applies to the selection of *controlled functions* should refer to the MiFID Practical Guide at:~~

~~http://www.fca.gov.uk/pubs/international/mifid_guide.pdf~~

~~<http://www.fca.org.uk/your-fca>; and/or~~

~~<http://www.bankofengland.co.uk/PRA>~~

~~For applications from Where the application is for the *candidate* to perform the controlled function(s) at a single *firm*, the *firm* should complete answer questions 3.02, 3.03 & and 3.04 indicating the *controlled functions* required by selecting the appropriate box in 3.02.~~

~~However, if the application is being made on behalf of a *candidate* who will carry out proposes to perform *controlled functions* for more than one *firm*, then question 3.05 must be used also be answered to describe the *controlled functions* and the relationships between the *candidate* and these *firms* each *firm* for which the *candidate* proposes to perform the controlled function.~~

~~3.01: If this application relates to more than one appointed representative, provide details in section 6.~~

~~Please select the box in 3.01 that most accurately describes the *arrangement* with the *candidate*.~~

~~If the *candidate* will perform a controlled function on behalf of the *firm* for an appointed representative of the *firm* then select the appropriate box at 3.01e or 3.01f and detail the *firm* name and FRN. If the *candidate* proposes to perform *controlled functions* for more than one appointed representative, then~~

the details of each *appointed representative*, including the firm name and FRN should be provided in section 6.

- 3.02: ~~If the *controlled function 29* is requested, the specific job title of the *candidate* must be included.~~

Guidance about the particular controlled functions can be found in Chapter 10 of the Supervision manual. SUP 10A of the FCA manual and 10B of the PRA manual.

- 3.03: ~~The effective date is the date on which the *firm* wishes the *candidate* to begin performing *controlled functions* (subject to approval). **This should be left blank unless there is a reason for the effective date to be beyond the FSA's published standard response times.**~~

This box should be left blank in all cases unless there is a reason to **delay the commencement of the performance of the controlled functions** (subject to approval) until a date which is after the FCA and/or PRA published standard response times, details of which can be found at:

<http://www.fca.org.uk/your-fca>; and/or
<http://www.bankofengland.co.uk/PRA>

The FCA and/or PRA will assume that the *firm* wishes an application to be determined as soon as possible unless this box is completed and the reason for the delay set out in section 6 of the Form A.

Please note that the *candidate* must not perform the controlled function until the FCA and/or PRA approval has been granted. To do so will mean that both the *firm* and the *candidate* may be in breach of FCA and/or PRA rules and principles.

- 3.04a If the *candidate* seeks approval for a *significant influence function*, the specific job title of the *candidate* must be included.

- 3.04b Insurance mediation

This is not a *controlled function* in its own right. However, every *firm* that carries on insurance mediation activities must appoint an approved person(s) who will be responsible for insurance mediation activities at the *firm* (as detailed at MIPRU 2.2;

<http://fshandbook.info/FS/html/handbook/MIPRU/2/2>

This responsibility must be allocated to a member of the governing body of the firm or in certain circumstances, a senior manager. (i.e. an individual that is applying for approval as CF1, 3-8 or 29).

Please note that insurance mediation is not applicable to *Appointed Representatives*.

Unless the *firm* indicates otherwise, the FSA assumes that the *arrangement* given on the application form includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the FSA.

SECTION 4 – EMPLOYMENT HISTORY FOR PAST 5 YEARS (Not applicable for a short application)

A full five-year employment history for the *candidate* must be provided including their current employment at the time of application, with all gaps explained. If the record of employment does not go back five years, all periods of education and unemployment must be indicated. Full details of any periods of self-employment must be included.

Always give the address of the actual place of employment, rather than a central head office.

If there are insufficient pages to provide all of a *candidate's* employment history, either add the information at section 6 or photocopy page 7 and attach the additional pages.

"Regulatory body" in this context means the bodies listed in the notes to section 5 (overleaf).

State the position held by the *candidate* and a brief explanation of his or her duties. If the *candidate's* job title included the word "*director*" but his or her duties did not include those associated with the title of *director*, as defined in the *Glossary*, this should be indicated.

The reason for leaving each employer must be given. If there were any issues arising on leaving that could affect the Fitness and Propriety of the individual, these must be fully explained in section 6. Previous employers may be contacted and the omission of relevant details may result in applications being delayed and, in some cases, possibly rejected.

Candidates who are applying for significant influence functions (CF1 to 12 CF1-12B, 28; or 29; 40 or 50) are required to submit a copy of their curriculum vitae (CV), in addition to completing section 4 of this Form, unless the application is for a governing function of an appointed representative. It should be attached securely to the Form. This is only applicable to short form applicants if they have never previously held a significant influence function or if the previous submission of their CV when applying for a significant function, has altered from their previous application their CV has altered from the version submitted with their previous application for a significant influence function.

SECTION 5 – FITNESS AND PROPRIETY (Not applicable for a short application)

Answer the question by ticking the relevant 'yes' or 'no' box. If the answer to any of the questions is 'yes', give complete details in section 6 and attach relevant supporting documentation.

5.01 to 5.02 It is for senior management to decide what checks should be made. Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 ('the Order')(see Articles 3 and 4 of the Order) the ~~FSA~~ *FCA* and/or *PRA* and the firm have a right to ask about spent, as well as unspent, criminal convictions for employment purposes about candidates for *approved person* status [see Section 5.0f Form A –(Application to perform controlled functions under the approved persons regime.)]

Cautions are not within the ambit of the Rehabilitation of Offenders Act 1974. Hence cautions never become spent and if asked, a *candidate* must inform a potential employer and the ~~FSA~~ *FCA* and/or *PRA* whether he/she has received a caution.

5.03 to 5.06: Court judgments (e.g. County Court Judgments) and arrangements with creditors (e.g. Individual Voluntary Arrangements) are covered by questions 5.03 to 5.06. Any outstanding County Court Judgments or arrangements with creditors must be listed in section 6, and the circumstances surrounding them explained. The ~~FSA~~-*FCA* and/or *PRA* will conduct credit checks.

"Regulatory body" in this context refers to:

- i) the self-regulatory organisations including *IMRO*, *SFA*, *PIA*, *LAUTRO*, *FIMBRA*, *AFBD* and *TSA*;
- ii) the statutory bodies including the ~~FSA~~, *Financial Conduct Authority*, *Prudential Regulation Authority*, the *Financial Services Authority*, *SIB*, the *Society of Lloyd's*, the *Registry of Friendly Societies*, the *Friendly Societies Commission*, the *Building Societies Commission*, the *Bank of England*; *HM Treasury* – *Insurance Directorate* (formerly of the *DTI*) and the *recognised bodies*;
- iii) the *designated professional bodies*; and
- iv) the equivalent of all such regulators overseas.

5.09 This question covers internal investigation by an authorised *firm* in addition to investigations by a regulatory body **at any time**.

SECTION 6 – SUPPLEMENTARY INFORMATION

This section provides space for additional information. It should be used to disclose additional information about "yes" answers in section 5 of the full Form A and any information which is not the subject of a specific question in section 5, but ~~is~~ might be relevant to the consideration of fitness and propriety, including in relation to the reasons for leaving the firms listed in section 4. For more information on the factors which the ~~FSA~~ FCA and/or PRA ~~takes may take~~ into account when considering applications, please refer to "FIT" in the ~~FSA~~ Handbook.

List here all directorships currently held or previously held in the past **10** years by the *candidate*.

~~Relevant documents~~ Supporting documentation must also be provided, such as evidence of the settlements of ~~County Court Judgments~~ CCJs.

SECTION 7 – DECLARATIONS & SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the *candidate*. Signatures MUST NOT be dated more than 3 months prior to the date of submission of the application. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions* 1 to 12B, 28, ~~or~~ 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. The candidate should not sign the declaration on behalf of the firm unless he is a sole trader or the sole director in a limited company. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*. All signatures submitted on forms should be originals.

It is a criminal offence under section 398 of the Financial Services and Markets Act 2000 to knowingly or recklessly provide the FCA and/or PRA with false or misleading information.

Incoming *EEA Firms* undertaking non-MiFID business must confirm by using the tick box that the *candidate* is competent to perform the *controlled function(s)* for which this application is made.

N.B. Please keep these notes before returning the completed Form to the FCA and/or PRA.

If you have any questions or need additional information, please contact the Firm Contact Centre FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or e-mail iva@FSA.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~Permissions, Decisions and Reporting~~
~~Financial Conduct Authority~~
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for ~~FSA~~ FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the ~~FSA's website at~~

~~http://www.fsa.gov.uk/pubs/forms/imap_formb_notes.doc~~ FCA and PRA website at

http://media.fshandbook.info/Forms/notes/imap_formb_notes.doc

www.bankofengland.co.uk/PRA

Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form B

Notice to withdraw an application to perform controlled functions under the approved persons regime

~~FSA Handbook Reference: SUP 10 Annex 5R~~ 1 November 2007

FCA Handbook Reference: SUP 10A Annex 5R

PRA Handbook Reference: SUP 10B Annex 5R

1 April 2013

Name of *candidate*
(to be completed by applicant)

Name of *firm*
(as entered in 2.01)

~~The Financial Services Authority~~
~~Permissions, Decisions & Reporting Division~~

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000

Facsimile +44 (0) 207 066 0017
E-mail ~~iva@fca.gov.uk~~ iva@fca.org.uk
Website ~~http://www.fsa.gov.uk~~
<http://www.fca.org.uk>
Registered as a Limited Company in England
and Wales No 1920623. Registered Office as
above

Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8 Lothbury
Road, London, EC2R 7HH

Personal identification details

Section 1

1.01 *Candidate* ~~ESA~~ Individual Reference Number (IRN)

1.02 Title
(e.g. Mr, Mrs, Ms, etc)

1.03 Surname

1.04 ALL forenames

1.05 Date of birth

1.06 National Insurance number

1.07 *Candidate's* private address



I have supplied further information
related to this page in Section 4

YES

☐

NO

☐

2.01	Name of <i>firm</i>	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the FSA <u>FCA/PRA</u> contact at the <i>firm</i> in relation to this notice?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	

2.04 *Firms included on application Form (including applicant firm)*

	FSA FRN	Name of <i>firm</i>	Controlled functions
a			
b			
c			
d			
e			



I have supplied further information
related to this page in Section 4

YES ☐

NO ☐

3.01 Indicate the reason for withdrawal

- | | | |
|---------------------------|---------------------------------------|--------------------------|
| <i>a</i> | Internal movement of staff | <input type="checkbox"/> |
| <i>b</i> | Termination of employment or contract | <input type="checkbox"/> |
| <i>c</i> | Resignation | <input type="checkbox"/> |
| <i>d</i> | Redundancy | <input type="checkbox"/> |
| <i>e</i> | Withdrawal of offer of employment | <input type="checkbox"/> |
| <i>f</i> | End of contract | <input type="checkbox"/> |
| <i>g</i> | Suspension | <input type="checkbox"/> |
| <i>h</i> | Other | <input type="checkbox"/> |
| GIVE DETAILS IN SECTION 4 | | |



I have supplied further information
related to this page in Section 4

YES ☐

☐ NO

4.01 Include here any issues that arose in relation to this withdrawal, such as resignation or termination of contract. Indicate clearly which question supplementary information relates to.

Question	Information

4.02 How many additional sheets are being submitted?

DECLARATION OF CANDIDATE

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the ~~FSA~~ FCA and/or PRA 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.

5.01 Candidate's full name

5.02 Signature

Date / /

DECLARATION BY APPOINTED REPRESENTATIVE OR OTHER FIRM (if applicable)

We concur that the application to perform *controlled functions* under the *approved persons* regime made in respect of the above *candidate* should be withdrawn with immediate effect.

5.03 Name of appointed representative
or other *firm*

5.04 Name of *person* signing
on behalf of the *firm*

5.05 Job title

5.06 Signature

Date / /

DECLARATION BY FIRM

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided. *APER* 4.4.6~~E~~ 7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

5.07 Name of *firm*

5.08 Name of *person* signing
on behalf of the *firm*

5.09 Job title

5.10 Signature

Date / /

Notes to assist in completing the Form B - Notice to withdraw an application to perform *controlled functions* under the approved persons regime

Full details of the *approved persons* regime and the application process are given in ~~chapter 10 (section 10.12)~~ *SUP 10A* and *SUP 10B* of the *FCA's* and *PRA's* Supervision ~~manual~~ manuals.

The purpose of this form

This Form is referred to in ~~the relevant rule in SUP 10.12~~ *SUP 10A.13* and *SUP 10B.11* of the *FCA's* and *PRA's* Supervision manuals. This Form must be used when a *firm* or applicant wishes to withdraw an application to perform *controlled functions* under the *approved persons* regime (Form A) **before** the application has been determined and with immediate effect.

Firms are asked to email ~~IVA@fsa.gov.uk~~ iva.fca@org.uk and/or PRA.firmenquiries@bankofengland.co.uk as soon as it is apparent that an application is to be withdrawn, in order that the Approval process can be halted at the earliest opportunity.

Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

A Notice to withdraw an application may be submitted in relation to all or some of the *controlled functions* or *firms* listed on the original application (Form A). If it is submitted in relation to only some of the *controlled functions* or *firms*, you must list at section 4.01 the *controlled functions* and *firms* to which the withdrawal relates. If section 4.01 is left blank it will be assumed that the withdrawal relates to all of the *controlled functions* listed on the original application.

Any issues that arose in relation to this withdrawal, such as resignation or termination of contract, must be explained in section 4.01.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 4.02 the number of additional sheets attached.

Under section 61(5) of the Financial Services & Markets Act (Determination of applications) the *firm* may withdraw the application only if it also has the consent of the *candidate* and the *person* by whom the *candidate* is or would have been employed, if this is not the *firm* making the application

Along with the candidate, an appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ *FCA* and/or *PRA* considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions* – *controlled functions* 1 to 12B, 28, & 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ *FCA* and/or *PRA*. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B.: Detach and Please keep these notes before returning the completed Form to the ~~FSA~~ *FCA* and/or *PRA*.

~~Firm Contact Centre on 0845 606 9966 or via e-mail at iva@fsa.gov.uk~~

If you have any questions or need additional information, please contact the *FCA* Customer Contact Centre on 0845 606 9966 or *PRA* Firm Enquiries on 020 3461 7000 or e-mail iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
INDIVIDUALS, MUTUALS AND POLICY
DEPARTMENT
FINANCIAL CONDUCT AUTHORITY
25 THE NORTH COLONNADE
CANARY WHARK
LONDON E14 5HS

PRUDENTIAL REGULATION AUTHORITY
20 MOORGATE
LONDON
EC2R 6DA
UNITED KINGDOM

UNITED KINGDOM



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for ~~FSA~~ FCA/PRA use only)

[Redacted application number]

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the ~~FSA's~~ FCA and PRA website at http://fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc
http://media.fshandbook.info/Forms/notes/imap_formc_notes.doc
www.bankofengland.co.uk/PRA

Both the applicant and the approved person will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form C

Notice of ceasing to perform controlled functions

~~FSA~~ FCA Handbook Reference: ~~SUP 10A Annex 6R (Notification under SUP 10.13.6R)~~ (Notifications)

~~PRA~~ Handbook Reference: ~~SUP 10B Annex 6R (Notifications)~~

1 April 2013

Name of *approved person*[†]
(to be completed by applicant)

Name of *firm*[†]

[Redacted names]

~~The Financial Services Authority~~ Permissions, Decisions & Reporting Division

~~Financial Conduct Authority~~

~~25 The North Colonnade~~

~~Canary Wharf~~

~~London E14 5HS~~

~~United Kingdom~~

~~Telephone +44 (0) 845 606 9966~~

~~Facsimile +44 (0) 207 066 0017~~

~~E-mail iva@fsa.gov.uk iva@fca.org.uk~~

~~Website <http://www.fsa.gov.uk>~~

~~<http://www.fca.org.uk>~~

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

United Kingdom

Telephone +44 (0) 203 461 7000

E-mail PRA.firmenquiries@bankofengland.co.uk

Website www.bankofengland.co.uk/PRA

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

[†] The above question(s) appears on an electronic form submission and a paper form submission

Personal identification details**Section 1****1.01** ~~FSA~~ Individual Reference Number (IRN) [†]**1.02** Title[†]
(e.g. Mr, Mrs, Ms, etc)**1.03** Surname[†]**1.04** ALL forenames[†]**1.05** Date of birth[†]

/ /

1.06 National Insurance number[†]**1.07** *Approved person's* private address[†]**Firm identification details****Section 2****2.01** Name of *firm* ***2.02** ~~FSA~~ Firm Reference Number (FRN) ***2.03 a** Who should the ~~FSA~~ FCA/PRA contact at the *firm* in relation to this notice? [†]**b** Business address[†]**c** Position[†]**d** Telephone[†]**e** Mobile[†]**f** Fax[†]**g** E-mail[†]

[†] ~~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~~

[†] The above question(s) appears on an electronic form submission and a paper form submission

[†] The above question(s) appears on an electronic form submission and a paper form submission

3.01 List all *controlled functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

If the reason for ceasing to perform the *controlled function* is indicated in column B, the ~~FSA FCA~~ and/ or ~~PRA~~ should be notified in accordance with ~~SUP 10.13.7R and SUP 10.13.8G~~ SUP 10A.14.10R, SUP 10A.14.11G, SUP 10B.12.12.R and SUP 10B.12.13G (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted

				Reason [†]	
FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]	A	B Full explanation in 4.02
a			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
b			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
c			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)

[†] The above question(s) appears on an electronic form submission and a paper form submission

d				/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
e				/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)



I have supplied further information
related to this page in Section 4[†]

YES

☐

NO

☐

[‡] 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 [†] The above question(s) appears on an electronic form submission and a paper form submission

4.01 Is there any other information the approved person or the firm considers to be relevant to the application? [†]

--

Please provide full details[†]

--

4.02 Please indicate clearly which question the supplementary information relates to. [†]

Question	Information

4.03 How many additional sheets are being submitted? [†]

--

[†] The above question(s) appears on an electronic form submission and a paper form submission

Supporting Documents

Indicate the required supporting documents to accompany this form[†]

Documents	Mode (by email, fax or post)

Other information (please specify)[†]

--

[†] The above 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

Warning[†]

Knowingly or recklessly giving the ~~Financial Services Authority (FSA)~~ FCA and/or PRA 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 15.6.1R and 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.6E ~~7E~~ provides that, where an approved person is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of Statement of Principle 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection[†]

For the purpose of complying with the Data Protection Act, the personal information in this Form may be used by the ~~FSA~~ FCA and/or PRA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation and will not be disclosed for any other purpose without the permission of the applicant.

I confirm that a permanent copy of this application, signed by the firm, will be retained for an appropriate period, for inspection at the ~~FSA's~~ FCA's and/or PRA's request. Confirm that you have read and understood the declaration:

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the explanatory relating to the Form.

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

First name of the person signing on behalf of the firm[†]

Surname of the person signing on behalf of the firm[†]

Date[†]

Signature^{*}

Job title[†]

Name of firm[†]

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

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

Notes to assist in completing the Form C - Notice of ceasing to perform *controlled functions*

Full details of the *approved persons* regime and the application process are given in ~~chapter 10 of the Supervision Manual~~ SUP 10A and SUP 10B of the FCA's and PRA's Supervision manuals.

The purpose of this Form

This Form is referred to in ~~the relevant rule in SUP 10.13~~ SUP 10A.14 and SUP 10B.12 of the FCA's and PRA's Supervision manuals. This Form must be used when an *approved person* ceases to perform one or more *controlled functions*.

If an *approved person* ceases to perform *controlled functions* in respect of a number of *firms* within the same *group*, a single Form C may be used, ensuring all *firms* are clearly marked on the Form.

A *firm* must submit to the ~~FSA~~ FCA and/or PRA a completed Form C no later than seven *business days* after an *approved person* ceases to perform a *controlled function*.

Additionally, a forward dated request will not be actioned by the ~~FSA~~ FCA and/or PRA until 7 days before the stated effective day becomes operable.

If a *firm* has reasonable grounds for believing that it will submit a qualified Form C, it must notify the ~~FSA~~ FCA and/or PRA of the fact as soon as practicable.

The Form C is qualified if:

1. the *firm* submitting Form C reasonably believes that the information it contains may affect the ~~FSA's~~ FCA and/or PRA's assessment of an *approved person's* fitness and propriety; or
2. a *firm* dismisses, or suspends, an *approved person* from its employment; or
3. an *approved person* resigns whilst under investigation by the *firm*, the ~~FSA~~ FCA and/or PRA or any other regulatory body.
4. *Firms* are reminded that they should be open and honest with the ~~FSA~~ FCA and PRA as per Principle 11. Any information provided must be factual and able to be substantiated. The ~~FSA~~ FCA and/or PRA reserves the right to use the information provided in carrying out its regulatory functions.

Notification of a qualified Form C must be made in writing by either fax or email and should be made, where possible, within one *business day* of the *firm* becoming aware of the information. If the *firm* does not submit Form C, it should inform the ~~FSA~~ FCA and/or PRA in due course of the reason. This could be done using Form D, if appropriate.

A *firm* is responsible for notifying the ~~FSA~~ FCA and/or PRA if any *approved person* has ceased to perform a *controlled function* under an *arrangement* entered into by its *appointed representative* or former *appointed representative*.

Completing this Form

This Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 4.02 the number of additional sheets attached.

The reasons why an *approved person* is no longer performing *controlled functions* must be indicated on the Form. However, if an *approved person* has been dismissed or requested to resign, or the *firm* has any doubts about their fitness and propriety (3.01 column B), a full explanation of the reason for the dismissal or resignation must be provided in section 4.01 (supplementary information). If the *firm* ticks the box marked 'Suspension', the *firm* will have to reapply (using Form A) for the individual to perform *controlled functions* again.

The *firm* must also include details of any other matter that the *firm* is aware of and which in its reasonable opinion is relevant in connection with the *approved person* ceasing to perform their *controlled function*.

An appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions 1 to 12B, 28, & 29, 40 or 50*) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

Only the *firm* that made the original application (Form A) may sign this Form except where that individual is the only remaining individual at the firm (e.g. Sole Trader).

N.B.: ~~Detach and~~ Please keep these notes before returning the completed Form to the ~~FSA~~ FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at iva@fsa.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~INDIVIDUALS, MUTUALS AND POLICY~~
~~DEPARTMENT~~
THE FINANCIAL CONDUCT AUTHORITY
25 THE NORTH COLONNADE
CANARY WHARF
LONDON E14 5HS
UNITED KINGDOM

PRUDENTIAL REGULATION AUTHORITY
20 MOORGATE
LONDON
EC2R 6DA
UNITED KINGDOM



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FSA FCA/PRA use only)

[Redacted application number]

The ~~FSA~~ FCA and PRA have produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the ~~FSA's~~ FCA and PRA's website at: http://fsahandbook.info/FSA/docs/notes/imap_formd_notes.doc
http://media.fshandbook.info/Forms/notes/imap_formd_notes.doc
www.bankofengland.co.uk/PRA.

Both the applicant and the approved person will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form D

Notification of changes in personal information or application details

~~FSA FCA Handbook~~ Reference: SUP 10A Annex 7R (~~Notification under SUP 10.13.18R~~)

PRA Handbook Reference: SUP 10B Annex 7R

1 April 2013

Name of individual
(to be completed by applicant)

[Redacted name of individual]

Name of ~~firm~~
(as entered in 2.01)

[Redacted name of firm]

~~The Financial Services Authority~~
~~Permissions, Decisions & Reporting Division~~
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

Contact Details

Contact for this notification

	Title [†]	
	First Name [†]	
	Surname [†]	
	Job Title [†]	
	Business address [†]	
	Post code [†]	
	Phone number (including STD code) [†]	
	Email address [†]	
	Mobile No [†]	
	Fax No. [†]	

[†] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

1.01

If any of the details have changed please provide new details below

~~Approved person~~ FSA Individual Reference Number (IRN) ‡

DETAILS TO BE CHANGED
1.02

Title
(e.g. Mr, Mrs, Ms, etc) ‡

1.03

Surname ‡

1.04

ALL forenames ‡

1.05

Date of birth ‡

//

1.06

National Insurance number ‡

1.07

Nationality ‡

1.08

Passport number ‡

1.09

Other changes in application details and matters relating to fitness and propriety ‡

1.10

Effective date of change ‡

//

1.11

Reason for change ‡



I have supplied further information related to this page in Section 3

YES

☐

NO

☐

Do you want to notify us of a change of arrangement between the approved person and the firm? [†]

Does the change in arrangement relate to an appointed representative? [†]

Current appointed representative details? [†]

AR FRN	Firm Name

Do you want to add an appointed representative? [†]

Do you want to remove an appointed representative? [†]

As a result of this removal you will need to consider whether to submit a withdrawal of a CF and/or an Appointed Representative termination

Please select the appointed representative to remove [†]

AR FRN	Firm Name	Remove

Effective Date [†]

[†] The above question(s) appears on an electronic form submission and a paper form submission

2.01 Name of *firm*

2.02 Firm Reference Number (FRN) [±]

2.03 Other *firms* for whom the individual performs *controlled functions* ‡

	FSA FRN	Name of firm	Controlled function
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	<input type="text"/>	<input type="text"/>	<input type="text"/>
e	<input type="text"/>	<input type="text"/>	<input type="text"/>



I have supplied further information
related to this page in Section 3

YES ☐ NO ☐

Fitness and Propriety[‡]

Do you want to notify us of a change to the approved person's fitness and propriety?

1. Has the approved person ever been convicted of any offence (whether spent or not and whether or not in the United Kingdom); (i) involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences and/or other dishonesty; or (ii) relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations and/or insider dealing?

Enter full details in this section

2. Is the approved person the subject of any current criminal proceedings?

Enter full details in this section

3. Has the approved person ever been given a caution in relation to any criminal offence?

Enter full details in this section

4. Has the approved person any convictions for any offences other than those listed above, whether or not in the United Kingdom (excluding traffic offences unless these traffic offences resulted in a ban from driving or involved driving without insurance)?

Enter full details in this section

5. Has the approved person ever had a County Court Judgement (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?

Enter full details in this section

6. Has the approved person had more than two CCJs or judgement debts?

Enter full details in this section

7. Has the approved person had more than £1,000 in total of CCJs or judgement debts?

Enter full details in this section

8. Is the approved person aware of:

a). any proceedings that have begun, or anybody's intention to begin proceedings, against the approved person for a CCJ or other judgement debt?

Enter full details in this section

b). more than one set of proceedings, or anybody's intention to begin more than one set of proceedings, that may lead to a CCJ or other judgement debt?

Enter full details in this section

c). anybody's intention to claim more than £1,000 of CCJs or judgement debts in total from the approved person?

Enter full details in this section

9. Does the approved person have any current judgement debts (including CCJs) made under a court order still outstanding, whether in full or in part?

Enter full details in this section

10. Has the approved person ever failed to satisfy any such judgement debts within one year of the order being made?

Enter full details in this section

11. Is the approved person or has the approved person ever been the subject of any bankruptcy proceedings, or proceedings for the sequestration of the approved person's estate?

Enter full details in this section

12. Has the approved person ever entered into, or is in the process of entering into, an agreement in favour of the approved person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

Enter full details in this section

13. Does the approved person have any outstanding financial obligations arising from regulated activities, which the approved person has carried out in the past, in the United Kingdom or overseas? (In the case of advisers, this will include any outstanding liabilities arising from commissions paid for the sale of packaged products that have lapsed).

Enter full details in this section

14. Has the approved person ever been found guilty of carrying on any unauthorised regulated activities or been investigated for possible carrying on of unauthorised regulated activities?

Enter full details in this section

15. Is the approved person, or has the approved person, ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

Enter full details in this section

16. Has the approved person ever, either in the United Kingdom or elsewhere:

- a). been refused entry to, or been dismissed, suspended or asked to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated?

Enter full details in this section

- b). been refused, restricted in or had suspended, the right to carry on any trade, business, or profession for which specific licence, authorisation, registration, membership or other permission is required?

Enter full details in this section

c). been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?

Enter full details in this section

d). been the subject of a disqualification direction under section 59 of the Financial Services Act 1986; a prohibition order under section 56 of the Financial Services and Markets Act 2000; or received a warning notice that such a direction or order be made?

Enter full details in this section

17. In relation to activities regulated by the ~~FSA~~ FCA and/or PRA or any other regulatory body, has:

i. the approved person, or
ii. any company, partnership or unincorporated association of which the approved person is or has been a controller, director, senior manager, partner or company secretary, during the approved person's association with that entity and for a period of three years after the approved person ceased to be association with it, ever:

a). been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership, or other permission granted by any such body?

Enter full details in this section

b). been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary action by any such body?

Enter full details in this section

c). resigned while under investigation by, or been required to resign from any such body?

Enter full details in this section

d). decided, after making an application for any licence, authorisation, registration, notification, membership, other permission granted by any such body, not to proceed with it?

Enter full details in this section

e). been the subject of any civil action which has resulted in a finding against the approved person or it by a court?

Enter full details in this section

18. Has any company, partnership, or unincorporated association of which the approved person is or has been a controller, director, senior manager, partner, or company secretary, in the United Kingdom or elsewhere, at any time during the approved person's involvement or within one year of such an involvement:

a) been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?

Enter full details in this section

b) been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?

Enter full details in this section

c) been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?

Enter full details in this section

d) been convicted of any criminal offence, censured, disciplined or publicly criticised by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body (other than as already indicated under 17(b) above)?

Enter full details in this section

19. Is the approved person aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the controlled functions for which approval is now sought?

Enter full details in this section

Enter Date of change:



- 3.01** Is there any other information the approved person or the firm considers to be relevant to the application? †
Please provide full details †
- 3.02** Please indicate clearly which question the supplementary information relates to.

Question	Information

- 3.03** How many additional sheets are being submitted?†



I have supplied further information
related to this page in Section 3

YES

☐

NO

☐

~~† 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~~

Supporting Documents[‡]

Indicate the required supporting documents to accompany this form.

Documents	Mode (by email, fax, post)

~~‡ 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.~~

DECLARATION OF APPROVED PERSON ‡

The *firm* must ask the individual to make the declaration only where the *firm* becomes aware of information that would reasonably be material to the assessment of the *approved person's* continuing fitness and propriety.

Knowingly or recklessly giving the ~~FSA~~ *FCA and/or PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000). It should not be assumed that information is known to the ~~FSA~~ *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection ‡

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the ~~FSA~~ *FCA and/or PRA* 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.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

The ~~FSA~~ *FCA and/or PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. I authorise the ~~FSA~~ *FCA and/or PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. I also understand that the results of these checks may be disclosed to my employer.

4.01 Full name of *approved person*
i.e. Title, forenames, SURNAME ‡

4.02 Signature*

Date‡ / /

Tick to confirm you have read and understood this declaration:

DECLARATION OF FIRM ‡

Knowingly or recklessly giving the ~~FSA~~ *FCA and/or PRA* 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ *FCA and/or PRA* and to notify the ~~FSA~~ *FCA and/or PRA* immediately if materially inaccurate information has been provided. ~~APER 4.4.6E~~ *7E* provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ *FCA and/or PRA*, failure to inform the ~~FSA~~ *FCA and/or PRA* of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ *FCA and/or PRA*. It should not be assumed that information is known to the ~~FSA~~ *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

4.03 Name of the *firm* ‡

4.04 Name of *person* signing
on behalf of the *firm* ‡

4.05 Position ‡

4.06 Signature*

~~‡ 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~~

Date / /

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

~~† 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~~

Notes to assist in completing the Form D - Notification of changes in personal information or application details

Full details of the *approved persons* regime and the application process are given in ~~Chapter 10.13 of the Supervision manual~~ SUP 10A and SUP 10B of the FCA and PRA's Supervision manuals.

The purpose of this Form

This is Form D referred to in ~~the relevant guidance and rule in SUP 10.13~~ SUP10A.14 and SUP 10B.12 of the FCA and PRA's Supervision manuals. The *firm* must use this Form to inform the ~~FSA~~ FCA and/or PRA of changes in the personal details of an *approved person* or a change in the details of an application to perform *controlled functions*). It is not necessary to notify the ~~FSA~~ FCA and/or PRA of changes in an *approved person's* private address.

The *firm* must also keep the ~~FSA~~ FCA and/or PRA informed of any significant circumstances directly affecting an *approved person* and which any reasonable person would consider relevant to the *approved person's* position under the ~~FSA rules~~ rules of the FCA and/or PRA.

The *firm* is required to notify the ~~FSA~~ FCA and/or PRA of any matter, in relation to an *approved person*, that would normally be declared when giving the information required for section 5 of the application to perform controlled functions or matters considered in *FIT 2*

Do not use this Form if the *approved person* requires approval in respect of further *controlled functions* or has ceased to perform *controlled functions*.

Completing this Form

This Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

Where a person is an *approved person* in respect of a number of *firms* within the same *group*, a single Form may be used, ensuring all *firms* are clearly marked on the Form.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 3.02 the number of additional sheets attached.

An appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(57B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions 1 to 12B, 28, & 29, 40, or 50*) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

Only the *firm* that made the original application (application to perform controlled functions) may sign this Form.

N.B.: ~~Detach and keep~~ Please keep these notes before returning the completed Form to the ~~FSA~~ FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at iva@fsa.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

THE FINANCIAL SERVICES AUTHORITY
INDIVIDUALS, MUTUALS AND POLICY
DEPARTMENT
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom



Application number
(for FSA FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the ~~FSA's~~ FCA and PRA's websites at http://www.fsa.gov.uk/pubs/forms/imap_forme_notes.doc http://media.fshandbook.info/Forms/notes/imap_forme_notes.doc and www.bankofengland.co.uk/PRA.

Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form E

Internal transfer of an approved person

FSA ~~FCA~~ Handbook Reference: SUP 10A Annex 8D

PRA Handbook Reference: SUP 10B Annex 8D

~~1 May 2011~~ 1 April 2013

Name of ~~approved person~~ candidate[†]
(to be completed by applicant firm)

Name of firm[†]
(as entered in 2.01)

~~The Financial Services Authority~~ Financial
Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fsa.gov.uk iva@fca.org.uk
Website <http://www.fsa.gov.uk>
<http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

Personal identifications details**Section 1****1.01** ~~FSA~~ Individual Reference Number (IRN)[†]**1.02** Title
(e.g. Mr, Mrs, Ms, etc)[†]**1.03** Surname[†]**1.04** ALL forenames[†]**1.05** Date of birth[†]**1.06** National Insurance number[†]**Firm identification details****Section 2****2.01** Name of *firm***2.02** ~~FSA~~-Firm Reference Number (FRN)**2.03 a** Who should the ~~FSA~~ FCA/PRA contact at the *firm* in relation to this application?**b** Position**c** Telephone**d** Fax**e** E-mailI have supplied further information
related to this page in Section 5

YES

☐

NO

☐

[†] The above 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

3.01

List all *controlled functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

	FSA FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]
a				/ /
b				/ /
c				/ /
d				/ /
e				/ /



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

[†] The above 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

4.01

Nature of the arrangement between the candidate and the applicant.

a Employee

☐

b Group employee

☐

Name of group

c Contract for services

☐

d Partner/Sole trader

☐

e Appointed representative – customer function

☐

Name of AR

f Appointed representative – governing function

☐

Name of AR

g Other

☐

Give details

4.02

For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question 4.05

a **Significant influence functions**

CF 1 Director function

☐

CF 2 Non- executive director function

☐

CF 3 Chief executive function

☐

CF 4 Partner function

☐

CF 5 Director of an unincorporated association function

☐

CF 6 Small friendly society function

☐


I have supplied further information related to this page in Section 5

YES

☐

NO

☐

**Significant
influence
functions
continued**

CF 8	Apportionment and oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 9	EEA investment business oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10	Compliance oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10 A	CASS operational oversight function	<input type="checkbox"/>
CF 11	Money laundering reporting function	<input type="checkbox"/>
CF 12	Actuarial function	<input type="checkbox"/>
CF 12A	With-profits actuary function	<input type="checkbox"/>
CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
CF 28	System and controls function	<input type="checkbox"/>
CF 29	Significant management function	<input type="checkbox"/>
CF 40	Benchmark submission function	<input type="checkbox"/>
CF 50	Benchmark administration function	<input type="checkbox"/>
CF 30	Customer function	<input type="checkbox"/>

b **significant
influence
functions
continued**

c **Customer
function**

4.03 Effective date
of controlled
functions
indicated
above[†]

/ /

4.04 Job title
(mandatory for
controlled
function 28 &
29)[†]



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

[†] The above 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

4.05 List all *firms* within the *group* (including the *firm* entered in 4.02) for which the applicant requires approval and the requested *controlled function* for that *firm*.[†]

	FSA Firm Reference Number	Name of <i>firm</i>	<i>Controlled function</i>	Job title (mandatory for <i>controlled function</i> 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

- 5.01** Is there any other information the *candidate* or the *firm* considers to be relevant to the application?

YES ☐NO ☐

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

- 5.02** How many additional sheets are being submitted?

[†] The above 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

DECLARATION OF CANDIDATE

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

APER 4.4.67E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

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

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ FCA and/or PRA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://FSHandbook.info/FS/html/handbook/APER>)

(www.bankofengland.co.uk/PRA)

6.01 Candidate's full name[†]

6.02 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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

DECLARATION OF FIRM

Knowingly or recklessly giving the ~~FSA FCA and/or PRA~~ 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA FCA and/or PRA~~ and to notify the ~~FSA FCA and/or PRA~~ immediately if materially inaccurate information has been provided.

APER 4.4.67E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA FCA and/or PRA~~, failure to inform the ~~FSA FCA and/or PRA~~ of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA FCA and/or PRA~~. It should not be assumed that information is known to the ~~FSA FCA and/or PRA~~ merely because it is in the public domain or has previously been disclosed to the ~~FSA FCA and/or PRA~~ or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm*

~~believes~~ believes on the basis of due and diligent enquiries made to date that the *candidate* is a fit and proper person to perform the *controlled function(s)* listed in section 4. ~~The firm also~~

~~believes~~ believes on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such function(s).

IF UNDERTAKING ANY NON MiFID BUSINESS FOR WHICH YOU HAVE NOT PREVIOUSLY APPLIED FOR AUTHORISATION, PLEASE ALSO COMPLETE THE FOLLOWING

The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required of such function(s). YES ☐ NO ☐

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 4.05. I also confirm that a copy of this Form, as submitted to the ~~FSA FCA and/or PRA~~, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA FCA and/or PRA~~.

In signing this form on behalf of the *firm*:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 34.05. I also confirm that a copy of this Form, as submitted to the ~~FSA FCA and/or PRA~~ will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA FCA and/or PRA~~.

c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://FSHandbook.info/FS/html/handbook/APER>)

(www.bankofengland.co.uk/PRA)

6.03 Name of the *firm* submitting the application[†]

6.04 Name of *person* signing on behalf of the *firm*[†]

6.05 Job title[†]

6.06 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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 for Form E

Internal transfer of an approved person

PLEASE NOTE: A *CANDIDATE* MUST NOT BEGIN PERFORMING ANY *CONTROLLED FUNCTIONS* UNTIL THE ~~FSA~~*FCA* and/or *PRA* HAS GRANTED APPROVAL.

Full details of the *approved persons* regime can be found in ~~chapter 10 of the Supervision manual~~ chapter SUP 10A and SUP 10B of the *FCA* and *PRA*'s *Supervision Manuals*.

The purpose of this Form

This is Form E referred to in ~~SUP 10.13.3D~~ 10A.14.4D. and SUP 10B.12.4D of the *FCA* and *PRA*'s *Supervision Manuals*. A *firm* should use this form when an *approved person* ceases to perform one or more *controlled functions* and the *firm* wishes to apply for approval for the individual in respect of other *controlled functions*. This Form should not be used for a qualified withdrawal (see ~~SUP 10.13.7R~~ 10A.14.10R and SUP 10B.12.12R). This form may also be used for transfers between *firms* that are part of the same *group*:

1. A *firm* must use Form E where an *approved person* is both ceasing to perform one or more *controlled functions* and needs to be approved in relation to one or more *controlled functions* within the same *firm* or *group*.
2. A *firm* must not use Form E if the *approved person* is to perform a *significant-influence function* for the first time or has ceased to have approval from the *FCA* or *PRA* to perform one more than six months ago.
3. A *firm* must not use Form E if a notification has been made or should be made under SUP 10A.14.17R (Changes in fitness to be notified under Form D) or SUP 10B.12.18R (the equivalent *PRA rule*) in relation to any *controlled functions* that that *person* is ceasing to perform (as referred to in (1)) or any *controlled function* that he is continuing to perform in relation to that *firm* or a *firm* in the same *group*.

Form C must be used if the individual is ceasing to perform a *controlled function* and the *firm* is not seeking approval in respect of another *controlled function*.

Form A must be completed in full if the *approved person* is seeking approval in respect of a *significant influence function* for the first time.

Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. Tick the appropriate box where a yes/no answer is required. Further details should be given in section 5 (Supplementary Information) if there is insufficient space for a detailed answer.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 5.02 the number of additional sheets attached.

Do not assume that information is known to the ~~FSA~~*FCA* and/or *PRA* merely because it is in the public domain, or has been previously disclosed to the ~~FSA~~*FCA* and/or *PRA* or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the *candidate* should be verified by the *firm* wherever possible. ~~If the FSA's~~ Should the *FCA* and/or *PRA* vetting checks reveal any matters that have not been disclosed, then applications will be delayed and, in some cases, possibly rejected. See ~~SUP 10.12.6G~~ 10A.13.12G and SUP 10B.11.11G .

Expressions in this Form in italics have the meaning given in the *Glossary* to the ~~FSA's Handbook~~ (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*).

The *firm* is responsible for the completion of the Form. If the Form is not fully and correctly completed, the ~~FSA~~FCA and/or ~~PRA~~ may need to return it for proper completion. This could significantly delay the ~~FSA's~~FCA and/or ~~PRA's~~ decision on whether to grant approval to perform the requested *controlled functions* (see ~~SUP 40.12.6G~~ 10A.13.12G and SUP10B.11.11G).

The ~~FSA~~FCA and/or ~~PRA~~ may require the applicant to provide further information at any time after receiving an application and before determining whether it is to be granted or not (see ~~SUP 40.12.8G~~ 10A.13.14G, SUP10B.11.13G and SUP10B.11.14G).

If a *firm* has provided, or has information that reasonably suggests that it may have provided, the ~~FSA~~FCA and/or ~~PRA~~ with information which was or has become false, misleading, incomplete or inaccurate, in a material particular, it must notify the ~~FSA~~FCA and/or ~~PRA~~ immediately (see SUP 15.6.4R). Failure to notify the ~~FSA~~FCA and/or ~~PRA~~ may result in a delay in processing or rejection.

SECTION 4 – ARRANGEMENTS AND CONTROLLED FUNCTIONS

The *firm* must tick the box in 4.01 that most accurately describes its *arrangement* with the *candidate*. For applications from a single *firm*, the *firm* should complete 4.02, 4.03 & 4.04 indicating the *controlled functions* required by selecting the appropriate box in 4.02. However, if the application is being made on behalf of a *candidate* who will carry out *controlled functions* for more than one *firm*, 4.05 must be used to describe the *controlled functions* and the relationships between the *candidate* and those *firms*.

- 4.01: If this application relates to more than one *appointed representative*, provide details in section 5.
- 4.02: If the *controlled function* 29 is requested, the specific job title of the *candidate* must be included.
- 4.03: The effective date is the date on which the *firm* wishes the *candidate* to begin performing *controlled functions* (subject to approval). **This should be left blank unless there is a reason for the effective date to be beyond the ~~FSA~~FCA and/or ~~PRA~~ published standard response times.** For instance, a *firm* may wish to be sure that a *candidate* has been approved before they take up their post.

Unless the *firm* indicates otherwise, the ~~FSA~~FCA and/or ~~PRA~~ assumes that the *arrangement* given on the application form includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the ~~FSA~~FCA and/or ~~PRA~~.

SECTION 5 – SUPPLEMENTARY INFORMATION

This section provides extra space for any previous answer and for additional information relevant to this application.

The *firm* must include details of any other matter which the *firm* is aware of and which in its reasonable opinion is relevant in connection with the *approved person* ceasing to perform their *controlled function*. If there is insufficient space, additional sheets may be used.

SECTION 6 – DECLARATIONS AND SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the *candidate*. The ~~FSA~~FCA and/or ~~PRA~~ considers that an appropriate individual would either be an individual approved for a *controlled function* described under section ~~59(5) or 59(7B)~~ of the Financial Services and Markets Act (the *significant influence functions* – *controlled functions* 1 to 12B, 28, & 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~FCA and/or ~~PRA~~. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B. ~~Detach and keep~~ Please keep these notes before returning the completed Form to the ~~FSA~~FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at ~~iva@fsa.gov.uk~~ iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~INDIVIDUALS, CIS & MUTUALS~~
~~DEPARTMENT~~
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom

The Retail Investment Adviser Complaints Alerts Form G approved by the FSA FCA for notifications under SUP10.13.20AR SUP 10A.14.24R may be found at the FSA's FCA's website

www.fsa.gov.uk/Pages/Doing/Regulated/Notify/index.shtml
www.fca.org.uk/Pages/Doing/Regulated/Notify/index.shtml

This form relates to ~~SUP 10.13.20AR~~ SUP 10A.14.24R

Firm details			
Firm name		Firm Reference Number (FRN)	
Person making notification			
Name		Individual Reference Number (IRN) (where applicable)	
Position in firm		Contact telephone number	
Contact email address		Date of submission	
Retail Investment Adviser			
Name		Individual Reference Number (IRN)*	

* Individual details can be found on the [FSA Financial Services Register](#) under the individual tab. If you are unable to identify the retail investment adviser's IRN please contact the [FSA FCA Customer Contact Centre](#) on 0845 606 1234 for assistance.

[illegible]



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FSA FCA PRA use only)

The ~~FSA~~ FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on ~~the FSA's website at~~ http://www.fsa.gov.uk/pubs/forma_notes.doc both FCA and PRA websites at: http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc <http://www.bankofengland.co.uk/PRA>

Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Long Form A – Incoming EEA only

Application to perform controlled functions under the approved person regime

~~FSA Handbook Reference: SUP10 Annex 4D~~ FCA Handbook Reference: SUP 10A Annex 4D

PRA Handbook Reference: SUP 10B Annex 4D

1 April ~~2009~~ 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

The Financial Services Authority – Permissions, Decisions & Reporting Division	
<u>Financial Conduct Authority</u>	<u>Prudential Regulation Authority</u>
<u>25 The North Colonnade</u>	<u>20 Moorgate</u>
<u>Canary Wharf</u>	<u>London</u>
<u>London E14 5HS</u>	<u>United Kingdom</u>
<u>United Kingdom</u>	<u>EC2R 6DA</u>

Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fsa.gov.uk iva@fca.org.uk
Website <http://www.fsa.gov.uk>
<http://www.fca.org.uk>

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

Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquires@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8
Lothbury Road, London, EC2R 7HH

- 1.01 a** *Candidate* Individual Reference Number (IRN)[†]
- b** OR name of previous regulatory body[†]
- c** AND previous reference number (if applicable)[†]
- 1.02** Title (e.g. Mr, Mrs, Ms, etc)[†]
- 1.03** Surname[†]
- 1.04** ALL forenames[†]
- 1.05** Name commonly known by[†]
- 1.06** Date of birth (dd/mm/yyyy)[†]
- 1.07** National Insurance number[†]
- 1.08** Previous name[†]
- 1.09** Date of name change[†]
- 1.10 a** Nationality[†]
- b** Passport number (if National Insurance number not available)[†]
- 1.11** Place of birth[†]



I have supplied further information related to this page in Section 6[†]

YES

☐

NO

☐

1.12 a Private address[†]

b

Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1[†]

b

Postcode

c Dates resident at this address
(mm/yyyy)[†]

From

/

To

/

1.14 a Previous address 2[†]

¹

b

Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From

/

To

/



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

²

2.01	Name of <i>firm</i> making the application	
2.02	FSA-Firm Reference Number (FRN)	
2.03 a	Who should the FSA-FCA/PRA contact at the <i>firm</i> in relation to this application?	
b	Business Address	
c	Position	
d	Telephone	
e	E-mail	



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
		Name of group		
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
		AR firm name and reference number		
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
		AR firm name and reference number		
		g	Other	<input type="checkbox"/>
Give details				

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	Significant influence functions	CF 11 Money laundering reporting function	<input type="checkbox"/>
		CF 12 Actuarial function	<input type="checkbox"/>
		CF 12A With-profits actuary function	<input type="checkbox"/>
		CF 12B Lloyd's Actuary function	<input type="checkbox"/>
		CF 29 Significant management function	<input type="checkbox"/>
c	significant influence functions	CF 40 Benchmark submission function	<input type="checkbox"/>
		CF 50 Benchmark administration function	<input type="checkbox"/>
b	Customer function	CF 30 Customer function	<input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES

☐

NO

☐

3.03 Effective date of *controlled functions* indicated above[†]

3.04 Job title (mandatory for *controlled function* 28 & 29)[†]

Please refer to notes on the requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm?

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES ☐ NO ☐



I have supplied further information related to this page in Section 6

YES ☐ NO ☐

3.05

Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.[†]

	FSA-Firm Reference Number	Name of <i>firm</i>	<i>Controlled function</i>	Job title (mandatory for <i>controlled function</i> 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

N.B.: ALL gaps must be accounted for

4.01 Employment details (1)[†]

a	Period (mm/yyyy)	From	/	To																			
b	Nature of employment	<table border="0"> <tr> <td style="padding-right: 10px;"><i>a</i></td> <td>Employed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>b</i></td> <td>Self-employed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>c</i></td> <td>Not employed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>d</i></td> <td>Full-time education</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details																						
c	Name of employer																						
d	Nature of business																						
e	Previous / other names of employer																						
f	Last known address of employer																						
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Name of regulatory body <div style="border: 1px solid black; height: 20px;"></div>																			
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, of which firm? <div style="border: 1px solid black; height: 20px;"></div>																			
i	Position held																						
j	Responsibilities																						
k	Reason for leaving:	<table border="0"> <tr> <td style="padding-right: 10px;"><i>a</i></td> <td>Resignation</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>b</i></td> <td>Redundancy</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>c</i></td> <td>Retirement</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>d</i></td> <td>Termination/dismissal</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>e</i></td> <td>End of contract</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;"><i>f</i></td> <td>Other</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					
	Specify																						



I have supplied further information related to this page in Section 6

YES

☐

NO

☐

4.02 Employment details (2)[†]

a	Period (mm/yyyy)	From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>																		
b	Nature of employment	<table border="0"><tr><td><i>a</i></td><td>Employed</td><td><input type="checkbox"/></td></tr><tr><td><i>b</i></td><td>Self-employed</td><td><input type="checkbox"/></td></tr><tr><td><i>c</i></td><td>Not employed</td><td><input type="checkbox"/></td></tr><tr><td><i>d</i></td><td>Full-time education</td><td><input type="checkbox"/></td></tr></table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details	<input type="text"/>																					
c	Name of employer	<input type="text"/>																					
d	Nature of business	<input type="text"/>																					
e	Previous / other names of employer	<input type="text"/>																					
f	Last known address of employer	<input type="text"/>																					
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of regulatory body <input type="text"/>																				
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, of which <i>firm</i> ? <input type="text"/>																				
i	Position held	<input type="text"/>																					
j	Responsibilities	<input type="text"/>																					
k	Reason for leaving:	<table border="0"><tr><td><i>a</i></td><td>Resignation</td><td><input type="checkbox"/></td></tr><tr><td><i>b</i></td><td>Redundancy</td><td><input type="checkbox"/></td></tr><tr><td><i>c</i></td><td>Retirement</td><td><input type="checkbox"/></td></tr><tr><td><i>d</i></td><td>Termination/dismissal</td><td><input type="checkbox"/></td></tr><tr><td><i>e</i></td><td>End of contract</td><td><input type="checkbox"/></td></tr><tr><td><i>f</i></td><td>Other</td><td><input type="checkbox"/></td></tr></table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					
	Specify	<input type="text"/>																					

I have supplied further information
related to this page in Section 6YES ☐NO ☐

5.01 a	Has the <i>candidate</i> ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):	<div style="margin-bottom: 10px;"> i. involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty or </div> <div> ii. relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies</i>, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, <i>money laundering</i>, market manipulations or <i>insider dealing</i>? </div>	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
b	Is the <i>candidate</i> the subject of any current criminal proceedings?		YES <input type="checkbox"/> NO <input type="checkbox"/>
c	Has the <i>candidate</i> ever been given a caution in relation to any criminal offence?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5.02	Has the <i>candidate</i> any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01 and above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5.03 a	Has the candidate, ever had a County Court Judgement (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not (whether or not in the United Kingdom)? Has the candidate had:	i. more than 2 CCJs or judgment debts? ii. more than £1,000 in total of CCJs or judgment debts?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
b	Is the candidate aware of:	i. any proceedings that have begun, or anybody's intention to begin proceedings against the candidate for a CCJ or other judgment debt? ii. more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment? iii. anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the <i>candidate</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
5.04	Does the candidate have any current judgement debts (including CCJs) made under a court order still outstanding, whether in full or in part?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5.05	Has the <i>candidate</i> ever failed to satisfy any such judgment debts within one year of the making of the order?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5.06 a	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of any bankruptcy proceedings, or proceedings for the sequestration of the <i>candidate's</i> estate?		YES <input type="checkbox"/> NO <input type="checkbox"/>

[†] The above 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

b	Has the <i>candidate</i> ever entered or is in the process of entering into an agreement in favour of the <i>candidate</i> 's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed).?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.07	Does the <i>candidate</i> have any outstanding financial obligations arising from <i>regulated activities</i> , which the <i>candidate</i> has carried on in the past, (whether or not in the <i>United Kingdom</i>)? (In the case of <i>advisers</i> , this will include any outstanding liabilities arising from commissions paid for the sale of <i>packaged products</i> that have lapsed.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.08	Has the <i>candidate</i> ever been found guilty of carrying on any unauthorised <i>regulated activities</i> or been investigated for the possible carrying on of unauthorised <i>regulated activities</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.09	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.10	Has the <i>candidate</i> ever (whether or not in the <i>United Kingdom</i>) –	
a	been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c	been disqualified from acting as a <i>director</i> of a <i>company</i> or from acting in a management capacity or conducting the affairs of any <i>company</i> , <i>partnership</i> or unincorporated association?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d	been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?	YES <input type="checkbox"/> NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐ NO ☐

1

In relation to activities regulated by the ~~FSA~~ FCA and/or PRA or any other regulatory body (see note section 5), has:

i. the *candidate*, or

ii. any company, partnership or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner or company secretary, during the candidate's association with that entity and for a period of three years after the candidate ceased to be associated with it, **ever** –

a

been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?

YES ☐

b

been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body?

YES ☐

c

resigned whilst under investigation by, or been required to resign from, any such body?

YES ☐

d

decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?

YES ☐

e

been the subject of any civil action which has resulted in a finding against the *candidate* or it by a court?

YES ☐

2

Has any company, partnership, or unincorporated association of which the *candidate* is or has been a controller, director, senior manager, partner, or company secretary, in the *United Kingdom* or elsewhere, at any time during the *candidate's* involvement or within one year of such an involvement –

a

been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?

YES ☐

b

been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?

YES ☐

c

been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?

YES ☐

d

been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the *Takeover Panel* or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)?

YES ☐

3

Is the *candidate* aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the *controlled functions* for which approval is now sought?

YES ☐



I have supplied further information related to this page in Section 6 YES ☐

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
- Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.

Page 14

Declaration of Candidate

Knowingly or recklessly giving the FSA *FCA and/or PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the FSA *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the FSA *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the FSA *FCA and/or PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the FSA *FCA and/or PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>) (<http://fshandbook.info/fs/html/handbook/APER>) (<http://www.bankofengland.co.uk/PRA>)

7.01 Candidate's full name[†]

7.02 Signature^{*}

Date[†] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

[†] The above 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

Declaration of *Firm*

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.6E7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the *candidate* is a fit and proper *person* to perform the *controlled function(s)* listed in section 3. FOR FIRMS UNDERTAKING ANY NON MiFID BUSINESS PLEASE ALSO COMPLETE THE FOLLOWING

The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required in the performance of such function(s).

YES ☐ NO ☐

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of proposed role as set out in , the Statements of Principle and Code of Practice for Approved Persons

**(~~<http://fsahandbook.info/FSA/html/handbook/APER>~~)(<http://fshandbook.info/fs/html/handbook/APER>)
(<http://www.bankofengland.co.uk/PRA>)**

7.03 Name of the *firm* submitting the application[†]

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

[†] The above 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



Application number
(for FSA FCA/PRA use only)

The FSA has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the FSA's both FCA and PRA websites at: http://fsa.gov.uk/pubs/forms/imap_forma_notes.doc

http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc

<http://www.bankofengland.co.uk/PRA>

Both the applicant and the candidate will be treated by the FSA FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Long Form A – UK and Overseas Firms (not Incoming EEA)

Application to perform controlled functions under the approved persons regime

FSA Handbook Reference: SUP 10 Annex 4D

FCA Handbook Reference: SUP 10A Annex 4D

PRA Handbook Reference: SUP 10B Annex 4D

~~1 May 2011~~ 1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

~~The Financial Services Authority Authorisations Division~~

~~Financial Conduct Authority~~

~~25 The North Colonnade~~

~~Canary Wharf~~

~~London E14 5HS~~

~~United Kingdom~~

~~Telephone +44 (0) 845 606 9966~~

~~Facsimile +44 (0) 207 066 0017~~

~~E-mail iva@fsa.gov.uk iva@fca.org.uk~~

~~Website <http://www.fsa.gov.uk>~~

~~<http://www.fca.org.uk>~~

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

United Kingdom

Telephone +44 (0) 203 461 7000

E-mail PRA.firmenquiries@bankofengland.co.uk

Website www.bankofengland.co.uk/PRA

Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8 Lothbury

[†] The above 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

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

Road, London, EC2R 7HH

Personal identification details

1.01 a *Candidate* Individual Reference Number (IRN)[†]

b OR name of previous regulatory body[†]

c AND previous reference number (if applicable)[†]

1.02 Title (e.g. Mr, Mrs, Ms, etc)[†]

1.03 Surname[†]

1.04 ALL forenames[†]

1.05 Name commonly known by[†]

1.06 Date of birth (dd/mm/yyyy)[†]

1.07 National Insurance number[†]

1.08 Previous name[†]

1.09 Date of name change[†]

1.10 a Nationality[†]

b Passport number (if National Insurance number not available)[†]

1.11 Place of birth[†]



I have supplied further information related to this page in Section 6[†]

YES

☐

NO

☐

[†] The above 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
Long Form A – UK and Overseas
Application to perform controlled functions under the approved persons regime
Version 13-14

1.12 a Private address[†]

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1[†]

b

Postcode

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/

1.14 a Previous address 2[†]

¹

b

Postcode[†]

c

Dates resident at this address
(mm/yyyy)[†]

From

/

To

/



I have supplied further
information
related to this page in Section 6[†]

YES

☐

NO

☐

2.01	Name of <i>firm</i> making the application	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the FSA <u>FCA/PRA</u> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	



I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
			Name of group	
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
			AR firm name and reference number	
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
			AR firm name and reference number	
		g	Other	<input type="checkbox"/>
			Give details	

3.02	For applications from a single firm, please tick the boxes that correspond to the <i>controlled functions</i> to be performed. If the <i>controlled functions</i> are to be performed for more than one firm, please go to question 3.05			
a	Significant influence functions	CF 1	Director function	<input type="checkbox"/>
		CF 2	Non-executive director function	<input type="checkbox"/>
		CF 3	Chief executive function	<input type="checkbox"/>
		CF 4	Partner function	<input type="checkbox"/>
		CF 5	Director of an unincorporated association function	<input type="checkbox"/>
		CF 6	Small friendly society function	<input type="checkbox"/>
	Significant influence functions	CF 8	Apportionment and oversight function (this function is not applicable to all firms please refer to Notes for Completing Form A)	<input type="checkbox"/>
		CF 10	Compliance oversight function	<input type="checkbox"/>
		CF 10a	CASS operational oversight function	<input type="checkbox"/>
		CF 11	Money laundering reporting function	<input type="checkbox"/>
		CF 12	Actuarial function	<input type="checkbox"/>
		CF 12A	With-profits actuary function	<input type="checkbox"/>
		CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
		CF 28	System and controls function	<input type="checkbox"/>
		CF 29	Significant management function	<input type="checkbox"/>
		CF 40	Benchmark submission function	<input type="checkbox"/>
		CF 50	Benchmark administration function	<input type="checkbox"/>
b	Customer function	CF 30	Customer function	<input type="checkbox"/>

3.03	Effective date of controlled functions indicated above [†]	
------	---	--

3.04	Job title (mandatory for controlled function 28 & 29) [†] Please refer to notes on the	
------	--	--

[†] The above 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
 Long Form A – UK and Overseas
 Application to perform controlled functions under the approved persons regime
 Version 13-14

requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm?

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES

☐

NO

☐

I have supplied further information related to this page in Section 6[†]

YES

☐

NO

☐

3.05 Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.[†]

	Firm Reference Number	Name of <i>firm</i>	Controlled function	Job title (mandatory for controlled function 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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
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Employment history in the past 5 years

Section 4

N.B.: ALL gaps must be accounted for

4.01 Employment details (1)[†]

a	Period (mm/yyyy)	From	<input type="text"/> / <input type="text"/>	To	<input type="text"/>																		
b	Nature of employment	<table border="0"> <tr> <td><i>a</i></td> <td>Employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Self-employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Not employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Full-time education</td> <td><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	Full-time education	<input type="checkbox"/>																					
	If c or d is ticked, please give details	<input type="text"/>																					
c	Name of employer	<input type="text"/>																					
d	Nature of business	<input type="text"/>																					
e	Previous / other names of employer	<input type="text"/>																					
f	Last known address of employer	<input type="text"/>																					
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of regulatory body																			
				<input type="text"/>																			
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, of which <i>firm</i> ?																			
				<input type="text"/>																			
i	Position held	<input type="text"/>																					
j	Responsibilities	<input type="text"/>																					
k	Reason for leaving:	<table border="0"> <tr> <td><i>a</i></td> <td>Resignation</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Redundancy</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Retirement</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Termination/dismissal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>e</i></td> <td>End of contract</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>f</i></td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					

Specify

4.02 Employment details (2)[†]

a	Period (mm/yyyy)	From		/		To		/	
b	Nature of employment								
	a	Employed						<input type="checkbox"/>	
	b	Self-employed						<input type="checkbox"/>	
	c	Not employed						<input type="checkbox"/>	
	d	Full-time education						<input type="checkbox"/>	
	If c or d is ticked, please give details								
c	Name of employer								
d	Nature of business								
e	Previous / other names of employer								
f	Last known address of employer								
g	Is/was employer regulated by a regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of regulatory body					
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, of which <i>firm</i> ?					
i	Position held								
j	Responsibilities								
k	Reason for leaving:								
	a	Resignation						<input type="checkbox"/>	
	b	Redundancy						<input type="checkbox"/>	
	c	Retirement						<input type="checkbox"/>	
	d	Termination/dismissal						<input type="checkbox"/>	
	e	End of contract						<input type="checkbox"/>	
	f	Other						<input type="checkbox"/>	
	Specify								

I have supplied further information
related to this page in Section 6[†]YES ☐NO ☐

<p>5.01 a</p> <p>Has the <i>candidate</i> ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):</p> <p style="margin-left: 40px;">i. involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty÷or</p> <p style="margin-left: 40px;">ii. relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations or insider dealing?</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>b</p> <p>Is the <i>candidate</i> the subject of any current criminal proceedings?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>c</p> <p>Has the <i>candidate</i> ever been given a caution in relation to any criminal offence?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5.02</p> <p>Has the <i>candidate</i> any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5.03</p> <p>a</p> <p>Has the candidate, ever had a County Court Judgment (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?</p> <p>Has the candidate had:</p> <p style="margin-left: 40px;">i) more than 2 CCJs or judgment debts?</p> <p style="margin-left: 40px;">ii) more than £1,000 in total of CCJs or judgment debts?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>b</p> <p>Is the candidate aware of:</p> <p style="margin-left: 40px;">i. any proceedings that have begun, or anybody's intention to begin proceedings against the candidate for a CCJ or other judgment debt?</p> <p style="margin-left: 40px;">ii. more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment debt?</p> <p style="margin-left: 40px;">iii. anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the <i>candidate</i>?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5.04</p> <p>Does the candidate have any current judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5.05</p> <p>Has the <i>candidate</i> ever failed to satisfy any such judgment debts within one year of the order being made?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5.06 a</p> <p>Is the <i>candidate</i>, or has the <i>candidate</i> ever been, the subject of any bankruptcy proceedings, or proceedings for the sequestration of the <i>candidate's</i> estate?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>



I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

- b** Has the *candidate* **ever** entered or is in the process of entering into an agreement in favour of the *candidate's* creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

YES

☐

NO

☐

- 5.07** Does the *candidate* have any outstanding financial obligations arising from *regulated activities*, which the *candidate* has carried out in the past(whether or not in the *United Kingdom* or overseas)?

(In the case of *advisers*, this will include any outstanding liabilities arising from commissions paid for the sale of *packaged products* that have lapsed.)

YES

☐

NO

☐

- 5.08** Has the *candidate* **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

YES

☐

NO

☐

- 5.09** Is the *candidate*, or has the *candidate* **ever** been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

YES

☐

NO

☐

- 5.10** Has the *candidate* **ever**, (whether or not in the *United Kingdom*) –

- a** been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?

YES

☐

NO

☐

- b** been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

YES

☐

NO

☐

- c** been disqualified from acting as a *director* of a *company* or from acting in a management capacity or conducting the affairs of any *company*, *partnership* or unincorporated association?

YES

☐

NO

☐

- d** been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?

YES

☐

NO

☐

I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

[†] The above 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
Long Form A – UK and Overseas
Application to perform controlled functions under the approved persons regime
Version 13-14

5.11

In relation to activities regulated by the ~~ESA~~ *FCA* and/or *PRA* or any other regulatory body (see note section 5), has:

i. the *candidate* or

ii. any company, partnership or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner or company secretary, during the candidate's association with that entity and for a period of three years after the candidate ceased to be associated with it, **ever** –

a	been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary action by any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	resigned whilst under investigation by, or been required to resign from, any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e	been the subject of any civil action which has resulted in a finding against the <i>candidate</i> or it by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

5.12

Has any *company, partnership, or unincorporated association* of which the *candidate* is or has been a *controller, director, senior manager, partner, or company secretary*, in the *United Kingdom* or elsewhere, at any time during the *candidate's* involvement or within one year of such an involvement –

a	been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the <i>Takeover Panel</i> or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.13	Is the <i>candidate</i> aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the <i>controlled functions</i> for which approval is now sought?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

- 6.00
- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
 - If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
 - Please also include here any additional information indicated in previous sections of the Form.
 - Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
 - If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
 - Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.

Question	Information

Declaration of *Candidate*

Knowingly or recklessly giving the ~~FSA~~ *FCA* and/or *PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the ~~FSA~~ *FCA* and/or *PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(~~<http://fsahandbook.info/FSA/html/handbook/APER>~~)

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

☐ Tick here to confirm you have read and understood this declaration:^{en}

7.01 *Candidate's full name*[†]

7.02 *Signature*^{*}

Date [‡] / /

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

Declarations and signatures

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

~~APER~~ 4.4.6E–7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).

In signing this form on behalf of the firm:

- a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.
- b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitting to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.
- c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fshandbook.info/FSA/html/handbook/APER>)

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.03	Name of the <i>firm</i> submitting the application [†]	
7.04	Name of <i>person</i> signing on behalf of the <i>firm</i> [†]	
7.05	Job title [†]	
7.06	Signature [*]	
	Date [†]	/ /

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.



Application number
(for FSA FCA/PRA use only)

The ~~FSA has~~ FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on ~~the FSA's website at~~ http://www.fsa.gov.uk/pubs/forma_notes.doc both FCA and PRA websites at:
http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc
<http://www.bankofengland.co.uk/PRA>
Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Short Form A - Incoming EEA Only Application to perform controlled functions under the approved persons regime

~~FSA Handbook Reference: SUP10 Annex 4D~~
FCA Handbook Reference: SUP 10A Annex 4D
PRA Handbook Reference: SUP 10B Annex 4D
1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

~~Financial Conduct Services Authority~~
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org ~~fsa.gov.uk~~
Website <http://www.fca.org> ~~fsa.gov.uk~~

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

1.01 a	Candidate Individual Reference Number (IRN)	
b	OR name of previous regulatory body	
c	AND previous reference number (if applicable)	
1.02	Title (e.g. Mr, Mrs, Ms, etc)	
1.03	Surname	
1.04	ALL forenames	
1.05	Name commonly known by	
1.06	Date of birth (dd/mm/yyyy)	/ /
1.07	National Insurance number	
1.08	Previous name	
1.09	Date of name change	/ /
1.10 a	Nationality	
b	Passport number (if National Insurance number not available)	
1.11	Place of birth	



I have supplied further information related to this page in Section 6 YES ☐ NO ☐

1.12 a Private address

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a Previous address 1

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

/

1.14 a Previous address 2

b

Postcode

c

Dates resident at this address
(mm/yyyy)

From

/

To

/



I have supplied further information
related to this page in Section 6

YES ☐

NO ☐

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[†] The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

2.01	Name of <i>firm</i> making the application	
2.02	Firm Reference Number (FRN)	
2.03 a	Who should the <i>FCA/PRA</i> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	



I have supplied further information
related to this page in Section 6 YES ☐ NO ☐

3.01 Nature of the arrangement between the candidate and the applicant.

<i>a</i>	<i>Employee</i>	<input type="checkbox"/>
<i>b</i>	<i>Group employee</i>	<input type="checkbox"/>
	Name of group	
<i>c</i>	<i>Contract for services</i>	<input type="checkbox"/>
<i>d</i>	<i>Partner/Sole trader</i>	<input type="checkbox"/>
<i>e</i>	<i>Appointed representative/tied agent – customer function</i>	<input type="checkbox"/>
	AR firm name and reference number	
<i>f</i>	<i>Appointed representative/tied agent – governing function</i>	<input type="checkbox"/>
	AR firm name and reference number	
<i>g</i>	<i>Other</i>	<input type="checkbox"/>
	Give details	

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	<i>Significant influence functions</i>	CF 11 <i>Money laundering reporting function</i>	<input type="checkbox"/>
		CF 12 <i>Actuarial function</i>	<input type="checkbox"/>
		CF 12A <i>With-profits actuary function</i>	<input type="checkbox"/>
		CF 12B <i>Lloyd's Actuary function</i>	<input type="checkbox"/>
		CF 29 <i>Significant management function</i>	<input type="checkbox"/>
b	<i>significant influence functions continued</i>	CF 40 <i>Benchmark submission function</i>	<input type="checkbox"/>
		CF 50 <i>Benchmark administration function</i>	<input type="checkbox"/>
c	<i>Customer function</i>	CF 30 <i>Customer function</i>	<input type="checkbox"/>



I have supplied further information related to this page in Section 6

YES ☐

NO ☐

3.03 Effective date of *controlled functions* indicated above

/ /

3.04 Job title (mandatory for *controlled functions* 29)

Please refer to notes on the requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for Insurance mediation at the firm? [†]

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

YES

☐

NO

☐

I have supplied further information related to this page in Section 6

YES

☐

NO

☐

Version 6 5

[†] The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

3.05 Complete this section only if the application is on behalf of more than one *firm*.

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.

	FSA Firm Reference Number	Name of <i>firm</i>	Controlled <i>function</i>	Job title (mandatory for <i>controlled function</i> 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6 YES ☐ NO ☐

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the FCA and/or PRA of the revised detail.

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the FCA and/or PRA of the revised detail.

6.00

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

Version 6 5

† The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime

Declaration of *Candidate*

Knowingly or recklessly giving the ~~FSA~~ *FCA* and/or *PRA* 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).

It should not be assumed that information is known to the ~~FSA~~ *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

For the purposes of complying with the Data Protection Act, the personal information provided in this Form will be used by the ~~FSA~~ *FCA* and/or *PRA* to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation, and will not be disclosed for any other purpose without the permission of the applicant.

With reference to the above, the ~~FSA~~ *FCA* and/or *PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing this form on behalf of the firm:

a) I authorise the ~~FSA~~ *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application'

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>),

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.01 *Candidate's full name*[†]

7.02 *Signature*^{*}

Date[†] / /

[†] The above 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

^{*} The above question(s) 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 submission of this form is online.

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.7 6 E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the firm believes on the basis of due and diligent enquiry that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3.

FOR FIRMS UNDERTAKING ANY NON MIFID BUSINESS PLEASE ALSO COMPLETE THE FOLLOWING

The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).

YES ☐ NO ☐

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each firm identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those firms at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of proposed role as set out in, the Statements of Principle and Code of Practice for Approved Persons.

~~(<http://fsahandbook.info/FSA/html/handbook/APER>),~~

~~(<http://fshandbook.info/fs/html/handbook/APER>)~~

~~(<http://www.bankofengland.co.uk/PRA>)~~

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

7.03 Name of the firm submitting the application[†]

7.04 Name of person signing on behalf of the firm[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

[∞] The above question(s) should only be completed if submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.

[†] The above 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

^{*} The above question(s) 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 submission of this form is online.

Version 6 5

† The above 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

Short Form A - Incoming EEA

Application to perform controlled function under the approved persons regime



Application number
(for FSA FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the ~~FSA's website~~ both FCA and PRA websites at:
http://www.fsa.gov.uk/pubs/forms/imap_forma_notes.doc
http://media.fshandbook.info/Forms/notes/imap_forma_notes.doc
<http://www.bankofengland.co.uk/PRA>
Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Short Form A – UK and Overseas Firms (not Incoming EEA)

Application to perform controlled functions under the approved persons regime

~~FSA~~ FCA Handbook Reference: SUP 10A Annex 4D

~~PRA~~ Handbook Reference: SUP 10B Annex 4D

~~1 May 2014~~ 1 April 2013

Name of *candidate*[†]
(to be completed by applicant firm)

Name of *firm*[†]
(as entered in 2.01)

Firm reference number[†]
(as entered in 2.02)

~~The Financial Services Authority~~ Financial Prudential Regulation Authority
Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail ~~iva@fsa.gov.uk~~ iva@fca.org.uk

20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

Website ~~<http://www.fsa.gov.uk>~~
<http://www.fca.org.uk>

1.01 a *Candidate FSA Individual Reference Number (IRN)*[†]

b OR name of previous regulatory body[†]

c AND previous reference number (if applicable)[†]

1.02 Title (e.g. Mr, Mrs, Ms, etc)[†]

1.03 Surname[†]

1.04 ALL forenames[†]

1.05 Name commonly known by[†]

1.06 Date of birth (dd/mm/yyyy)[†]

 / /

1.07 National Insurance number[†]

1.08 Previous name[†]

1.09 Date of name change[†]

 / /

1.10 a Nationality[†]

b Passport number (if National Insurance number not available)[†]

1.11 Place of birth[†]



I have supplied further information related to this page in Section 6[†]

YES

☐

NO

☐

1.12 a Private address[†]

[†] The above 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

b		Postcode[†]	
c	Dates resident at this address (mm/yyyy) [†]	From	To
		/	PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)

1.13 a	Previous address 1 [†]		
b		Postcode	
c	Dates resident at this address (mm/yyyy) [†]	From	To
		/	/

1.14 a	Previous address 2 [†]		
b		Postcode[†]	
c	Dates resident at this address (mm/yyyy) [†]	From	To
		/	/

➔ I have supplied further information related to this page in Section 6[†] YES ☐ NO ☐

2

[†] The above 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

2.01	Name of <i>firm</i> making the application	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the FSA <u>FCA/PRA</u> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	



I have supplied further
information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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

3.01	Nature of the arrangement between the candidate and the applicant.	a	Employee	<input type="checkbox"/>
		b	Group employee	<input type="checkbox"/>
		Name of group		
		c	Contract for services	<input type="checkbox"/>
		d	Partner/Sole trader	<input type="checkbox"/>
		e	Appointed representative/tied agent – customer function	<input type="checkbox"/>
		AR firm name and reference number		
		f	Appointed representative/tied agent – governing function	<input type="checkbox"/>
		AR firm name and reference number		
		g	Other	<input type="checkbox"/>
Give details				

3.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.
If the *controlled functions* are to be performed for more than one *firm*, please go to question **3.05**

a	Significant influence functions	CF 1	Director function	<input type="checkbox"/>
		CF 2	Non-executive director function	<input type="checkbox"/>
		CF 3	Chief executive function	<input type="checkbox"/>
		CF 4	Partner function	<input type="checkbox"/>
		CF 5	Director of an unincorporated association function	<input type="checkbox"/>
		CF 6	Small friendly society function	<input type="checkbox"/>
	Significant influence functions continued	CF 8	Apportionment and oversight function (this function is not applicable to all firms please refer to Notes for Completing Form A)	<input type="checkbox"/>
		CF 10	Compliance oversight function	<input type="checkbox"/>
		CF 10Aa	CASS operational oversight function	<input type="checkbox"/>
		CF 11	Money Laundering reporting function	<input type="checkbox"/>
		CF 12	Actuarial function	<input type="checkbox"/>
		CF 12A	With-profits actuary function	<input type="checkbox"/>
		CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
		CF 28	System and controls function	<input type="checkbox"/>
		CF 29	Significant management function	<input type="checkbox"/>
b	significant influence functions continued	CF 40	Benchmark submission function	<input type="checkbox"/>
		CF 50	Benchmark administration function	<input type="checkbox"/>
c	Customer function	CF 30	Customer function	<input type="checkbox"/>

[†] The above 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



I have supplied further
information
related to this page in Section 6

YES

☐

NO

☐

3.03 Effective date of *controlled functions*
indicated above[†]

3.04 Job title (mandatory for *controlled
function* 28 & 29)[†]

Please refer to notes on the
requirements for submitting a CV

Insurance mediation

Will the candidate be responsible for
Insurance mediation at the firm?

(Note: Yes can only be selected if the
individual is applying for (CF1, 3-8 or
29)

YES

☐

NO

☐

I have supplied further information
related to this page in Section 6[†]

YES

☐

NO

☐

[†] The above 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

3.05 Complete this section only if the application is on behalf of more than one firm.

List all firms within the group (including the firm entered in 2.01) for which the candidate requires approval and the requested controlled function for that firm.[†]

	Firm Reference Number	Name of firm	Controlled function	Job title (mandatory for controlled function 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 6

YES

☐

NO

☐

[†] The above 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

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long form A as opposed to a Short Form A informing the FSA FCA and/or PRA of the revised detail.

[†] The above 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

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the ~~FSA~~ FCA and/or PRA of the revised detail.

[†] The above 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

- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
- If this application relates to a Significant influence controlled function then please provide full details of
 - why the candidate is competent and capable to carry out the controlled function(s) applied for.
 - why the appointment complements the firm's business strategy, activity and market in which it operates.
 - how the appointment was agreed including details of any discussions at governing body level (where applicable).
- Please also include here any additional information indicated in previous sections of the Form.
- **Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)**
- If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
- **Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.**

Question	Information
	Please indicate how many additional sheets are being submitted

Long Form A – UK and Overseas
Application to perform controlled functions under the approved persons regime
Version 13

Declaration of *Candidate*

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

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

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ FCA and/or PRA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.01 *Candidate's full name*[‡]

7.02 *Signature*^{*}

Date[‡] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

‡ The above 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

Declaration of Firm

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.6^{7E} provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA.

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the firm:

~~I~~ **Believes** on the basis of due and diligent enquiries made to date that the *candidate* is a fit and proper *person* to perform the *controlled function(s)* listed in section 3. ~~The firm also~~

~~Believes~~, on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such *function(s)*.

In signing this form on behalf of the firm:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

~~(<http://fsahandbook.info/FSA/html/handbook/APER>)~~

~~(<http://fshandbook.info/fs/html/handbook/APER>)~~

~~(<http://www.bankofengland.co.uk/PRA>)~~

7.03 Name of the *firm* submitting the application[†]

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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

Guidance Notes to assist with the completion of the Long and/or Short Form A for UK, Overseas and Incoming EEA firms for an application to perform controlled function(s) under the approved persons regime.

PLEASE NOTE: A *CANDIDATE* MUST NOT PERFORM ANY *CONTROLLED FUNCTION* UNTIL THE ~~FSA~~ *FCA* and/or *PRA* HAS GRANTED APPROVAL.

~~Full details of the approved persons regime and the application process are given in chapter 10 (Section 10.12) of the Supervision manual ('SUP').~~

~~For more information on the factors which the FSA takes into account when considering applications, please refer to the Fit and Proper Test for Approved Persons ('FIT') in the FSA Handbook.~~

The purpose of this Form What is the Form A used for?

~~This Form is referred to in the relevant direction in SUP 10.12. This Form must be used where the candidate is an individual seeking approval to perform controlled functions. The firm is the applicant.~~

The Form A is used by an authorised firm which seeks the FCA and/or PRA's approval under section 59 of the Financial Services and Markets Act 2000 ("FSMA") for a particular individual to perform controlled functions. The Form A is referred to in the Supervision Manual ("SUP") [<http://fshandbook.info/FS/html/handbook/SUP>] which is part of the Handbook. Full details of the approved persons regime and the application process are given in Chapter 10 of SUP (SUP 10A of the FCA manual and 10B of the PRA manual).

The applicant is the firm that makes the application for approval. The candidate is the individual in respect of whom the application is made. The Form A must be completed by the firm with information provided by the candidate. Both the firm and the candidate must sign the Form A.

Applications for corporate candidates must be made using an adapted Form A that will be supplied by the ~~FSA~~ FCA and/or PRA upon request.

Important information about the Form A

The Form A is of the utmost importance to the FCA and/or PRA assessment of the fitness and propriety of the candidate.

All information relevant to the application must be provided to the FCA and/or PRA with the Form A. This applies even if the information is, or is believed to be, already known to the FCA and/or PRA, as a result of it being in the public domain, or has been previously disclosed to the FCA and/or PRA or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included; if in doubt, disclose it.

If the firm or candidate becomes aware of further information which might be relevant to the application following submission of the Form A, it should provide it to the FCA and/or PRA immediately. The obligation to provide full, frank and unambiguous information does not stop with the submission of the Form A.

The information supplied by the candidate should be verified by the firm wherever possible. If the FCA and/or PRA vetting checks reveal any matters that have not been disclosed, then applications will be delayed and, in some cases, possibly rejected.

The firm is responsible for the accuracy of the data and completion of the Form A. If the Form A is not fully and correctly completed, the FCA and/or PRA may need to return it for proper completion. This could significantly delay the FCA and/or PRA's decision on whether to grant approval to perform the requested controlled functions.

The FCA and/or PRA may require the applicant to provide further information at any time after receiving an application and before determining whether approval is to be granted or not. It may direct the format in which this information is provided, for example, in an interview with the candidate.

Key assumptions about the *firm* and the *candidate*

The FCA and/or PRA relies on the information contained in the Form A and makes certain assumptions about the *firm* and the *candidate* in considering the information contained in the form. It is **very important that the candidate and the firm are aware of these assumptions**:

1. it is assumed that the *candidate* is **not performing the controlled function applied for**. A *candidate* must not perform any *controlled function* until the FCA and/or PRA has granted approval. If the *firm* permits the *candidate* to perform controlled functions without FCA and/or PRA approval it may be in breach of section 59 of FSMA and the *candidate* may also be in breach of his/her regulatory obligations;
2. it is assumed that the *firm* and the *candidate* know and understand the factors which the FCA and/or PRA takes into account when considering the fitness and propriety of the *candidate*. These factors are set out in the part of the Handbook entitled the Fit and Proper Test for Approved Persons ("*FIT*") [<http://fshandbook.info/FS/html/handbook/FIT>];
3. it is assumed that the candidate knows and understands the obligations and responsibilities of an approved person. These are set out in the part of the Handbook entitled the Statements of Principle and Code of Practice for Approved Persons ("*APER*") [<http://fshandbook.info/FS/html/handbook/APER>]; and
4. finally, it is assumed that both the *firm* and the *candidate* have read and understood these guidance notes in completing the Form A. **The responsibility for the accuracy and completeness of the information supplied rests with the *candidate* and the *firm*.** Seeking legal and/or compliance advice about how to complete the Form A will **not** discharge that responsibility.

Completing this Form Practical notes for completing the Form A

Expressions in the Form A and in these guidance notes which appear in italics have the meaning given in the *Glossary* to the *Handbook* (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*) [<http://fshandbook.info/FS/html/handbook/Glossary>].

The Form A must be completed in black ink and (if in manuscript) in BLOCK LETTERS. It is now possible to complete the Form A online, using the FCA's Online Notifications and Applications ("*ONA*") system. See the FCA ONA pages for details of this:

[<http://www.fca.org.uk/your-fca>]; and/or
<http://www.bankofengland.co.uk/PRA>

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. Tick Select the appropriate box where a yes/no answer is required. Where you answer "yes" you must:

- (1) ~~provide Further details should be given~~ in section 6 (Supplementary Information) of the Form A. ~~if~~ If there is insufficient space for a detailed answer then you may attach further pages; and
- (2) tick "yes" at the bottom of the relevant page of the Form A to confirm that you have provided additional information.

Additional information can be attached to the Form. It must be securely attached to the Form and you must indicate at section 6.0 the number of additional sheets attached.

If you want to attach additional information to the Form A it must be securely attached, for example by stapling it to the Form A and you should state in section 6 (Supplementary Information) the number of additional sheets attached.

~~Do not assume that information is known to the FSA merely because it is in the public domain, or has been previously disclosed to the FSA or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the candidate should be verified by the firm wherever possible. If the FSA's vetting checks reveal any matters that have not been disclosed, then applications will be subject to investigation and the candidate's suitability to be approved will be called into question. A person who knowingly or recklessly provides information to the FSA that is false or misleading may commit a criminal offence, and could face prosecution under section 398 of the Act regardless of the status of their application.~~

~~Expressions in this Form in italics have the meaning given in the Glossary to the FSA's Handbook (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the Glossary).~~

~~The firm is responsible for the accuracy of the data and completion of the Form. If the Form is not fully and correctly completed, the FSA may need to return it for proper completion. This could significantly delay the FSA's decision on whether to grant approval to perform the requested controlled functions~~

~~The FSA may require the applicant to provide further information at any time after receiving an application and before determining whether approval is to be granted or not.~~

~~If a firm has provided, or has information that reasonably suggests that it may have provided, the FSA with information which was or has become false, misleading, incomplete or inaccurate, in a material particular, it must notify the FSA immediately.. Failure to notify the FSA may result in a delay in processing or rejection.~~

SHORTENED APPLICATION FORM

The two types of Form A: Short Form A and Long Form A

There are two types of Form A; a Long Form A and a Short Form A. The key difference is that the Long Form A requires detailed information about the fitness and propriety of the candidate.

Please use the shortened application form if any of the following conditions apply. The Short Form A may be used if any of the following conditions apply:

- (1) ~~an approved person~~ individual who is already an approved person is applying to perform an additional *controlled function* under an *arrangement* with the same *firm*; or
- (2) ~~the candidate~~ has ceased to perform a controlled function under an arrangement with firm A and now requires approval to perform a controlled function under an arrangement with firm B. These can be two entirely different firms and not just two firms in the same group (however, see the important exception below at paragraph (3)); or
- (3) ~~an approved person~~ individual who is already an approved person with another firm, firm B, is applying to perform a controlled function for a different firm, firm A and is already authorised approved for that particular group of functions (i.e. either SIF functions: CF1-12B, CF28, CF29, or 30 40 or 50) for another firm. For example, if a the individual is approved to perform CF2 non-executive director is applying to be approved as a CF2 for an additional firm for firm B and now seeks a second, additional approval to be CF1 director for another firm, firm A.

~~A Submission of a CV is only applicable to short form applicants if they have never previously held a significant function or, if the previous submission of their CV when applying for a significant function, has altered from their previous application or the application is for a governing function of an appointed representative. It should be attached securely to the Form.~~

You should submit a curriculum vitae ('CV') with the Short Form A if:

- (1) the candidate has never previously held a significant influence function (CF1-12B, 28, 29, 40 or 50); or
- (2) the candidate's CV has altered from the last time they applied for a significant influence function (i.e. it has changed from the last time the FCA and/or PRA had sight of the CV)

The CV should be attached securely to the Short Form A by stapling it. If you are submitting the Short Form A online, using ONA, the CV should be attached to the application electronically. For help using ONA, refer to:

<http://www.fca.org.uk/your-fca> and/or
<http://www.bankofengland.co.uk/PRA>

~~However, a full Form A must be completed in full if:~~ The Long Form A **must** be completed if:

- ~~(1) the candidate ceased to be an approved person more than six months ago;~~
- ~~(2) the candidate or approved person is seeking approval in respect of a significant influence function for the first time, or has not been approved in a significant influence function within the last 6 months; or~~
- ~~(3) there have been any changes to the answers provided in section 5 of the application form. there have been any matters arising in relation to the candidate's fitness and propriety which mean that their answers to Section 5 of the Long Form A (Fitness and Propriety) may have changed since they last completed a Form A (i.e. since they last made an application for approval).~~

For example, such matters could include (but are not limited to), where:

- the candidate has been investigated by the FCA and/or PRA, by another regulatory body or an authorised firm;
- the candidate has had CCJs registered against their name or has entered into a voluntary arrangement with creditors (whether formal or informal);
- the candidate has been the subject of a criminal investigation or convicted of criminal offences; or
- the candidate has been the subject of any civil action.

If you are in any doubt whether a Short Form A is acceptable, please submit a Long Form A and make full disclosure of all issues which could potentially be relevant. A Long Form A is acceptable in all circumstances. If in doubt, disclose.

SECTION 1 – CANDIDATE PERSONAL IDENTIFICATION DETAILS

The information collected in this section (including nationality, place of birth, date of birth, previous names) is used to assist us in verifying the identity of the *candidate* thereby enabling us to discharge our statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. This information will not be disclosed for any other purpose without the permission of the ~~applicant~~ candidate.

~~If the candidate has more than one previous name (surname or forenames), passport number or nationality, or is known by any other names, provide details in section 6. (please see 1.08, 4.10)~~

1.01: ~~If the *candidate* does not have an FSA Individual Reference Number or does not know it, include the name of the previous regulator and the previous Individual Reference Number, as applicable. For individuals who have previously been approved with the FSA, their reference number can be found on the Register of Individuals on the FSA website.~~

1.12 to 14: ~~A full 3 year history for *United Kingdom* addresses must be given for the candidate. Any gaps must be fully explained or a statement provided in either the address history or section 6 of the form, stating that the individual resides abroad.~~

~~The information collected in this section (including nationality, place of birth, date of birth, previous names) is used to assist us in verifying the identity of the candidate thereby enabling us to discharge our statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. This information will not be disclosed for any other purpose without the permission of the applicant.~~

1.01a: For individuals who have previously been approved with the *FCA* and/or *PRA* their *FCA* and/or *PRA* Individual Reference Number ("IRN") can be found on the Register of Individuals on the *FCA* and/or *PRA* websites:
<http://www.fca.org.uk/your-fca>; and/or
<http://www.bankofengland.co.uk/PRA>

If the *candidate* has been approved before but does not know their Individual Reference Number and it is not on the Register of Individuals then leave this box blank. Equally, if the candidate does not have an IRN because they have not been an approved person before then leave this box blank.

1.01b If the *candidate* has previously been an approved person but with a predecessor organisation of the *FCA* and/or *PRA* (for example the Personal Investment Authority) then include the name of the previous regulator here. In addition, please provide the date(s) of approval and the name(s) of the firm(s) involved in the supplementary section in section 6.

1.01c If the *candidate* has previously been an approved person but with a predecessor organisation of the *FCA* and/or *PRA* then include the previous Individual Reference Number, here.

1.05: If the *candidate* is commonly known by a different name other than that which appears on their passport or national insurance card then put this name here. This may include, for example, a shortened version of their full name or where they are known by a middle name or names given as a result of naming conventions whether for religious or other reasons. If the candidate has more than one alternative name, please give all other names known by in section 6.

1.08 If the *candidate* has changed their name (surname or forenames), for example due to marriage, then please put this previous name in the box. If the *candidate* has more than one previous name, please provide details of all the previous names in section 6.

1.10a If the *candidate* has more than one nationality, please provide details in section 6 as to all nationalities held and the reasons for this.

1.10b If the *candidate* has more than one passport number, please provide details in section 6 as to all passport numbers held and the reasons for this.

1.12 to 14: A full 3 year history for all *United Kingdom* addresses must be given for the *candidate*. Any gaps must be fully explained in either the address history section of the form here or, if more space is needed, in section 6 of the form. If any gaps are as a result of the *candidate* being resident outside the UK, please state this and give details of where the *candidate* resided during this period. It is open to the *candidate* to provide a written statement if this is simpler which should be attached to the Form A.

SECTION 2 – FIRM IDENTIFICATION DETAILS

~~2.01 & 2.02: This section identifies the *firm* making the application by FSA Firm Reference Number (FRN) and name.~~

2.01 This is the name of the *firm* that is the *applicant* for the purposes of section 59 FSMA. Where the *candidate* will be working at a subsidiary or appointed representative of the *firm* then this will be given at question 3.05 of the Form A.

2.02: This is the FCA and/or PRA Firm Reference Number (FRN) of the *firm* that is the *applicant* for the purposes of section 59 FSMA. The FRN can be found on the Register of Firms on the FCA and/or PRA websites: <http://www.fca.org.uk/Pages/register/index.shtml>; and/or <http://www.bankofengland.co.uk/PRA>

2.03: The *firm* must ~~indicate~~ give a point of contact for any queries in connection with the application and must provide a telephone contact number and e-mail address. Please note that this need not be the same person that signs the Form A on behalf of the *firm* but should be someone who is able to field and/or answer any questions that the FCA and/or PRA may have in relation to the application. The signatory will be responsible for the accuracy of the information in the form.

SECTION 3 – ARRANGEMENTS AND CONTROLLED FUNCTIONS

~~The *firm* must tick the box in 3.01 that most accurately describes its *arrangement* with the *candidate*.~~

In this section, the *firm* should describe its *arrangement* with the *candidate*.

Unless the *firm* indicates otherwise, the FCA and/or PRA assumes that the *arrangement* detailed by the *firm* on the Form A includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the FCA and/or PRA. However, where the responsibilities of the individual fall outside the description of the *controlled function* the *firm* must consider what further approval is necessary. Permitting an individual to perform a *controlled function* without FCA and/or PRA approval is a breach of section 59 of FSMA.

Firms wishing to seek guidance with regard to MiFID the Markets in Financial Instruments Directive (MiFID) and how it applies to the selection of *controlled functions* should refer to the MiFID Practical Guide at:

http://www.fsa.gov.uk/pubs/international/mifid_guide.pdf

<http://www.fca.org.uk/your-fca>; and/or

<http://www.bankofengland.co.uk/PRA>

~~For applications from~~ Where the application is for the *candidate* to perform the controlled function(s) at a single *firm*, the *firm* should complete answer questions 3.02, 3.03 & and 3.04 indicating the *controlled functions* required by selecting the appropriate box in 3.02.

However, if the application is being made on behalf of a *candidate* who will carry out proposes to perform *controlled functions* for more than one *firm*, then question 3.05 must be used also be answered to describe the *controlled functions* and the relationships between the *candidate* and these *firms* each *firm* for which the *candidate* proposes to perform the controlled function.

3.01: ~~If this application relates to more than one appointed representative, provide details in section 6.~~

Please select the box in 3.01 that most accurately describes the *arrangement* with the *candidate*.

If the *candidate* will perform a controlled function on behalf of the *firm* for an appointed representative of the *firm* then select the appropriate box at 3.01e or 3.01f and detail the *firm* name and FRN. If the *candidate* proposes to perform *controlled functions* for more than one appointed representative, then

the details of each *appointed representative*, including the firm name and FRN should be provided in section 6.

- 3.02: ~~If the *controlled function 29* is requested, the specific job title of the *candidate* must be included.~~

Guidance about the particular controlled functions can be found in Chapter 10 of the Supervision manual. SUP 10A of the FCA manual and 10B of the PRA manual.

- 3.03: ~~The effective date is the date on which the *firm* wishes the *candidate* to begin performing *controlled functions* (subject to approval). **This should be left blank unless there is a reason for the effective date to be beyond the FSA's published standard response times.**~~

This box should be left blank in all cases unless there is a reason to **delay the commencement of the performance of the controlled functions** (subject to approval) until a date which is after the FCA and/or PRA published standard response times, details of which can be found at:

<http://www.fca.org.uk/your-fca>; and/or
<http://www.bankofengland.co.uk/PRA>

The FCA and/or PRA will assume that the *firm* wishes an application to be determined as soon as possible unless this box is completed and the reason for the delay set out in section 6 of the Form A.

Please note that the *candidate* must not perform the controlled function until the FCA and/or PRA approval has been granted. To do so will mean that both the *firm* and the *candidate* may be in breach of FCA and/or PRA rules and principles.

- 3.04a If the *candidate* seeks approval for a *significant influence function*, the specific job title of the *candidate* must be included.

- 3.04b Insurance mediation

This is not a *controlled function* in its own right. However, every *firm* that carries on insurance mediation activities must appoint an approved person(s) who will be responsible for insurance mediation activities at the *firm* (as detailed at MIPRU 2.2;

<http://fshandbook.info/FS/html/handbook/MIPRU/2/2>

This responsibility must be allocated to a member of the governing body of the firm or in certain circumstances, a senior manager. (i.e. an individual that is applying for approval as CF1, 3-8 or 29).

Please note that insurance mediation is not applicable to *Appointed Representatives*.

Unless the *firm* indicates otherwise, the FSA assumes that the *arrangement* given on the application form includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the FSA.

SECTION 4 – EMPLOYMENT HISTORY FOR PAST 5 YEARS (Not applicable for a short application)

A full five-year employment history for the *candidate* must be provided including their current employment at the time of application, with all gaps explained. If the record of employment does not go back five years, all periods of education and unemployment must be indicated. Full details of any periods of self-employment must be included.

Always give the address of the actual place of employment, rather than a central head office.

If there are insufficient pages to provide all of a *candidate's* employment history, either add the information at section 6 or photocopy page 7 and attach the additional pages.

"Regulatory body" in this context means the bodies listed in the notes to section 5 (overleaf).

State the position held by the *candidate* and a brief explanation of his or her duties. If the *candidate's* job title included the word "*director*" but his or her duties did not include those associated with the title of *director*, as defined in the *Glossary*, this should be indicated.

The reason for leaving each employer must be given. If there were any issues arising on leaving that could affect the Fitness and Propriety of the individual, these must be fully explained in section 6. Previous employers may be contacted and the omission of relevant details may result in applications being delayed and, in some cases, possibly rejected.

Candidates who are applying for significant influence functions (CF1 to 12 CF1-12B, 28; or 29; 40 or 50) are required to submit a copy of their curriculum vitae (CV), in addition to completing section 4 of this Form, unless the application is for a governing function of an appointed representative. It should be attached securely to the Form. This is only applicable to short form applicants if they have never previously held a significant influence function or if the previous submission of their CV when applying for a significant function, has altered from their previous application their CV has altered from the version submitted with their previous application for a significant influence function.

SECTION 5 – FITNESS AND PROPRIETY (Not applicable for a short application)

Answer the question by ticking the relevant 'yes' or 'no' box. If the answer to any of the questions is 'yes', give complete details in section 6 and attach relevant supporting documentation.

5.01 to 5.02 It is for senior management to decide what checks should be made. Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 ('the Order')(see Articles 3 and 4 of the Order) the ~~FSA~~ *FCA* and/or *PRA* and the firm have a right to ask about spent, as well as unspent, criminal convictions for employment purposes about candidates for *approved person* status [see Section 5.0f Form A –(Application to perform controlled functions under the approved persons regime.)]

Cautions are not within the ambit of the Rehabilitation of Offenders Act 1974. Hence cautions never become spent and if asked, a *candidate* must inform a potential employer and the ~~FSA~~ *FCA* and/or *PRA* whether he/she has received a caution.

5.03 to 5.06: Court judgments (e.g. County Court Judgments) and arrangements with creditors (e.g. Individual Voluntary Arrangements) are covered by questions 5.03 to 5.06. Any outstanding County Court Judgments or arrangements with creditors must be listed in section 6, and the circumstances surrounding them explained. The ~~FSA~~-*FCA* and/or *PRA* will conduct credit checks.

"Regulatory body" in this context refers to:

- i) the self-regulatory organisations including *IMRO*, *SFA*, *PIA*, *LAUTRO*, *FIMBRA*, *AFBD* and *TSA*;
- ii) the statutory bodies including the ~~FSA~~, *Financial Conduct Authority*, *Prudential Regulation Authority*, the *Financial Services Authority*, *SIB*, the *Society of Lloyd's*, the *Registry of Friendly Societies*, the *Friendly Societies Commission*, the *Building Societies Commission*, the *Bank of England*; *HM Treasury* – *Insurance Directorate* (formerly of the *DTI*) and the *recognised bodies*;
- iii) the *designated professional bodies*; and
- iv) the equivalent of all such regulators overseas.

5.09 This question covers internal investigation by an authorised *firm* in addition to investigations by a regulatory body **at any time**.

SECTION 6 – SUPPLEMENTARY INFORMATION

This section provides space for additional information. It should be used to disclose additional information about "yes" answers in section 5 of the full Form A and any information which is not the subject of a specific question in section 5, but ~~is~~ might be relevant to the consideration of fitness and propriety, including in relation to the reasons for leaving the *firms* listed in section 4. For more information on the factors which the ~~FSA~~ FCA and/or PRA ~~takes may take~~ into account when considering applications, please refer to "FIT" in the ~~FSA~~ Handbook.

List here all directorships currently held or previously held in the past **10** years by the *candidate*.

~~Relevant documents~~ Supporting documentation must also be provided, such as evidence of the settlements of ~~County Court Judgments~~ CCJs.

SECTION 7 – DECLARATIONS & SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the *candidate*. Signatures MUST NOT be dated more than 3 months prior to the date of submission of the application. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions* 1 to 12B, 28, ~~or~~ 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. The *candidate* should not sign the declaration on behalf of the *firm* unless he is a sole trader or the sole director in a limited company. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*. All signatures submitted on forms should be originals.

It is a criminal offence under section 398 of the Financial Services and Markets Act 2000 to knowingly or recklessly provide the FCA and/or PRA with false or misleading information.

Incoming *EEA Firms* undertaking non-MiFID business must confirm by using the tick box that the *candidate* is competent to perform the *controlled function(s)* for which this application is made.

N.B. Please keep these notes before returning the completed Form to the FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or e-mail iva@FSA.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~Permissions, Decisions and Reporting~~
~~Financial Conduct Authority~~
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for ~~FSA~~ FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the ~~FSA's website at~~

~~http://www.fsa.gov.uk/pubs/forms/imap_formb_notes.doc~~ FCA and PRA website at

http://media.fshandbook.info/Forms/notes/imap_formb_notes.doc

www.bankofengland.co.uk/PRA

Both the applicant and the candidate will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form B

Notice to withdraw an application to perform controlled functions under the approved persons regime

FSA Handbook Reference: SUP 10 Annex 5R 1 November 2007

FCA Handbook Reference: SUP 10A Annex 5R

PRA Handbook Reference: SUP 10B Annex 5R

1 April 2013

Name of *candidate*
(to be completed by applicant)

Name of *firm*
(as entered in 2.01)

~~The Financial Services Authority~~
~~Permissions, Decisions & Reporting Division~~
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000

Facsimile +44 (0) 207 066 0017
E-mail ~~iva@fca.gov.uk~~ iva@fca.org.uk
Website ~~http://www.fsa.gov.uk~~
<http://www.fca.org.uk>
Registered as a Limited Company in England
and Wales No 1920623. Registered Office as
above

Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8 Lothbury
Road, London, EC2R 7HH

Personal identification details

Section 1

1.01 *Candidate* ~~ESA~~ Individual Reference Number (IRN)

1.02 Title
(e.g. Mr, Mrs, Ms, etc)

1.03 Surname

1.04 ALL forenames

1.05 Date of birth

1.06 National Insurance number

1.07 *Candidate's* private address



I have supplied further information
related to this page in Section 4

YES

☐

NO

☐

2.01	Name of <i>firm</i>	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the FSA <u>FCA/PRA</u> contact at the <i>firm</i> in relation to this notice?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	

2.04 *Firms included on application Form (including applicant firm)*

	FSA FRN	Name of <i>firm</i>	Controlled functions
a			
b			
c			
d			
e			



I have supplied further information
related to this page in Section 4

YES ☐

NO ☐

3.01 Indicate the reason for withdrawal

- | | | |
|---------------------------|---------------------------------------|--------------------------|
| <i>a</i> | Internal movement of staff | <input type="checkbox"/> |
| <i>b</i> | Termination of employment or contract | <input type="checkbox"/> |
| <i>c</i> | Resignation | <input type="checkbox"/> |
| <i>d</i> | Redundancy | <input type="checkbox"/> |
| <i>e</i> | Withdrawal of offer of employment | <input type="checkbox"/> |
| <i>f</i> | End of contract | <input type="checkbox"/> |
| <i>g</i> | Suspension | <input type="checkbox"/> |
| <i>h</i> | Other | <input type="checkbox"/> |
| GIVE DETAILS IN SECTION 4 | | |



I have supplied further information
related to this page in Section 4

YES ☐

☐ NO

4.01 Include here any issues that arose in relation to this withdrawal, such as resignation or termination of contract. Indicate clearly which question supplementary information relates to.

Question	Information

4.02 How many additional sheets are being submitted?

DECLARATION OF CANDIDATE

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the ~~FSA~~ FCA and/or PRA 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.

5.01 Candidate's full name

5.02 Signature

Date / /

DECLARATION BY APPOINTED REPRESENTATIVE OR OTHER FIRM (if applicable)

We concur that the application to perform *controlled functions* under the *approved persons* regime made in respect of the above *candidate* should be withdrawn with immediate effect.

5.03 Name of appointed representative
or other *firm*

5.04 Name of *person* signing
on behalf of the *firm*

5.05 Job title

5.06 Signature

Date / /

DECLARATION BY FIRM

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided. *APER* 4.4.6~~E~~ 7~~E~~ provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

5.07 Name of *firm*

5.08 Name of *person* signing
on behalf of the *firm*

5.09 Job title

5.10 Signature

Date / /

Notes to assist in completing the Form B - Notice to withdraw an application to perform *controlled functions* under the approved persons regime

Full details of the *approved persons* regime and the application process are given in ~~chapter 10 (section 10.12)~~ *SUP 10A* and *SUP 10B* of the *FCA's* and *PRA's* Supervision ~~manual~~ manuals.

The purpose of this form

This Form is referred to in ~~the relevant rule in SUP 10.12~~ *SUP 10A.13* and *SUP 10B.11* of the *FCA's* and *PRA's* Supervision manuals. This Form must be used when a *firm* or applicant wishes to withdraw an application to perform *controlled functions* under the *approved persons* regime (Form A) **before** the application has been determined and with immediate effect.

Firms are asked to email ~~IVA@fsa.gov.uk~~ iva.fca@org.uk and/or PRA.firmenquiries@bankofengland.co.uk as soon as it is apparent that an application is to be withdrawn, in order that the Approval process can be halted at the earliest opportunity.

Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

A Notice to withdraw an application may be submitted in relation to all or some of the *controlled functions* or *firms* listed on the original application (Form A). If it is submitted in relation to only some of the *controlled functions* or *firms*, you must list at section 4.01 the *controlled functions* and *firms* to which the withdrawal relates. If section 4.01 is left blank it will be assumed that the withdrawal relates to all of the *controlled functions* listed on the original application.

Any issues that arose in relation to this withdrawal, such as resignation or termination of contract, must be explained in section 4.01.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 4.02 the number of additional sheets attached.

Under section 61(5) of the Financial Services & Markets Act (Determination of applications) the *firm* may withdraw the application only if it also has the consent of the *candidate* and the *person* by whom the *candidate* is or would have been employed, if this is not the *firm* making the application

Along with the candidate, an appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ *FCA* and/or *PRA* considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions* – *controlled functions* 1 to 12B, 28, & 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ *FCA* and/or *PRA*. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B.: Detach and Please keep these notes before returning the completed Form to the ~~FSA~~ *FCA* and/or *PRA*.

~~Firm Contact Centre on 0845 606 9966 or via e-mail at iva@fsa.gov.uk~~

If you have any questions or need additional information, please contact the *FCA* Customer Contact Centre on 0845 606 9966 or *PRA* Firm Enquiries on 020 3461 7000 or e-mail iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
INDIVIDUALS, MUTUALS AND POLICY
DEPARTMENT
FINANCIAL CONDUCT AUTHORITY
25 THE NORTH COLONNADE
CANARY WHARK
LONDON E14 5HS

PRUDENTIAL REGULATION AUTHORITY
20 MOORGATE
LONDON
EC2R 6DA
UNITED KINGDOM

UNITED KINGDOM



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for ~~FSA~~ FCA/PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the ~~FSA's~~ FCA and PRA website at http://fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc
http://media.fshandbook.info/Forms/notes/imap_formc_notes.doc
www.bankofengland.co.uk/PRA

Both the applicant and the approved person will be treated by the ~~FSA~~ FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form C

Notice of ceasing to perform controlled functions

~~FSA~~ FCA Handbook Reference: ~~SUP 10A Annex 6R (Notification under SUP 10.13.6R)~~ (Notifications)

~~PRA~~ Handbook Reference: ~~SUP 10B Annex 6R (Notifications)~~

1 April 2013

Name of *approved person*[†]
(to be completed by applicant)

Name of *firm*[†]

~~The Financial Services Authority – Permissions, Decisions & Reporting Division~~

~~Financial Conduct Authority~~

~~25 The North Colonnade~~

~~Canary Wharf~~

~~London E14 5HS~~

~~United Kingdom~~

~~Telephone +44 (0) 845 606 9966~~

~~Facsimile +44 (0) 207 066 0017~~

~~E-mail iva@fsa.gov.uk iva@fca.org.uk~~

~~Website <http://www.fsa.gov.uk>~~

~~<http://www.fca.org.uk>~~

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

United Kingdom

Telephone +44 (0) 203 461 7000

E-mail PRA.firmenquiries@bankofengland.co.uk

Website www.bankofengland.co.uk/PRA

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

[†] The above question(s) appears on an electronic form submission and a paper form submission

Personal identification details

Section 1

1.01 ~~FSA~~ Individual Reference Number (IRN) [†]

1.02 Title[†]
(e.g. Mr, Mrs, Ms, etc)

1.03 Surname[†]

1.04 ALL forenames[†]

1.05 Date of birth[†]

//

1.06 National Insurance number[†]

1.07 *Approved person's* private address[†]

Firm identification details

Section 2

2.01 Name of *firm* *

2.02 ~~FSA~~ Firm Reference Number (FRN) *

2.03 a Who should the ~~FSA~~ FCA/PRA contact at the *firm* in relation to this notice? [†]

b Business address[†]

c Position[†]

d Telephone[†]

e Mobile[†]

f Fax[†]

g E-mail[†]

[†] ~~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~~

[†] The above question(s) appears on an electronic form submission and a paper form submission

[†] The above question(s) appears on an electronic form submission and a paper form submission

3.01 List all *controlled functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

If the reason for ceasing to perform the *controlled function* is indicated in column B, the ~~FSA FCA~~ and/ or ~~PRA~~ should be notified in accordance with ~~SUP 10.13.7R and SUP 10.13.8G~~ SUP 10A.14.10R, SUP 10A.14.11G, SUP 10B.12.12.R and SUP 10B.12.13G (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted

				Reason [†]	
FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]	A	B Full explanation in 4.02
a			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
b			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
c			/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)

[†] The above question(s) appears on an electronic form submission and a paper form submission

d				/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
e				/ /	Internal move- ment 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 <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)



I have supplied further information
related to this page in Section 4[†]

YES

☐

NO

☐

[‡] 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 [†] The above question(s) appears on an electronic form submission and a paper form submission

4.01 Is there any other information the approved person or the firm considers to be relevant to the application? [†]

--

Please provide full details[†]

--

4.02 Please indicate clearly which question the supplementary information relates to. [†]

Question	Information

4.03 How many additional sheets are being submitted? [†]

--

[†] The above question(s) appears on an electronic form submission and a paper form submission

Supporting Documents

Indicate the required supporting documents to accompany this form[†]

Documents	Mode (by email, fax or post)

Other information (please specify)[†]

--

[†] The above 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

Warning[†]

Knowingly or recklessly giving the ~~Financial Services Authority (FSA)~~ FCA and/or PRA 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 15.6.1R and 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.6E ~~7E~~ provides that, where an approved person is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of Statement of Principle 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection[†]

For the purpose of complying with the Data Protection Act, the personal information in this Form may be used by the ~~FSA~~ FCA and/or PRA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation and will not be disclosed for any other purpose without the permission of the applicant.

I confirm that a permanent copy of this application, signed by the firm, will be retained for an appropriate period, for inspection at the ~~FSA's~~ FCA's and/or PRA's request. Confirm that you have read and understood the declaration:

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the explanatory relating to the Form.

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

First name of the person signing on behalf of the firm[†]

Surname of the person signing on behalf of the firm[†]

Date[†]

Signature^{*}

Job title[†]

Name of firm[†]

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

[†] The above question(s) appears on an electronic form submission and a paper form submission

^{*} The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

Notes to assist in completing the Form C - Notice of ceasing to perform *controlled functions*

Full details of the *approved persons* regime and the application process are given in ~~chapter 10 of the Supervision Manual~~ SUP 10A and SUP 10B of the FCA's and PRA's Supervision manuals.

The purpose of this Form

This Form is referred to in ~~the relevant rule in SUP 10.13~~ SUP 10A.14 and SUP 10B.12 of the FCA's and PRA's Supervision manuals. This Form must be used when an *approved person* ceases to perform one or more *controlled functions*.

If an *approved person* ceases to perform *controlled functions* in respect of a number of *firms* within the same *group*, a single Form C may be used, ensuring all *firms* are clearly marked on the Form.

A *firm* must submit to the ~~FSA~~ FCA and/or PRA a completed Form C no later than seven *business days* after an *approved person* ceases to perform a *controlled function*.

Additionally, a forward dated request will not be actioned by the ~~FSA~~ FCA and/or PRA until 7 days before the stated effective day becomes operable.

If a *firm* has reasonable grounds for believing that it will submit a qualified Form C, it must notify the ~~FSA~~ FCA and/or PRA of the fact as soon as practicable.

The Form C is qualified if:

1. the *firm* submitting Form C reasonably believes that the information it contains may affect the ~~FSA's~~ FCA and/or PRA's assessment of an *approved person's* fitness and propriety; or
2. a *firm* dismisses, or suspends, an *approved person* from its employment; or
3. an *approved person* resigns whilst under investigation by the *firm*, the ~~FSA~~ FCA and/or PRA or any other regulatory body.
4. *Firms* are reminded that they should be open and honest with the ~~FSA~~ FCA and PRA as per Principle 11. Any information provided must be factual and able to be substantiated. The ~~FSA~~ FCA and/or PRA reserves the right to use the information provided in carrying out its regulatory functions.

Notification of a qualified Form C must be made in writing by either fax or email and should be made, where possible, within one *business day* of the *firm* becoming aware of the information. If the *firm* does not submit Form C, it should inform the ~~FSA~~ FCA and/or PRA in due course of the reason. This could be done using Form D, if appropriate.

A *firm* is responsible for notifying the ~~FSA~~ FCA and/or PRA if any *approved person* has ceased to perform a *controlled function* under an *arrangement* entered into by its *appointed representative* or former *appointed representative*.

Completing this Form

This Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 4.02 the number of additional sheets attached.

The reasons why an *approved person* is no longer performing *controlled functions* must be indicated on the Form. However, if an *approved person* has been dismissed or requested to resign, or the *firm* has any doubts about their fitness and propriety (3.01 column B), a full explanation of the reason for the dismissal or resignation must be provided in section 4.01 (supplementary information). If the *firm* ticks the box marked 'Suspension', the *firm* will have to reapply (using Form A) for the individual to perform *controlled functions* again.

The *firm* must also include details of any other matter that the *firm* is aware of and which in its reasonable opinion is relevant in connection with the *approved person* ceasing to perform their *controlled function*.

An appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(5)(7B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions* 1 to 12B, 28, & 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

Only the *firm* that made the original application (Form A) may sign this Form except where that individual is the only remaining individual at the firm (e.g. Sole Trader).

N.B.: ~~Detach and~~ Please keep these notes before returning the completed Form to the ~~FSA~~ FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at iva@fsa.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~INDIVIDUALS, MUTUALS AND POLICY~~
~~DEPARTMENT~~
THE FINANCIAL CONDUCT AUTHORITY
25 THE NORTH COLONNADE
CANARY WHARF
LONDON E14 5HS
UNITED KINGDOM

PRUDENTIAL REGULATION AUTHORITY
20 MOORGATE
LONDON
EC2R 6DA
UNITED KINGDOM



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FSA FCA/PRA use only)

[Redacted application number]

The ~~FSA~~ FCA and PRA have produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the FSA's FCA and PRA's website at: http://fsahandbook.info/FSA/docs/notes/imap_formd_notes.doc
http://media.fshandbook.info/Forms/notes/imap_formd_notes.doc
www.bankofengland.co.uk/PRA.

Both the applicant and the approved person will be treated by the FSA FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form D

Notification of changes in personal information or application details

~~FSA FCA Handbook Reference: SUP 10A Annex 7R (Notification under SUP 10.13.18R)~~

PRA Handbook Reference: SUP 10B Annex 7R

1 April 2013

Name of individual
(to be completed by applicant)

[Redacted name of individual]

Name of ~~firm~~
(as entered in 2.01)

[Redacted name of firm]

~~The Financial Services Authority~~
~~Permissions, Decisions & Reporting Division~~
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

Contact Details

Contact for this notification

	Title [†]	
	First Name [†]	
	Surname [†]	
	Job Title [†]	
	Business address [†]	
	Post code [†]	
	Phone number (including STD code) [†]	
	Email address [†]	
	Mobile No [†]	
	Fax No. [†]	

[†] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

1.01	<p>If any of the details have changed please provide new details below</p> <p>Approved person FSA Individual Reference Number (IRN) ‡</p>	
DETAILS TO BE CHANGED		
1.02	Title (e.g. Mr, Mrs, Ms, etc) ‡	
1.03	Surname ‡	
1.04	ALL forenames ‡	
1.05	Date of birth ‡	/ /
1.06	National Insurance number ‡	
1.07	Nationality ‡	
1.08	Passport number ‡	
1.09	<p>Other changes in application details and matters relating to fitness and propriety ‡</p> <div style="background-color: #cccccc; height: 120px; width: 100%;"></div>	
1.10	Effective date of change ‡	/ /
1.11	Reason for change ‡	



I have supplied further information related to this page in Section 3

YES

☐

NO

☐

Do you want to notify us of a change of arrangement between the approved person and the firm? [†]

Does the change in arrangement relate to an appointed representative? [†]

Current appointed representative details? [†]

AR FRN	Firm Name

Do you want to add an appointed representative? [†]

Do you want to remove an appointed representative? [†]

As a result of this removal you will need to consider whether to submit a withdrawal of a CF and/or an Appointed Representative termination

Please select the appointed representative to remove [†]

AR FRN	Firm Name	Remove

Effective Date [†]

[†] The above question(s) appears on an electronic form submission and a paper form submission

2.01 Name of *firm*

2.02 Firm Reference Number (FRN) [‡]

2.03 Other *firms* for whom the individual performs *controlled functions* ‡

	FSA FRN	Name of firm	Controlled function
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	<input type="text"/>	<input type="text"/>	<input type="text"/>
e	<input type="text"/>	<input type="text"/>	<input type="text"/>



I have supplied further information
related to this page in Section 3

YES ☐ NO ☐

Fitness and Propriety[‡]

Do you want to notify us of a change to the approved person's fitness and propriety?

1. Has the approved person ever been convicted of any offence (whether spent or not and whether or not in the United Kingdom); (i) involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences and/or other dishonesty; or (ii) relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations and/or insider dealing?

Enter full details in this section

2. Is the approved person the subject of any current criminal proceedings?

Enter full details in this section

3. Has the approved person ever been given a caution in relation to any criminal offence?

Enter full details in this section

4. Has the approved person any convictions for any offences other than those listed above, whether or not in the United Kingdom (excluding traffic offences unless these traffic offences resulted in a ban from driving or involved driving without insurance)?

Enter full details in this section

5. Has the approved person ever had a County Court Judgement (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?

Enter full details in this section

6. Has the approved person had more than two CCJs or judgement debts?

Enter full details in this section

7. Has the approved person had more than £1,000 in total of CCJs or judgement debts?

Enter full details in this section

8. Is the approved person aware of:

a). any proceedings that have begun, or anybody's intention to begin proceedings, against the approved person for a CCJ or other judgement debt?

Enter full details in this section

b). more than one set of proceedings, or anybody's intention to begin more than one set of proceedings, that may lead to a CCJ or other judgement debt?

Enter full details in this section

c). anybody's intention to claim more than £1,000 of CCJs or judgement debts in total from the approved person?

Enter full details in this section

9. Does the approved person have any current judgement debts (including CCJs) made under a court order still outstanding, whether in full or in part?

Enter full details in this section

10. Has the approved person ever failed to satisfy any such judgement debts within one year of the order being made?

Enter full details in this section

11. Is the approved person or has the approved person ever been the subject of any bankruptcy proceedings, or proceedings for the sequestration of the approved person's estate?

Enter full details in this section

12. Has the approved person ever entered into, or is in the process of entering into, an agreement in favour of the approved person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

Enter full details in this section

13. Does the approved person have any outstanding financial obligations arising from regulated activities, which the approved person has carried out in the past, in the United Kingdom or overseas? (In the case of advisers, this will include any outstanding liabilities arising from commissions paid for the sale of packaged products that have lapsed).

Enter full details in this section

14. Has the approved person ever been found guilty of carrying on any unauthorised regulated activities or been investigated for possible carrying on of unauthorised regulated activities?

Enter full details in this section

15. Is the approved person, or has the approved person, ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

Enter full details in this section

16. Has the approved person ever, either in the United Kingdom or elsewhere:

- a). been refused entry to, or been dismissed, suspended or asked to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated?

Enter full details in this section

- b). been refused, restricted in or had suspended, the right to carry on any trade, business, or profession for which specific licence, authorisation, registration, membership or other permission is required?

Enter full details in this section

c). been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?

Enter full details in this section

d). been the subject of a disqualification direction under section 59 of the Financial Services Act 1986; a prohibition order under section 56 of the Financial Services and Markets Act 2000; or received a warning notice that such a direction or order be made?

Enter full details in this section

17. In relation to activities regulated by the ~~FSA~~ FCA and/or PRA or any other regulatory body, has:

i. the approved person, or
ii. any company, partnership or unincorporated association of which the approved person is or has been a controller, director, senior manager, partner or company secretary, during the approved person's association with that entity and for a period of three years after the approved person ceased to be association with it, ever:

a). been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership, or other permission granted by any such body?

Enter full details in this section

b). been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary action by any such body?

Enter full details in this section

c). resigned while under investigation by, or been required to resign from any such body?

Enter full details in this section

d). decided, after making an application for any licence, authorisation, registration, notification, membership, other permission granted by any such body, not to proceed with it?

Enter full details in this section

e). been the subject of any civil action which has resulted in a finding against the approved person or it by a court?

Enter full details in this section

18. Has any company, partnership, or unincorporated association of which the approved person is or has been a controller, director, senior manager, partner, or company secretary, in the United Kingdom or elsewhere, at any time during the approved person's involvement or within one year of such an involvement:

a) been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?

Enter full details in this section

b) been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?

Enter full details in this section

c) been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?

Enter full details in this section

d) been convicted of any criminal offence, censured, disciplined or publicly criticised by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body (other than as already indicated under 17(b) above)?

Enter full details in this section

19. Is the approved person aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the controlled functions for which approval is now sought?

Enter full details in this section

Enter Date of change:



- 3.01** Is there any other information the approved person or the firm considers to be relevant to the application? †
Please provide full details †
- 3.02** Please indicate clearly which question the supplementary information relates to.

Question	Information

- 3.03** How many additional sheets are being submitted?†



I have supplied further information
related to this page in Section 3

YES

☐

NO

☐

~~† 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~~

Supporting Documents[‡]

Indicate the required supporting documents to accompany this form.

Documents	Mode (by email, fax, post)

~~‡ 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.~~

DECLARATION OF APPROVED PERSON ‡

The *firm* must ask the individual to make the declaration only where the *firm* becomes aware of information that would reasonably be material to the assessment of the *approved person's* continuing fitness and propriety.

Knowingly or recklessly giving the ~~FSA~~ *FCA and/or PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000). It should not be assumed that information is known to the ~~FSA~~ *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection ‡

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the ~~FSA~~ *FCA and/or PRA* 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.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

The ~~FSA~~ *FCA and/or PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. I authorise the ~~FSA~~ *FCA and/or PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. I also understand that the results of these checks may be disclosed to my employer.

4.01 Full name of *approved person*
i.e. Title, forenames, SURNAME ‡

4.02 Signature*

Date‡ / /

Tick to confirm you have read and understood this declaration:

DECLARATION OF FIRM ‡

Knowingly or recklessly giving the ~~FSA~~ *FCA and/or PRA* 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ *FCA and/or PRA* and to notify the ~~FSA~~ *FCA and/or PRA* immediately if materially inaccurate information has been provided. APER 4.4.6E 7E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ *FCA and/or PRA*, failure to inform the ~~FSA~~ *FCA and/or PRA* of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ *FCA and/or PRA*. It should not be assumed that information is known to the ~~FSA~~ *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

4.03 Name of the *firm* ‡

4.04 Name of *person* signing
on behalf of the *firm* ‡

4.05 Position ‡

4.06 Signature*

~~‡ 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~~

Date / /

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

~~† 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~~

Notes to assist in completing the Form D - Notification of changes in personal information or application details

Full details of the *approved persons* regime and the application process are given in ~~Chapter 10.13 of the Supervision manual~~ SUP 10A and SUP 10B of the FCA and PRA's Supervision manuals.

The purpose of this Form

This is Form D referred to in ~~the relevant guidance and rule in SUP 10.13~~ SUP10A.14 and SUP 10B.12 of the FCA and PRA's Supervision manuals. The *firm* must use this Form to inform the ~~FSA~~ FCA and/or PRA of changes in the personal details of an *approved person* or a change in the details of an application to perform *controlled functions*). It is not necessary to notify the ~~FSA~~ FCA and/or PRA of changes in an *approved person's* private address.

The *firm* must also keep the ~~FSA~~ FCA and/or PRA informed of any significant circumstances directly affecting an *approved person* and which any reasonable person would consider relevant to the *approved person's* position under the ~~FSA rules~~ rules of the FCA and/or PRA.

The *firm* is required to notify the ~~FSA~~ FCA and/or PRA of any matter, in relation to an *approved person*, that would normally be declared when giving the information required for section 5 of the application to perform controlled functions or matters considered in *FIT 2*

Do not use this Form if the *approved person* requires approval in respect of further *controlled functions* or has ceased to perform *controlled functions*.

Completing this Form

This Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

Where a person is an *approved person* in respect of a number of *firms* within the same *group*, a single Form may be used, ensuring all *firms* are clearly marked on the Form.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 3.02 the number of additional sheets attached.

An appropriate individual must sign the declaration for the *firm* submitting the Form. The ~~FSA~~ FCA and/or PRA considers that an appropriate individual would either be an individual approved for a *controlled function* described under section 59(57B) of the Financial Services & Markets Act (the *significant influence functions – controlled functions 1 to 12B, 28, 29, 40, or 50*) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ FCA and/or PRA. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

Only the *firm* that made the original application (application to perform controlled functions) may sign this Form.

N.B.: ~~Detach and keep~~ Please keep these notes before returning the completed Form to the ~~FSA~~ FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at iva@fsa.gov.uk iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

THE FINANCIAL SERVICES AUTHORITY
INDIVIDUALS, MUTUALS AND POLICY
DEPARTMENT
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom



Application number
(for FSA FCA/PRA use only)

The FSA has FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the FSA's FCA and PRA's websites at http://www.fsa.gov.uk/pubs/forms/imap_forme_notes.doc http://media.fshandbook.info/Forms/notes/imap_forme_notes.doc and www.bankofengland.co.uk/PRA.

Both the applicant and the candidate will be treated by the FSA FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form E

Internal transfer of an approved person

FSA FCA Handbook Reference: SUP 10A Annex 8D

PRA Handbook Reference: SUP 10B Annex 8D

~~1 May 2011~~ 1 April 2013

Name of ~~approved person~~ candidate[†]
(to be completed by applicant firm)

Name of firm[†]
(as entered in 2.01)

~~The Financial Services Authority~~ Financial
Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fsa.gov.uk iva@fca.org.uk
Website <http://www.fsa.gov.uk>
<http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

[†] The above 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

Personal identifications details**Section 1****1.01** ~~FSA~~ Individual Reference Number (IRN)[†]**1.02** Title
(e.g. Mr, Mrs, Ms, etc)[†]**1.03** Surname[†]**1.04** ALL forenames[†]**1.05** Date of birth[†]**1.06** National Insurance number[†]**Firm identification details****Section 2****2.01** Name of *firm***2.02** ~~FSA~~-Firm Reference Number (FRN)**2.03 a** Who should the ~~FSA~~ FCA/PRA contact at the *firm* in relation to this application?**b** Position**c** Telephone**d** Fax**e** E-mailI have supplied further information
related to this page in Section 5

YES

☐

NO

☐

3.01

List all *controlled functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

	FSA FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]
a				/ /
b				/ /
c				/ /
d				/ /
e				/ /



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

[†] The above 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

4.01

Nature of the arrangement between the candidate and the applicant.

a Employee

☐

b Group employee

☐

Name of group

c Contract for services

☐

d Partner/Sole trader

☐

e Appointed representative – customer function

☐

Name of AR

f Appointed representative – governing function

☐

Name of AR

g Other

☐

Give details

4.02

For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.

If the *controlled functions* are to be performed for more than one *firm*, please go to question 4.05

a **Significant influence functions**

CF 1 Director function

☐

CF 2 Non- executive director function

☐

CF 3 Chief executive function

☐

CF 4 Partner function

☐

CF 5 Director of an unincorporated association function

☐

CF 6 Small friendly society function

☐


I have supplied further information related to this page in Section 5

YES

☐

NO

☐

**Significant
influence
functions
continued**

CF 8	Apportionment and oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 9	EEA investment business oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10	Compliance oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10 A	CASS operational oversight function	<input type="checkbox"/>
CF 11	Money laundering reporting function	<input type="checkbox"/>
CF 12	Actuarial function	<input type="checkbox"/>
CF 12A	With-profits actuary function	<input type="checkbox"/>
CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
CF 28	System and controls function	<input type="checkbox"/>
CF 29	Significant management function	<input type="checkbox"/>
CF 40	Benchmark submission function	<input type="checkbox"/>
CF 50	Benchmark administration function	<input type="checkbox"/>
CF 30	Customer function	<input type="checkbox"/>

b **significant
influence
functions
continued**

c **Customer
function**

4.03 Effective date
of controlled
functions
indicated
above[†]

/ /

4.04 Job title
(mandatory for
controlled
function 28 &
29)[†]



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

[†] The above 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

4.05 List all *firms* within the *group* (including the *firm* entered in 4.02) for which the applicant requires approval and the requested *controlled function* for that *firm*.[†]

	FSA Firm Reference Number	Name of <i>firm</i>	<i>Controlled function</i>	Job title (mandatory for <i>controlled function</i> 28 & 29)	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

- 5.01** Is there any other information the *candidate* or the *firm* considers to be relevant to the application?

YES ☐NO ☐

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

- 5.02** How many additional sheets are being submitted?

[†] The above 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

DECLARATION OF CANDIDATE

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

APER 4.4.67E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

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

With reference to the above, the ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

a) I authorise the ~~FSA~~ FCA and/or PRA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.

b) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://FSHandbook.info/FS/html/handbook/APER>)

(www.bankofengland.co.uk/PRA)

6.01 Candidate's full name[†]

6.02 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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

DECLARATION OF FIRM

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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 15.6.1R* and *SUP 15.6.4R* require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.67E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm*

~~believes~~ believes on the basis of due and diligent enquiries made to date that the *candidate* is a fit and proper person to perform the *controlled function(s)* listed in section 4. ~~The firm also~~

~~believes~~ believes on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such function(s).

IF UNDERTAKING ANY NON MiFID BUSINESS FOR WHICH YOU HAVE NOT PREVIOUSLY APPLIED FOR AUTHORISATION, PLEASE ALSO COMPLETE THE FOLLOWING

The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required of such function(s). YES ☐ NO ☐

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 4.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA, will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

In signing this form on behalf of the *firm*:

a) I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 34.05. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons

(<http://fsahandbook.info/FSA/html/handbook/APER>)

(<http://FSHandbook.info/FS/html/handbook/APER>)

(www.bankofengland.co.uk/PRA)

6.03 Name of the *firm* submitting the application[†]

6.04 Name of *person* signing on behalf of the *firm*[†]

6.05 Job title[†]

6.06 Signature^{*}

Date[†] / /

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above 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 for Form E

Internal transfer of an approved person

PLEASE NOTE: A *CANDIDATE* MUST NOT BEGIN PERFORMING ANY *CONTROLLED FUNCTIONS* UNTIL THE ~~FSA~~*FCA* and/or *PRA* HAS GRANTED APPROVAL.

Full details of the *approved persons* regime can be found in ~~chapter 10 of the Supervision manual~~ chapter SUP 10A and SUP 10B of the *FCA* and *PRA*'s *Supervision Manuals*.

The purpose of this Form

This is Form E referred to in ~~SUP 10.13.3D~~ 10A.14.4D. and SUP 10B.12.4D of the *FCA* and *PRA*'s *Supervision Manuals*. A *firm* should use this form when an *approved person* ceases to perform one or more *controlled functions* and the *firm* wishes to apply for approval for the individual in respect of other *controlled functions*. This Form should not be used for a qualified withdrawal (see ~~SUP 10.13.7R~~ 10A.14.10R and SUP 10B.12.12R). This form may also be used for transfers between *firms* that are part of the same *group*:

1. A *firm* must use Form E where an *approved person* is both ceasing to perform one or more *controlled functions* and needs to be approved in relation to one or more *controlled functions* within the same *firm* or *group*.
2. A *firm* must not use Form E if the *approved person* is to perform a *significant-influence function* for the first time or has ceased to have approval from the *FCA* or *PRA* to perform one more than six months ago.
3. A *firm* must not use Form E if a notification has been made or should be made under SUP 10A.14.17R (Changes in fitness to be notified under Form D) or SUP 10B.12.18R (the equivalent *PRA rule*) in relation to any *controlled functions* that that *person* is ceasing to perform (as referred to in (1)) or any *controlled function* that he is continuing to perform in relation to that *firm* or a *firm* in the same *group*.

Form C must be used if the individual is ceasing to perform a *controlled function* and the *firm* is not seeking approval in respect of another *controlled function*.

Form A must be completed in full if the *approved person* is seeking approval in respect of a *significant influence function* for the first time.

Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. Tick the appropriate box where a yes/no answer is required. Further details should be given in section 5 (Supplementary Information) if there is insufficient space for a detailed answer.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 5.02 the number of additional sheets attached.

Do not assume that information is known to the ~~FSA~~*FCA* and/or *PRA* merely because it is in the public domain, or has been previously disclosed to the ~~FSA~~*FCA* and/or *PRA* or to another regulatory body. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the *candidate* should be verified by the *firm* wherever possible. ~~If the FSA's~~ Should the *FCA* and/or *PRA* vetting checks reveal any matters that have not been disclosed, then applications will be delayed and, in some cases, possibly rejected. See ~~SUP 10.12.6G~~ 10A.13.12G and SUP 10B.11.11G .

Expressions in this Form in italics have the meaning given in the *Glossary* to the ~~FSA's Handbook~~ (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*).

The *firm* is responsible for the completion of the Form. If the Form is not fully and correctly completed, the ~~FSA~~FCA and/or ~~PRA~~ may need to return it for proper completion. This could significantly delay the ~~FSA's~~FCA and/or ~~PRA's~~ decision on whether to grant approval to perform the requested *controlled functions* (see ~~SUP 40.12.6G~~ 10A.13.12G and SUP10B.11.11G).

The ~~FSA~~FCA and/or ~~PRA~~ may require the applicant to provide further information at any time after receiving an application and before determining whether it is to be granted or not (see ~~SUP 40.12.8G~~ 10A.13.14G, SUP10B.11.13G and SUP10B.11.14G).

If a *firm* has provided, or has information that reasonably suggests that it may have provided, the ~~FSA~~FCA and/or ~~PRA~~ with information which was or has become false, misleading, incomplete or inaccurate, in a material particular, it must notify the ~~FSA~~FCA and/or ~~PRA~~ immediately (see SUP 15.6.4R). Failure to notify the ~~FSA~~FCA and/or ~~PRA~~ may result in a delay in processing or rejection.

SECTION 4 – ARRANGEMENTS AND CONTROLLED FUNCTIONS

The *firm* must tick the box in 4.01 that most accurately describes its *arrangement* with the *candidate*. For applications from a single *firm*, the *firm* should complete 4.02, 4.03 & 4.04 indicating the *controlled functions* required by selecting the appropriate box in 4.02. However, if the application is being made on behalf of a *candidate* who will carry out *controlled functions* for more than one *firm*, 4.05 must be used to describe the *controlled functions* and the relationships between the *candidate* and those *firms*.

- 4.01: If this application relates to more than one *appointed representative*, provide details in section 5.
- 4.02: If the *controlled function* 29 is requested, the specific job title of the *candidate* must be included.
- 4.03: The effective date is the date on which the *firm* wishes the *candidate* to begin performing *controlled functions* (subject to approval). **This should be left blank unless there is a reason for the effective date to be beyond the ~~FSA~~FCA and/or ~~PRA~~ published standard response times.** For instance, a *firm* may wish to be sure that a *candidate* has been approved before they take up their post.

Unless the *firm* indicates otherwise, the ~~FSA~~FCA and/or ~~PRA~~ assumes that the *arrangement* given on the application form includes all of the activities that fall within the description of the *controlled function*. This means that a *firm* may alter a *candidate's* responsibilities within the broad description of a *controlled function* without needing further approval from the ~~FSA~~FCA and/or ~~PRA~~.

SECTION 5 – SUPPLEMENTARY INFORMATION

This section provides extra space for any previous answer and for additional information relevant to this application.

The *firm* must include details of any other matter which the *firm* is aware of and which in its reasonable opinion is relevant in connection with the *approved person* ceasing to perform their *controlled function*. If there is insufficient space, additional sheets may be used.

SECTION 6 – DECLARATIONS AND SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the *candidate*. The ~~FSA~~FCA and/or ~~PRA~~ considers that an appropriate individual would either be an individual approved for a *controlled function* described under section ~~59(5) or 59(7B)~~ of the Financial Services and Markets Act (the *significant influence functions* – *controlled functions* 1 to 12B, 28, & 29, 40 or 50) or someone to whom the *firm* has delegated the authority to notify the ~~FSA~~FCA and/or ~~PRA~~. If this authority has been delegated, the *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B. ~~Detach and keep~~ Please keep these notes before returning the completed Form to the ~~FSA~~FCA and/or PRA.

If you have any questions or need additional information, please contact the ~~Firm Contact Centre~~ FCA Customer Contact Centre on 0845 606 9966 or PRA Firm Enquiries on 020 3461 7000 or via e-mail at ~~iva@fsa.gov.uk~~ iva@fca.org.uk or PRA.firmenquiries@bankofengland.co.uk.

PLEASE RETURN COMPLETED FORM TO:

~~THE FINANCIAL SERVICES AUTHORITY~~
~~INDIVIDUALS, CIS & MUTUALS~~
~~DEPARTMENT~~
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom

Add an appointed representative or tied agent form

Notification under *SUP 12.7.1R* (i.e. the form in *SUP 12 Ann 3R*)

6 February 2008

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

("The firm")

Firm reference number^{§*}

Address^{§*}

Please return the form to:

~~The Financial Services Authority~~
Financial Conduct Authority
Individuals Mutuals and Policy Department

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone ~~+44(0) 20 7066 0019~~ +44 (0) 845 606 9966

Facsimile ~~+44(0) 20 7066 0017~~ +44 (0) 207 066 0017

E-mail iva@fca.org.uk

Website <http://www.fca.org.uk>

[†] 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

[§] Denotes a mandatory field

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

NOTES

This form should be used to notify the ~~FSA~~ FCA of a new appointed representative or tied agent. It is the form required by SUP 12.7.1R which is set out in SUP 12 Ann 3R.

For the purposes of this form, references to 'appointed representative' include 'tied agent' unless the context otherwise requires.

Personal Details

Section A

- 1** Contact name for this form (this is not necessarily the same person making the declaration at the end of the 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

^{*} 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

§ Denotes a mandatory field

1	Name of the appointed representative [†] §	§
	<u>Appointed Representative FRN (if known)</u> [*]	
2	Address of the appointed representative [†] §	§—
		Postcode:
3	Trading name(s) of the appointed representative, if different to the name given in question 1 above [†]	
4	Telephone number of the appointed representative [†]	
5	Fax number of the appointed representative [†]	
6	Email address of the appointed representative [†]	
7	Website address of the appointed representative [†]	
8	Legal status of the appointed representative [†] §	
	Private limited company	<input type="checkbox"/> Public limited company <input type="checkbox"/>
	Partnership	<input type="checkbox"/> Limited partnership <input type="checkbox"/>
	Limited liability partnership	<input type="checkbox"/> Unincorporated association <input type="checkbox"/>
	Sole trader	<input type="checkbox"/> Other, please specify below <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

§ Denotes a mandatory field

9 Date of appointment (if an appointed representative carrying on insurance mediation activities or a tied agent) or commencement of activities (if any other kind of appointed representative) [†]§

Yes No

10 Is the appointed representative an introducer appointed representative? §[†]

☐

☐

11 Will the appointed representative undertake designated investment business? [†]§

☐

☐

12 Will the appointed representative undertake home finance activities? [†]§

☐

☐

13 Is the application in respect of: [†]§

(1) an appointed representative who will carry on insurance mediation activities?

☐

☐

If question 13(1) is answered “yes”, you must complete the 3 fields immediately below:

Name of main contact for ~~FSA~~ Financial Services register:

Title [†]

Forename(s) [†]

Surname [†]

or

(2) a tied agent?

☐

☐

[†] 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 § Denotes a mandatory field

Warning[‡]

Knowingly or recklessly giving the ~~FSA~~ FCA 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~~ FCA and to notify the ~~FSA~~ FCA immediately if materially inaccurate information has been provided.

Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ Appropriate Regulator.

It should not be assumed that information is known to the ~~FSA~~ FCA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA 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~~ 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 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~~ FCA 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~~ FCA information that is false or misleading in a material particular.**
- **I/we will notify the ~~FSA~~ FCA 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.**

Signature^{*} _____

Name of signatory[‡] _____

Date[‡]

/ /

Position in firm[‡] _____

Individual Registration Number (if applicable)

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

^{*} 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.

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

Appointed representative or tied agent - change details —~~ONA~~ Version

Notification under *SUP 12.7.7R* (i.e. the form in *SUP 12 Ann 4R*)

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

("The firm")

Firm reference number ^{*}

Address^{*}

[†] 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.

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

~~^{*} The above question(s) appears on a paper form submission only. That section does not appear on an electronic form submission~~

~~Please return this form to: The Financial Services Authority,
Individuals, Mutuals and Policy Department~~

Financial Conduct Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone +44 (0) 845 606 9966

Facsimile +44 (0) 207 066 0017

E-mail iva@fca.org.uk

Website <http://www.fca.org.uk>

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

Registered Office as above

NOTES

This form should be used to change the details of an existing appointed representative or tied agent. It is the form required by SUP 12.7.7R which is set out in SUP 12 Ann 4R.

For the purposes of this form, references to 'appointed representative' include 'tied agent' unless the context otherwise requires.

N.B. if all the changes made on the form do not take effect from the same date, you should use more than one form for each set of changes that take effect on the same date.

Personal Details

Section A

- 1 Contact Name for this form (this is not necessarily the same person making the declaration at the end of the form)[†]

§

- 2 Contact's details:

- a position in the *firm*[†]

§

- b daytime telephone number[†]

§

- c e-mail address[†]

- d business address[†]

- e post code[†]

[†] 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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

f mobile phone number[†]

g fax number[†]

Change Details of an Existing Appointed Representative

Section B

What is the name of the appointed representative whose details are to be amended?[†]

§

What is this appointed representative's Firm Reference Number? (If not known, this can be found on the ~~FSA~~ Financial Services Register on our website at ~~www.fsa.gov.uk~~ www.fca.org.uk)[†]

§

Yes

1 a. Do you wish to suspend the appointed representative?[†]

☐

If 'Yes', please give the reasons for this:[†]

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

Yes

b. Do you wish to reinstate the appointed representative?[†]

☐

[†] 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

[‡] ~~The above question(s) appears on an electronic form submission and a paper form submission~~



I have supplied further information
related to this page in Section 3[†]

YES ☐

NO ☐

Yes

2 Do you wish to change the name of the appointed representative? [†] ☐

If 'Yes', what is the new name of the appointed representative? [†]

§

Yes

3a Do you wish to change the legal status of the appointed representative? [†] ☐

If 'Yes', what is the new legal status of the appointed representative? [†]

Private limited company

☐

Public limited company

☐

Partnership

☐

Limited partnership

☐

Limited liability partnership

☐

Unincorporated association

☐

Sole trader

☐

Other, please specify below

☐

Yes No N/A

3b Has the name change been approved by Companies House? [†] ☐ ☐ ☐

N.B. If the appointed representative is a UK registered company or LLP, the name of the appointed representative can only be changed if the change has already been approved by Companies House.

Yes

4 Do you wish to change the address of the appointed representative? [†] ☐

If 'Yes', please enter the new address: [†]

§

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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

- Yes
- 5 Do you wish to change the trading name(s) of the appointed representative? [†] ☐

If 'Yes', please provide details below. If you wish to amend a trading name please enter the name to be deleted in the box on the left and add the new one in the box on the right.

Please detail the trading name(s) to be deleted
below: [†]

Please detail the trading name(s) to be added
below: [†]

--	--

- Yes
- 6 Do you wish to change the telephone number of the appointed representative? [†] ☐

If 'Yes', please enter the new telephone number: [†]

§

- Yes
- 7 Do you wish to change the fax number of the appointed representative? [†] ☐

If 'Yes', please enter the new fax number: [†]

§

- Yes
- 8 Do you wish to change the E-mail address of the appointed representative? [†] ☐

If 'Yes', please enter the new e-mail address: [†]

§

- Yes
- 9 Do you wish to change the website address of the appointed representative? [†] ☐

If 'Yes', please enter the new website address: [†]

§

- Yes No
- 10 Is the appointed representative currently an introducer appointed representative? [†] ☐ ☐

Do you wish to change this? If 'Yes', please provide 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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

- 11 Do you wish to change the details of the Main Contact for the ~~FSA~~ Financial Services Register for this appointed representative? [†] Yes No
- ☐ ☐

If 'Yes', please give the new details:

Title[†]

Forename(s) [†]

Surname[†]

- 12 Does the appointed representative undertake home finance activities? [†] Yes No
- ☐ ☐
- Do you wish to change this? If 'Yes', please provide details below: [†] ☐

- 13 Does the appointed representative undertake designated investment business activities? [†] Yes No
- ☐ ☐
- Do you wish to change this? If 'Yes', please provide details below: [†] ☐

- 14 Is the change in respect of an appointed representative who is carrying on or proposes to carry on insurance mediation activities or a tied agent? [†] Yes No
- ☐ ☐
- If so please provide details below: [†]

- 15 Please enter the date on which these changes take effect: [†] § / /

[†] 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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

3.01 Is there any other information the approved person or the firm considers to be relevant to the application? [†]

Yes

No

☐
☐

If so, please provide full details[†]

3.02 Please indicate clearly which question the supplementary information relates to. [†]

Question	Information

[†] 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

[‡] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

3.03 How many additional sheets are being submitted? [†]

A solid gray rectangular box, likely a placeholder for a value or a redacted area.

Supporting Documents

Indicate the required supporting documents to accompany this form[†].

Documents	Mode (Send by email, Post, or Fax)

Other information (please specify)[‡]:

--

[†] 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

[‡] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

Warning[†]

Knowingly or recklessly giving the FSAFCA 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 FSAFCA and to notify the FSAFCA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSAFCA. It should not be assumed that information is known to the FSAFCA merely because it is in the public domain or has previously been disclosed to the FSAFCA 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 FSAFCA 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.

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 FSAFCA 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 FSAFCA information that is false or misleading in a material particular.**
- **I/we will notify the FSAFCA 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.**

Signature^{*}Name of signatory[†].Date[†]Position in *firm*[†]Individual Reference Number (if applicable)[†]

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

*The above 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.

[†] 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 submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.

~~*The above question(s) appears on a paper form submission only. That section does not appear on an electronic form submission~~

~~†The above question(s) appears on an electronic form submission and a paper form submission~~

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

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, Mutuals and Policy Department
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966~~

[†] 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.

~~[‡] The above question appears on an electronic form submission and a paper form submission~~

~~^{*} The above question(s) appears on a paper form submission only. That section does not appear on an electronic form submission~~

Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>

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

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



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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~



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

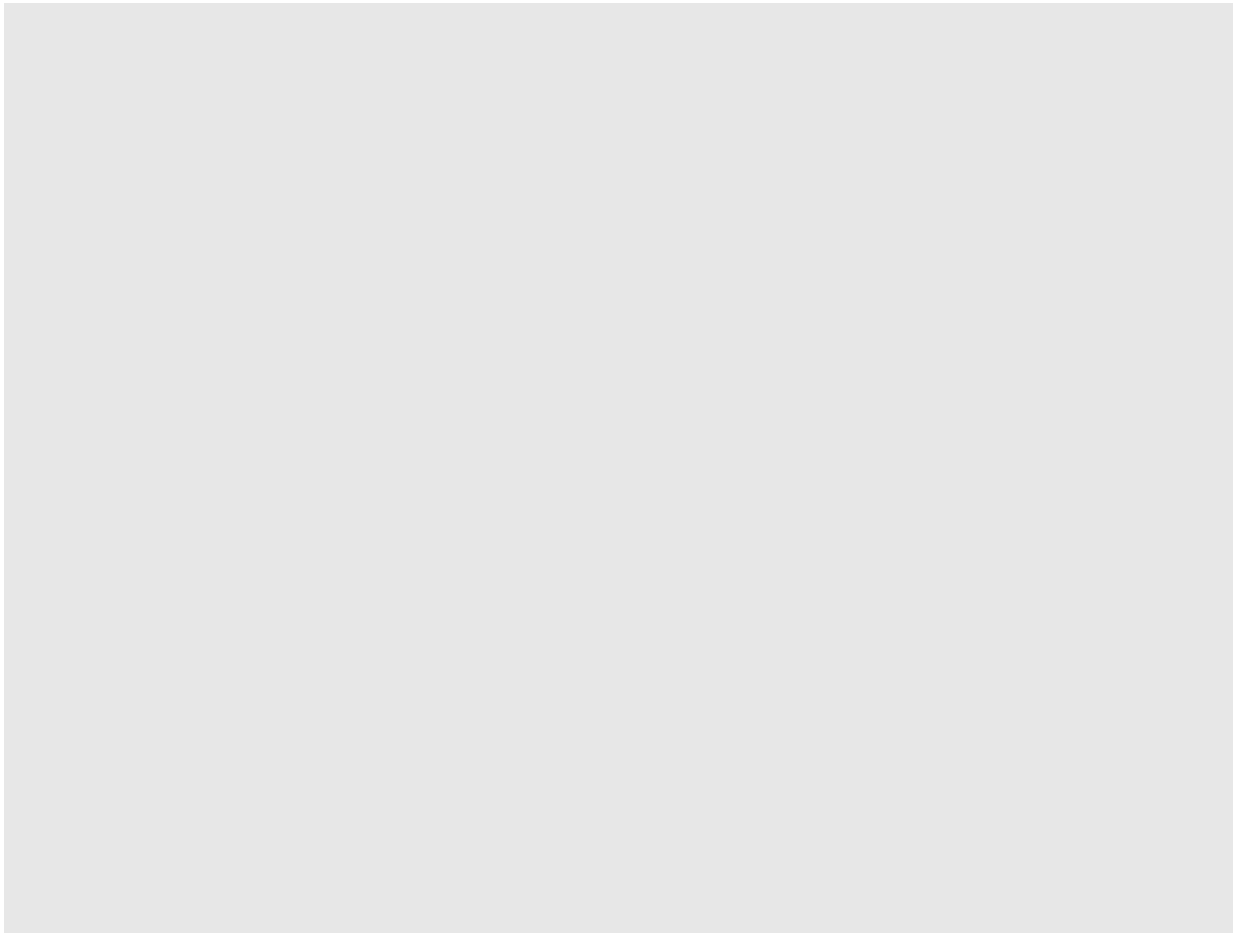
~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

--	--	--

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

~~[‡] The above question(s) appears on an electronic form submission and a paper form submission~~

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

[‡] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

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

[‡] ~~The above question(s) appears on an electronic form submission and a paper form submission~~

Warning[†]:

Knowingly or recklessly giving the ~~FSA~~ FCA 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~~ FCA and to notify the ~~FSA~~ FCA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA. It should not be assumed that information is known to the ~~FSA~~ FCA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA 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~~ 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 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~~ FCA 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~~ FCA information that is false or misleading in a material particular.
- I/we will notify the ~~FSA~~ FCA 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)[†]

[†] 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.

~~*The above question(s) appears on an electronic form submission and a paper form submission~~

Signature *



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

^{*} ~~The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.~~

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



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)

Full name of firm

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 *Banking Consolidation 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 10.
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 10.
3. All firms should answer sections 1, 2 and 10. Sections 3-9 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:
The Financial Services Authority Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
Telephone: +44 (0)20 7066 4000 7188
Fax: +44 (0)20 7066 9798
Website: www.fsa.gov.uk www.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

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 [†]	

[†] 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 [†]	
------------------------	--

- 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: [†] <input type="text"/>	Fax number: [†] <input type="text"/>

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

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2.4 Tell us the proposed date for the business to start at the branch. [†]

Date	<input type="text"/> dd/mm/yy
------	-------------------------------

[†] 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 Mediation Directive (IMD)

3.1 Please confirm that the *UK firm* wishes to passport under the IMD by ticking the box below.[†]

The <i>firm</i> intends to carry on <i>insurance mediation</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	<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

4 Markets in Financial Instruments Directive ('MiFID')

4.1

Please tick the appropriate boxes to show the *investment services* your firm will provide, together with the associated instruments.[†]

		EEA State														
		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 Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA 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

		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"/>								
	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"/>								

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

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments





- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

4.2 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[†]

(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><u>1. Corporate strategy</u>[†]</p> <p><i>a) How will the branch contribute to the strategy of the firm/group?</i></p> <p><i>b) What will the main functions of the branch be?</i></p>	
<p><u>2. Commercial Strategy</u>[†]</p> <p><i>a) Describe the types of customers/counterparties the branch will be dealing with</i></p> <p><i>b) Describe how the firm will obtain and deal with these clients</i></p>	
<p><u>3. Organisational structure</u>[†]</p> <p><i>a) Briefly describe how the branch fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)</i></p> <p><i>b) Set out the organisational structure of the branch, showing both functional and legal reporting lines</i></p> <p><i>c) Which individual will be responsible for the branch operations on a day to day basis?</i></p> <p><i>d) Which individual will be responsible for compliance at the branch?</i></p> <p><i>e) Which individual will be responsible for dealing with complaints in relation to the branch?</i></p> <p><i>f) How will the branch report to the head office?</i></p>	

[†] 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

g) <i>Detail any critical outsourcing arrangements</i> [†]	
4. Tied Agents [†] a) <i>Will the branch use tied agents?</i> b) <i>If the information is available, what is the identity of the tied agents? (Annex 1)</i> c) <i>What investment services and activities will be provided by the tied agent?</i>	
5. Systems & Controls [†] <i>Provide a brief summary of arrangements for:</i> a) <i>Safeguarding client money and assets</i> b) <i>Compliance with the conduct of business and other obligations that fall under the responsibility of the host state competent authority according to MiFID Article 32(7) and record keeping under Article 13(9)</i> c) <i>Code of Conduct, including personal account dealing</i> d) <i>Anti-money laundering</i> e) <i>Monitoring and control of critical outsourcing agreements (if applicable)</i>	
6. Auditor details [†] <i>Details of the audit arrangements of the branch (including where applicable, details of the external auditor)</i>	
7. Profit & loss forecast [†] <i>Attach a forecast statement for profit & loss and cashflow, both over a 12 month period.</i>	

[†] 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

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"/>
§	Additional MiFID services and activities subject to mutual recognition under the Banking Directive	<input type="checkbox"/>

§ See separate matrix on next page

[†] 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
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

		EEA State [§]														
		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"/>								
	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"/>								


[†] 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

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[†]

(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
<u>1. Business Plan</u> [†] a) <i>How will the branch contribute to the overall strategy of the institution/group?</i> b) <i>What will be the main objectives and functions of the branch?</i> c) <i>Describe the types of customers/counterparties the branch will be dealing with</i> d) <i>Describe how the institution will obtain and deal with these customers/clients</i>	
<u>2. Organisational structure</u> [†] a) <i>Briefly describe how the branch fits into the corporate structure of the group</i> 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> c) <i>Details of the branch manager(s) – CV(s) to be supplied</i> d) <i>Details of any direct business relations (clients, partners, counterparties) and conditions under which they operate</i> e) <i>Details of links with administrative and IT systems of the head office</i> f) <i>Details of links with internal control system of the head office</i>	
<u>3. Systems & Controls</u> [†] a) <i>Measures for supervising risk management procedures (includes credit/market/operational/liquidity)</i> b) <i>Powers of the branch in respect of granting credit facilities</i> c) <i>Details of the audit arrangements of the branch (including where applicable details of the external auditor)</i> d) <i>anti-money laundering procedures (including the name of the AML compliance officer)</i> e) <i>monitoring and control of critical outsourcing arrangements (if applicable)</i>	
<u>4. Financial information</u>	

[†] 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><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>5 Investment activities (if applicable) [†]</p> <ul style="list-style-type: none"> • <i>Provide details of arrangements for:</i> <ul style="list-style-type: none"> • <i>safeguarding client money and assets</i> • <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> • <i>code of conduct, including personal account dealing</i> • <i>Provide details of the individual who will be responsible for compliance of the branch</i> • <i>Provide details of the individual responsible for dealing with complaints in relation to the investment activities of the branch</i> 	

[†] 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 Consolidated Life Assurance Directive

Note to Question 6.1

For the purpose of this form, 'authorised agent' means an agent or employee of the *insurance undertaking* who has authority (a) to bind the *insurance undertaking* in its relations with third parties and (b) to represent the *insurance undertaking* in its relations with overseas regulators and courts in the *EEA State* of the branch.

- 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*.[†]

Name of agent[†]

If applicable, confirmation that agent has power to accept service of proceedings on behalf of *Lloyd's*[†] ☐

- 6.2 Please tick the appropriate boxes to show the classes of business to be provided.[†]

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.[†]

[†] 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).[†]**



- 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[†]**



[†] 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"/>
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	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

from each of those sources.		
ix. Copies or drafts of:		
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 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.	Attached	<input type="checkbox"/>
x. The technical bases that the actuary appointed in accordance with <i>SUP</i> 4.3.1R 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 mathematical reserves.	Attached	<input type="checkbox"/>
xi. A statement by the actuary so appointed as to whether:		
a) he considers that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and	Attached	<input type="checkbox"/>
b) he agrees with the information provided under sections 6.5 and 6.6 v (a) and (b).	Attached	<input type="checkbox"/>
xii. The technical bases used to calculate the statements and estimates referred to in sections 6.6 iv and v.	Attached	<input type="checkbox"/>

7 First, Second and Third Non-Life Insurance Directives

- 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*.[†]

Name of agent [†] <div style="background-color: #cccccc; height: 15px; width: 40px; margin-top: 5px;"></div>
If applicable, confirmation that agent has power to accept service of proceedings on behalf of <i>Lloyd's</i> [†] <input type="checkbox"/>

- 7.2 Please tick the appropriate boxes to show the classes of business to be carried out from the *branch*.[†]

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.[†]

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 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

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.[†]

[†] 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> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
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:		
a) estimates relating to expenses of management (other than cost of installation) and, in particular, those relating to current general expenses and commissions;	Attached	<input type="checkbox"/>
b) estimates relating to premiums or contributions (both gross and net of all reinsurance ceded) and to claims (after all reinsurance recoveries); and	Attached	<input type="checkbox"/>
c) 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		
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"/>

Continued over

[†] 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 continued[†]

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: a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned; 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 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"/>
	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"/>

[†] 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 Reinsurance Directive

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

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

- 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.**[†]

[†] 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 ~~FSA~~ 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 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 FSA 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 [†]	dd/mm/yy

*

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 Mediation Directive	<input type="checkbox"/>
Section 4 – Markets in Financial Instruments Directive	<input type="checkbox"/>
Section 5 – Banking Consolidation Directive	<input type="checkbox"/>
Section 6 – Consolidated Life Assurance Directive	<input type="checkbox"/>
Section 7 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 8 – Reinsurance directive	<input type="checkbox"/>
Section 9 - Undertakings for Collective Investments in Transferable Securities	<input type="checkbox"/>
Section 10 – Declaration (mandatory)	<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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify FSA 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 [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
2	Address of Tied Agent [†]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
4	Telephone number of Tied Agent [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
5	Fax number of Tied agent [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
6	E-mail address of Tied Agent [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
7	Website of Tied Agent [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
8	Legal Status of Tied Agent [†] <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	
9	Date of commencement of agreement With your firm [†]	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

[†] 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



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Passporting Notification of intention to provide cross-border services in another EEA state

MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE (SUP13 Annex 2R – Notice under SUP 13.5.2R)

Full Name of firm: ‡

FRN: _____

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* or a *Recognised Investment Exchange* that wishes to provide access arrangements in another EEA state under the Markets in Financial Instruments Directive ('MiFID').

You may also use this form if you are a *UK firm* that wishes to notify us (~~the FSA~~ the FCA/PRA) of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of MiFID (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 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.

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 4.
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 4.
3. 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:

The Financial Services Authority
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
Telephone: +44 (0)20 7066 1000-7188
Fax: +44 (0)20 7066 9798
Website: www.fsa.gov.uk www.fca.org.uk
E-mail: passport.notifications@fca.org.uk
Registered as a Limited Company

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
E-mail: pra-Passporting@bankofengland.co.uk
Registered as a Limited Company in England and
Wales No 07854923. Registered Office: 8 Lothbury
Road, London, EC2R 7HH.

1 Contact details

1.1 Details of the person we will contact about this notification

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

[†]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 of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.[†]

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

Recognised Investment Exchanges completing box 2.1 will be indicating the EEA states in which they intend to provide access arrangements.

[†] 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

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? [†]

Yes ▶ ☐

No ▶ ☐

2.3 Tell us the proposed date for the business to start. [†]

Date	
------	--

3 Markets in Financial Instruments Directive ('MiFID')

- 3.1 Please tick the appropriate boxes to show the *investment services* to be provided, together with the associated instruments (if the answer to question 2.2 as 'Yes', please complete a separate matrix for each *EEA State*). Recognised Investment Exchanges should complete only box 3.2[†]

		EEA State														
		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"/>

UK firms that intend to use a tied agent to provide cross-border services in the territory of the host state are required to complete 'Annex 1' at the end of this form.

A full description of MiFID service activities and instruments can be found on the next page.

[†] 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

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

3.2 Please give details of the *firm's* programme of operations, including a description of the particular EEA activities the firm will carry on.[†]

Note to Question

3.2

UK firms should consider the following points when preparing a programme of operations:

- details about the services to be provided into the other *EEA State(s)*, including a description of the way in which the proposed services will be conducted;
- details of any other business (i.e. non-investment business) which is currently being (or will be) provided into the other *EEA State(s)*;
- a description of the type of *client* or counterpart with whom the services will be conducted; and
- details of the systems of internal controls over the services to be provided into the other *EEA State(s)* that will be used by management in the *UK* to monitor such activities.

UK firms requiring specific information about the content and level of detail of information to be provided are encouraged to contact the Passport Notification Unit (contact details are given on page 16).

Recognised Investment Exchanges should state whether they are providing access arrangements in respects of a regulated market or MTF, or both.

Where a Recognised Investment Exchange intends to make access arrangements for different types of market in different EEA States, it should specify which arrangements it intends to make in each of those states.

[†] 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

4 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 seek appropriate professional advice before supplying information to us.

There will be a delay in processing the notification 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 notification process.

- I understand it is a criminal offence knowingly or recklessly to give the ~~FSA~~ 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*/ Recognised Investment Exchange

Name [†]		
Position [†]		
IRN (if applicable)		
Signature*		
Date [†]	dd/mm/yy	

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Markets in Financial Instruments Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>
Annex 1 – Tied Agent Details	<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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify the FSA FCA/PRA when a *UK firm* intends to use a *tied agent* to provide cross-border services in the territory of another *EEA state*.

Tied Agent Details

1	Name of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
2	Address of Tied Agent [†]	<div style="border: 1px solid black; height: 100px;"></div>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<div style="border: 1px solid black; height: 30px;"></div>
4	Telephone number of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
5	Fax number of Tied agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
6	E-mail address of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
7	Website of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
8	Legal Status of Tied Agent [†]	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div style="width: 50%;"> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div>
9	Date of commencement of agreement with your firm [†]	<div style="border: 1px solid black; height: 30px;"></div>

[†] 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~~ FCA/PRA 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~~ FCA/PRA and to notify the ~~FSA~~ FCA/PRA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA/PRA. It should not be assumed that information is known to the ~~FSA~~ FCA/PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA/PRA 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 Conduct 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.

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~~ FCA/PRA 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~~ FCA/PRA information that is false or misleading in a material particular.
- I/we will notify the ~~FSA~~ FCA/PRA 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 notification process or enforcement action.

Date[†]

Name of signatory[†]

Position in firm[†]

Individual Registration Number[†]
(if applicable)



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

Passporting Notification of intention to provide cross-border services in another EEA state

(SUP 13 Annex 3R – Notice under SUP 13.5.2R)

Full name of Firm name: [†]—

FRN:

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance Directive*.

You may also use this form if you are a *UK firm* that wishes to notify us (the ~~FSA~~) the PRA of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance 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 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.

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 5.
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 5.
3. 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.

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
Telephone: +44 (0)20 7066 1000
Fax: +44 (0)20 7066 9798
Website: www.fsa.gov.uk

Send to:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Telephone: +44(0)20 3461 7000
Website: www.bankofengland.co.uk
E-mail: pra-passporting@bankofengland.co.uk

In this form the FSA uses the following terms:

'FSA', 'we', 'our', or 'us' refers to the Financial Services Authority;
'Applicant firm' refers to the firm applying for authorisation and

1 Contact details

1.1 Details of the person we will contact about this application

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

‡ 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 of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? [‡]

Yes ▶ ☐
No ▶ ☐

2.3 Tell us the proposed date for the business to start. [‡]

Date	dd/mm/yy
------	----------

3 Consolidated Life Assurance Directive

- 3.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes' please complete a separate matrix for each EEA State).[‡]**

EEA State		
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"/>

- 3.2 Please give details of the nature of the commitments to be covered in the EEA State(s) concerned.[†]**

[‡] These questions should be completed where the submission of this form is online or in one of the other ways set out in SUP 15.7

4 First, Second and Third Non-Life Insurance Directives

- 4.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes', please complete a separate matrix for each *EEA State*).[†]

EEA State:

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 (refer to note 4.2.1 on next page)	<input checked="" 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 (refer to note 4.2.3 on next page)	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

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

4.2 You must provide details of the nature of the risks to be covered in the EEA State(s) concerned.[†]

Note to Question

4.2

1) If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide the following additional information in section 4.2 (if required by the *EEA State* concerned as part of the *consent notice*):

- the name and address of the claims representative; and
- details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*. 'Claims representative' has the meaning given to it in the *EEA Passport Rights Regulations*.

2) 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 section 4.2.

3) If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 4.2 the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

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

5 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 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. 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 FSA PRA/FCA 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 [†]		
IRN (if applicable)		
Signature [*]		
Date [†]	dd/mm/yy	

I enclose the following sections (mark the appropriate section) ^{*}

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 - Consolidated Life Directive	<input type="checkbox"/>
Section 4 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 5 – Declaration (mandatory)	<input type="checkbox"/>

[†] These questions should be completed where the 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. They should not be completed if the submission of this form is online



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

Passporting Notification of intention to provide cross-border services in another EEA state

Full name Name of firm: [†]

FRN:

BANKING CONSOLIDATION DIRECTIVE

(SUP 13 Annex 4R-Notice under SUP 13.5.2R)

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Banking Consolidation Directive*.

You may also use this form if you are a *UK firm* that wishes to notify ~~us (the FSA)~~ the PRA of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Banking Consolidation 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 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 13)~~. 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 *Banking Consolidation 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 4.
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 4.
3. 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.

The Financial Services Authority

25 The North Colonnade

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Website <http://www.fsa.gov.uk>

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Wales No 1920623. Registered Office as above.

Send to: Prudential Regulation Authority

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London

EC2R 6DA

United Kingdom

Telephone +44 (0) 203 461 7000

Website www.bankofengland.co.uk/PRA

E-mail pra-passporting@bankofengland.co.uk

1 Contact details

1.1 Details of the person we will contact about this notification

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

[†] 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 of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.[†]

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
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Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

Note to Question 2.1

UK firms have the right to provide cross border services to Gibraltar. So, references in this form to an EEA State include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

Recognised Investment Exchanges completing box 2.1 will be indicating EEA states in which they intend to provide access arrangements

[†] 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

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State?[‡]

Yes ▶ ☐

No ▶ ☐

2.3 Tell us the proposed date for the business to start.[‡]

Date	dd/mm/yy
------	----------

3 Banking Consolidation Directive

- 3.1 You must tick the appropriate boxes to show the activities to be provided (if the answer to question 2.2 was 'Yes', please complete a separate matrix for each *EEA State*).[†]

Note to Question

3.1

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*.

EEA State		
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"/>
¥	Additional MiFID services and activities subject to mutual recognition under the BCD*	<input type="checkbox"/>

¥ See separate matrix on next page

[†] 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
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-Z for a full description of MiFID Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA 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

		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"/>

Investment services and activities

(1) Reception and transmission of orders in relation to one or more financial instruments

(2)

Execution of orders on behalf of clients

(3) Dealing on own account

(4) Portfolio management

(5) Investment advice

(6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis

(7) Placing of financial instruments without a firm commitment basis

(8) Operation of Multilateral Trading Facilities

Ancillary services

(1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management

(2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction

(3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings

(4) Foreign exchange services where these are connected to the provision of investment services

(5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments

(6) Services related to underwriting

(7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments

(1) Transferable securities

(2) Money-market instruments

(3) Units in collective investment undertakings

(4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash

(5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)

(6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF

(7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls

(8) Derivative instruments for the transfer of credit risk

(9) Financial contracts for differences

- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

4 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 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. 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 **FSA-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 †		
IRN (if applicable)		
Signature ‡		
Date *	dd/mm/yy	

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

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Banking Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>
Annex 1 – Tied Agent Details	<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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify ~~FSA~~ FCA/PRA when a *UK firm* intends to use a *tied agent* to provide cross-border services in the territory of another *EEA state*.

Tied Agent Details

1	Name of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
2	Address of Tied Agent [†]	<div style="border: 1px solid black; height: 100px;"></div>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<div style="border: 1px solid black; height: 30px;"></div>
4	Telephone number of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
5	Fax number of Tied agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
6	E-mail address of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
7	Website of Tied Agent [†]	<div style="border: 1px solid black; height: 30px;"></div>
8	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Legal Status of Tied Agent[†] </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div style="width: 48%;"> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> </div> </div>	
9	Date of commencement of agreement with your firm [†]	<div style="border: 1px solid black; height: 30px;"></div>

[†] 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



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

Passporting Notification of intention to provide cross border services in another EEA state INSURANCE MEDIATION DIRECTIVE (SUP 13 Annex 5R —Notification under SUP 13.5.2R)

Full name of firm[†] **FIRM NAME:**

FRN: _____

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Insurance Mediation Directive*.

If you are an Appointed Representative ('AR') then this form **must** be completed by the sponsoring firm on your behalf.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Insurance Mediation Directive* (see Schedule 3A 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 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.

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 4.
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 4.
3. All firms should answer sections 1, 2 and 3.
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 dual regulated send to:

The Financial Services Authority

25 The North Colonnade
Canary Wharf
London
E14 5HS

Telephone: +44 (0)20 7066 7188

Fax: +44 (0)20 7066 1000

Website: www.fsa.gov.uk

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Telephone: +44(0)20 3461 7000

Website: www.bankofengland.co.uk

E-mail: pra-passporting@bankofengland.co.uk

1 Contact details

1.1 Details of the person we will contact about this notification

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

[†] 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 of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.[‡]

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

Note to Question

2.1

UK firms have the right to provide cross border services to Gibraltar. So, references in this form to an EEA State include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

2.2 Tell us the proposed date for the business to start^{*,‡}.

Date	dd/mm/yy
------	----------

[‡] 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

^{*} There may be restrictions on the date which business can start which arise from EU law. We will notify you if this applies.

3 Insurance Mediation Directive (IMD)

- 3.1 You must confirm that the **UK firm** wishes to passport under the IMD by ticking the box below.[†]

The <i>firm</i> intends to carry on <i>insurance mediation</i> in the <i>EEA State(s)</i> identified in section 2 by providing <i>cross border services</i> .	<input type="checkbox"/>
---	--------------------------

- 3.2 If this form is in respect of one or more Appointed Representative(s) of the firm then please list below the name(s) and **FSA firm** reference number(s) of those Appointed Representatives

ERN [†] Firm reference number	
Name of Company [†]	
Address Line 1 [†]	
Address Line 2 [†]	
Address Line 3 [†]	
Address Line 4 [†]	
County [†]	
Town [†]	
Postcode/Zip [†]	
EEA State [†]	
Phone Number (including STD code) [†]	
E-mail address [†]	
Mobile number [†]	
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

4 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 seek appropriate professional advice before supplying information to us.

There will be a delay in processing the application notification 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 notification process.

- I understand it is a criminal offence knowingly or recklessly to give the **FSA 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*	dd/mm/yy	

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

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Mediation Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<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



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Passporting Notification of intention to provide cross-border services in another EEA state. (SUP 13 Annex 6R – Notification under SUP 13.5.2R)

Full name of firm

FIRM NAME:
FRN:

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the Undertakings for Collective Investment in Transferable Securities Directive (“the *UCITS Directive*”).

You may also use this form if you are a *UK firm* that wishes to notify us ~~(the FSA)~~ (the regulator) of changes to the details of its current *cross border services*.

Important information you should read before completing this form A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *UCITS Directive* (see Schedule 3 to 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 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.

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 4.
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 4.
3. 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:

~~The Financial Services Authority~~ Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
Telephone: +44 (0)20 7066 4000 7188
Fax: +44 (0)20 70 66 9798
Website: ~~www.fsa.gov.uk~~ www.fca.org.uk
E-mail: 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
E-mail: pra-passporting@bankofengland.co.uk

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

1 Contact details

1.1 Details of the person we will contact about this ~~application~~ notification

FSA <u>Firm</u> reference number	
Contact name	
Telephone number	
Fax number	
Email address	

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. References in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State?

Yes ▶ ☐
No ▶ ☐

2.3 Tell us the proposed date for the business to start.

Date	dd/mm/yy
------	----------

3 Undertakings for Collective Investment in Transferable Securities

3.1 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"/>

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

<p>Note to Question 3.2</p> <p>Provide a programme of operations setting out the activities and services envisaged according to article 6(2) and (3) which must include a description of the risk management process.</p> <p>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 <i>competent authority</i> of the <i>UCITS Home State</i>.</p>

Note: Other Requirements for UCITS management companies

In addition to the submission of this notice to the ~~FSA~~ 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 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 *UCITS Home State*, article 20 provides that reference to the documentation already provided shall be sufficient for the purposes of (1) and (2).

3.3 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.

--

4 Declaration

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. 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 *FSA PRA/FCA* 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	
IRN (if applicable)	
Signature	
Date	dd/mm/yy

I enclose the following sections

Section 1 – Contact details ☐

Section 2 – Details of the services ☐

Section 3 – Undertakings for Collective Investment in Transferable Securities ☐

Section 4 – 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*.

Where to send this form

1) Please address the form to:

~~(a) a member of or for the attention of our Passport Notification Unit, or if submitted with an application for *Part IV permission*, our Authorisation Department; and~~
~~(b) send it to us by one of the methods described in (2) below.~~

~~(2) Please send the form by:~~

~~(a) emailing it to passport.notifications@fsa.gov.uk, if not submitted with an application for *Part*~~

~~*IV Permission*; or~~

~~(b) leaving the application at our Canary Wharf office (see (a) above) and obtaining a timestamped receipt; or~~

~~(c) posting it to The Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS; or~~

~~(d) hand delivering it to a member of the Passport Notification Unit or, if submitted with an application for *Part IV permission*, to the Authorisation Department; or~~

~~(e) faxing it to the Passport Notification Unit on 020 7066 9798 (if not submitted with an application for *Part IV Permission*).~~

~~If you have any questions or need additional information, please contact the Passport Notification Unit on 020 7066 1000 or email passport.notifications@fsa.gov.uk.~~

Notice of intention from a UK firm to exercise the right of establishment in another EEA Member State

Firm name:

Firm reference number:

Intended EEA state(s) of establishment:

Purpose of this form

- *auction regulation* to establish a branch and/or use agents located in another *EEA state*.
- This form assists the ~~FSA's~~ *FCA's* supervision of a branch in another *EEA state* and its cooperation with regulators in other *EEA states*.

For general guidance on the exercise of passport rights by *UK firms*, please refer to *SUP 13*.

Filling in the form

1. When completing the notification, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed send to the email address below.
2. All relevant questions must be answered in full and all relevant documents attached.

If you have any questions in connection with Auction regulation, please call the Firm Contact Centre on: 0845 606 9966 (Call rates may vary) Overseas call +44 20 7066 1000 or E-mail: ~~EmissionsTrading@fca.org.uk~~ EmissionsTrading@fca.org.uk

Emissions Trading Team
The Financial Services ~~Conduct~~ Authority
25 The North Colonnade
Canary Wharf
London, E14 5HS
Telephone: +44 (0)20 7066 ~~4000~~ 7188

E-mail: ~~EmissionsTrading@fca.org.uk~~ EmissionsTrading@fca.org.uk

1. Contact details of the firm in the UK

1.1 Details of the person we can contact about this notification.

Contact name	
FRN	
Position at firm	
Telephone number	+
Email address	@
Web address	www

2. Details about the establishment (branch and/or agents)

2.1 Branch details

Please provide the address of the proposed EEA branch(es)

Address	
Country	
Telephone	
E-mail at the branch	

2.2 Please provide details of the branch manager(s)

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	<i>Direct E-mail:</i>	<i>Direct dial telephone</i>

2.3 Please give the proposed date for the business to start at the branch or the date on which business started at the branch (dd/mm/yyyy).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2.4 Do you intend to use an agent located in another *EEA state* to carry on *auction regulation bidding* in that *EEA state*?

☐Yes ☐No

If 'Yes' please complete sections 2.5 – 2.7.

2.5 Agent details

Name of agent			
Contact name			
Address			
Postcode			
Telephone number			+44(0)
Email address			@

2.6 If you are using more than one agent, please attach their details to this form using the format above.

2.7 Please give the proposed date the agent is to commence business on the firm's behalf or the date on which business commenced (*dd/mm/yyyy*).

--	--	--	--	--	--	--	--	--	--

3. 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. 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 to knowingly or recklessly give the FCA and or PRA information that is false or misleading.
- 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		
Telephone		
E-mail		
Signature		
Date	dd/mm/yy	

Data protection

For the purposes of complying with the Data Protection Act 1998, the personal information in this form will be used by the FSA FCA and or PRA to discharge its statutory functions under the *auction regulation* and other relevant legislation and may be disclosed to third parties for those purposes.

4 Where to send this form

Please email the completed form, together with any required documentation to the Emissions Trading team at: EmissionsTrading@fsa.gov.uk EmissionsTrading@fca.org.uk

Notice of intention to establish a branch in the UK under the auction regulations

Firm name:

Home state reference number:

EEA state of authorisation (home state):

Purpose of this form

You must complete this notification if you are an *incoming EEA firm* that is seeking to exercise an *EEA right* under the *auction regulation* to establish a branch and/or use agents located in the United Kingdom.

This form enables the ~~FSA~~ FCA to supervise a UK establishment of an *incoming EEA firm's* compliance with the *applicable provisions* that apply to that establishment as set out in the ~~FSA~~ Handbook at SUP 13A Annex 1G (Application of the Handbook to Incoming EEA Firms).

Please note that we require an *incoming EEA firm* with an establishment in the UK to have an approved *Money Laundering Reporting Officer*.

For general guidance on the exercise of passport rights in the UK by *incoming EEA firms*, please refer to SUP 13A (Qualifying for authorisation under the Act).

Filling in the form

1. When completing the notification, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed please send to the email address below.

2. All relevant questions must be answered in full and all relevant documents attached.

If you have any questions in connection with Auction regulation, please call the Firm Contact Centre on: 0845 606 9966 (Call rates may vary) Overseas call +44 20 7066 1000 or E-mail:

~~EmissionsTrading@fsa.gov.uk~~ EmissionsTrading@fca.org.uk

Emissions Trading Team
The Financial ~~Services~~ Conduct Authority
25 The North Colonnade
Canary Wharf
London, E14 5HS
Telephone: +44 (0)20 7066 4000 7188 (option 1)

E-mail: ~~EmissionsTrading@fsa.gov.uk~~ EmissionsTrading@fca.org.uk

1. Contact details of the firm in the home state

1.1 Details of the person we can contact about this notification in the home state.

Contact name	
Position at firm	
Telephone number	+
Email address	
Web address	www

2. Details about the establishment

2.1 Branch details

Please provide the address of the UK branch from which we can obtain information about the business.

Address			
Postcode			
Telephone number	+44(0)		
Email address at branch	@		

2.2 Please provide details of the branch manager(s) and (if different) the Money Laundering Reporting Officer

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	<i>Direct E-mail:</i>	<i>Direct dial number</i>

The Money Laundering Reporting Officer (CF11) is required to be registered as an approved person with the FSA and, as an incoming EEA firm should submit the appropriate form in application for this if it has not done so at the time of submitting this form.

2.3 Please give the proposed date for the business to start at the branch or the date on which business started at the branch (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--

2.4 Do you intend to use an agent located in the UK to carry on auction regulation bidding in the UK?

☐ Yes

☐ No

If 'Yes' please complete sections 2.5 – 2.7

2.5 Agent details

Name of agent		
Contact name		
Address		
Postcode		
Telephone number	+44(0)	
E-mail address	@	

2.6 If you are using more than one agent, please attach their details to this form using the format above.

2.7 Please give the proposed date the agent is to commence business on the firm's behalf or the date on which business commenced (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--

3. Details about your authorisation

Requirement	Response
<p><u>Permission to Conduct the Activity</u> Please provide evidence of your authorisation under the <i>auction regulation</i>, including the date on which authorisation was granted by your Home State Regulator</p> <p>NOTE: a copy of the authorisation letter from your Home State Regulator should <u>normally</u> be sufficient evidence of this.</p>	

4. 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. 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 to knowingly or recklessly give the FSA FCA information that is false or misleading.
- 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		
Telephone		
E-mail		
Signature		
Date	dd/mm/yy	

Data protection

For the purposes of complying with the Data Protection Act 1998, the personal information in this form will be used by the FSA FCA to discharge its statutory functions under the *auction regulation* and other relevant legislation, and may be disclosed to third parties for those purposes.

Where to send this form

Please email the completed form, together with any required documentation to the Emissions Trading team at:
EmmissionsTrading@fsa.gov.uk EmissionsTrading@fca.org.uk



Application number
(for FSA FCA /PRA use only)

The ~~FSA~~ has FCA and PRA have produced notes which will assist both the applicant and the notified person in answering the questions in this form. Please read these notes, which are available on ~~the FSA website~~ both FCA and PRA websites at:

http://www.fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc

http://media.fshandbook.info/Forms/notes/imap_formf_notes.doc

<http://www.bankofengland.co.uk/PRA>

Both the applicant and the notified person will be treated by the FSA FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

Form F - Changes in notified persons

~~FSA~~ FCA and PRA Handbook Reference: SUP 15 Annex 2R – Notification under SUP 15.4.1R

1 April 2013

Name of notified person[†]
(to be completed by applicant)

Name of firm[†]

~~The Financial Services Authority~~ Financial
Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.uk
Website <http://www.fsa.gov.uk>
<http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA.firmenquiries@bankofengland.co.uk
Website <http://www.bankofengland.co.uk/PRA>

[†]These The above 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

†

Contact Details

Contact for this application

Title†
First Name†
Surname†
Job Title†
Business address †
Post code†
Phone number (including STD code) †
Email address†
Mobile No†
Fax No. †

These † The above 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

Has the notified person previously been approved by FSA?†

Details of notified person

Is the notified person an approved person?

YES

☐

NO

☐

1.01 a If 'yes' Notified person's FSA Individual Reference Number (IRN)†

b OR name of previous regulatory body†

c AND previous reference number†

1.02 Title
(e.g. Mr, Mrs, Ms, etc)†

1.03 Surname†

1.04 ALL forenames†

1.05 Name commonly known by†

1.06 Date of birth†

1.07 National Insurance number†

1.08 Previous name†

1.09 Date of change†

1.10 Reason for change†

1.11 a Nationality†

b Passport Number†
(If National Insurance number not available)

1.12 Place of birth†



I have supplied further information related to this in Section 6†

YES

☐

NO

☐

These † The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5

1.13 a Private address[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)[†]

1.14 a Previous address 1[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To / /

1.15 a Previous address 2[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To / /



I have supplied further information
related to this in Section 6[†]

YES ☐

NO ☐

~~These~~ The above 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

Firm identification details**Section 2**

~~There are current holder(s) of this notifiable role. Please tick the individuals you wish to withdraw from this role.†~~

IRN	Name	Remove

2.01 Name of *firm* making the application[†]

2.02 **a** ~~FSA~~ Firm Reference Number (FRN)[†]

2.03 **a** Name of Home State regulator[†]

b Country[†]



I have supplied further information
related to this in Section 6[†]

YES ☐

NO ☐

~~These~~ [†] The above 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

Notified Positions**Section 3**

3.01 Notified positions individual is taking over. [†]

a *Firm's* world-wide chief executive where *the person* is situated outside the *United Kingdom* ☐

b The *person*, if not the world-wide chief executive, within the *overseas* firm with a purely strategic responsibility for *UK* operations ☐

c For a *bank*: the two or more *persons* who effectively direct its business in accordance with SYSC 4.2.2 ☐

d For a *UK* branch of an *insurer*: the *authorised UK representative* ☐

3.02 Effective date[†]

/ /

3.03 Individual Reference Number of individual being replaced[†]

3.04 Name of individual being replaced[†]



I have supplied further information related to this in Section 6[†]

YES

☐

NO

☐**Employment history for past 5 years****Section 4**

~~These~~ [†] The above 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

Form F – Changes in notified persons

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Please start with the most recent employment.[†]

Note: ALL gaps in employment must be accounted for

4.01 Employment details (1)

a	Period (mm/yyyy) [†]	From /	To /												
b	Nature of employment [†]	<table><tr><td>a Employed</td><td><input type="checkbox"/></td></tr><tr><td>b Self-employed</td><td><input type="checkbox"/></td></tr><tr><td>c Unemployed</td><td><input type="checkbox"/></td></tr><tr><td>d Full-time education</td><td><input type="checkbox"/></td></tr></table>		a Employed	<input type="checkbox"/>	b Self-employed	<input type="checkbox"/>	c Unemployed	<input type="checkbox"/>	d Full-time education	<input type="checkbox"/>				
a Employed	<input type="checkbox"/>														
b Self-employed	<input type="checkbox"/>														
c Unemployed	<input type="checkbox"/>														
d Full-time education	<input type="checkbox"/>														
	if b, c or d is ticked, please give details [†]														
c	Name of employer [†]														
d	Nature of business [†]														
e	Previous / other names of employer [†]														
f	Last known address of employer [†]														
g	Is / was employer regulated by a regulatory body? [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held [†]														
j	Responsibilities [†]														
k	Reason for leaving [†]	<table><tr><td>a Resignation</td><td><input type="checkbox"/></td></tr><tr><td>b Redundancy</td><td><input type="checkbox"/></td></tr><tr><td>c Retirement</td><td><input type="checkbox"/></td></tr><tr><td>d Termination/dismissal</td><td><input type="checkbox"/></td></tr><tr><td>e End of contract</td><td><input type="checkbox"/></td></tr><tr><td>f Other</td><td><input type="checkbox"/></td></tr></table>		a Resignation	<input type="checkbox"/>	b Redundancy	<input type="checkbox"/>	c Retirement	<input type="checkbox"/>	d Termination/dismissal	<input type="checkbox"/>	e End of contract	<input type="checkbox"/>	f Other	<input type="checkbox"/>
a Resignation	<input type="checkbox"/>														
b Redundancy	<input type="checkbox"/>														
c Retirement	<input type="checkbox"/>														
d Termination/dismissal	<input type="checkbox"/>														
e End of contract	<input type="checkbox"/>														
f Other	<input type="checkbox"/>														
	Specify [†]														



I have supplied further information related to this in Section 6[†]

YES ☐

NO ☐

4.02	a	Period (mm/yyyy) [†]	From /	To /
-------------	----------	-------------------------------	--------	------

~~These~~ [†] The above 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

Form F – Changes in notified persons

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b	Nature of employment [†]	<table border="0"> <tr> <td>a Employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b Self-employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c Unemployed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d Full-time education</td> <td><input type="checkbox"/></td> </tr> </table>	a Employed	<input type="checkbox"/>	b Self-employed	<input type="checkbox"/>	c Unemployed	<input type="checkbox"/>	d Full-time education	<input type="checkbox"/>				
a Employed	<input type="checkbox"/>													
b Self-employed	<input type="checkbox"/>													
c Unemployed	<input type="checkbox"/>													
d Full-time education	<input type="checkbox"/>													
	if b, c or d is ticked, please give details [†]													
c	Name of employer [†]													
d	Nature of business [†]													
e	Previous / other names of employer [†]													
f	Last known address of employer [†]													
g	Is / was employer regulated by a regulatory body? [†]	<table border="0"> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Name of regulatory body</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of regulatory body									
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	<table border="0"> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>If yes, of which <i>firm</i>?</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, of which <i>firm</i> ?									
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held [†]													
j	Responsibilities [†]													
k	Reason for leaving [†]	<table border="0"> <tr> <td>a Resignation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b Redundancy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c Retirement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d Termination/dismissal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e End of contract</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f Other</td> <td><input type="checkbox"/></td> </tr> </table>	a Resignation	<input type="checkbox"/>	b Redundancy	<input type="checkbox"/>	c Retirement	<input type="checkbox"/>	d Termination/dismissal	<input type="checkbox"/>	e End of contract	<input type="checkbox"/>	f Other	<input type="checkbox"/>
a Resignation	<input type="checkbox"/>													
b Redundancy	<input type="checkbox"/>													
c Retirement	<input type="checkbox"/>													
d Termination/dismissal	<input type="checkbox"/>													
e End of contract	<input type="checkbox"/>													
f Other	<input type="checkbox"/>													
	Specify [†]													
<div style="display: flex; align-items: center; margin-top: 20px;"> <div style="margin-right: 10px;">➔</div> <div> I have supplied further information related to this in Section 6[†] </div> <div style="margin-left: 20px;"> YES <input type="checkbox"/> </div> <div style="margin-left: 20px;"> NO <input type="checkbox"/> </div> </div>														

These [†] The above 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

4.03 Employment details (3)

a	Period (mm/yyyy) [†]	From /	To /												
b	Nature of employment [†]	<table border="0"><tr><td>a Employed</td><td><input type="checkbox"/></td></tr><tr><td>b Self-employed</td><td><input type="checkbox"/></td></tr><tr><td>c Unemployed</td><td><input type="checkbox"/></td></tr><tr><td>d Full-time education</td><td><input type="checkbox"/></td></tr></table>		a Employed	<input type="checkbox"/>	b Self-employed	<input type="checkbox"/>	c Unemployed	<input type="checkbox"/>	d Full-time education	<input type="checkbox"/>				
a Employed	<input type="checkbox"/>														
b Self-employed	<input type="checkbox"/>														
c Unemployed	<input type="checkbox"/>														
d Full-time education	<input type="checkbox"/>														
	if b, c or d is ticked, please give details [†]														
c	Name of employer [†]														
d	Nature of business [†]														
e	Previous / other names of employer [†]														
f	Last known address of employer [†]														
g	Is / was employer regulated by a regulatory body? [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held [†]														
j	Responsibilities [†]														
k	Reason for leaving [†]	<table border="0"><tr><td>a Resignation</td><td><input type="checkbox"/></td></tr><tr><td>b Redundancy</td><td><input type="checkbox"/></td></tr><tr><td>c Retirement</td><td><input type="checkbox"/></td></tr><tr><td>d Termination/dismissal</td><td><input type="checkbox"/></td></tr><tr><td>e End of contract</td><td><input type="checkbox"/></td></tr><tr><td>f Other</td><td><input type="checkbox"/></td></tr></table>		a Resignation	<input type="checkbox"/>	b Redundancy	<input type="checkbox"/>	c Retirement	<input type="checkbox"/>	d Termination/dismissal	<input type="checkbox"/>	e End of contract	<input type="checkbox"/>	f Other	<input type="checkbox"/>
a Resignation	<input type="checkbox"/>														
b Redundancy	<input type="checkbox"/>														
c Retirement	<input type="checkbox"/>														
d Termination/dismissal	<input type="checkbox"/>														
e End of contract	<input type="checkbox"/>														
f Other	<input type="checkbox"/>														
	Specify [†]														

These [†] The above 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

4.04 Employment details (4)**a** Period (mm/yyyy) [†]

From / To /

b Nature of employment[†]

- | | |
|------------------------------|--------------------------|
| <i>a</i> Employed | <input type="checkbox"/> |
| <i>b</i> Self-employed | <input type="checkbox"/> |
| <i>c</i> Unemployed | <input type="checkbox"/> |
| <i>d</i> Full-time education | <input type="checkbox"/> |

if b, c or d is ticked, please give details [†]**c** Name of employer[†]**d** Nature of business[†]**e** Previous / other names of employer[†]**f** Last known address of employer[†]**g** Is / was employer regulated by a regulatory body?
[†]Yes ☐ No ☐ Name of regulatory body**h** Is / was employer an *appointed representative/tied agent*[†]Yes ☐ No ☐ If yes, of which *firm*?**i** Position held[†]**j** Responsibilities[†]**k** Reason for leaving[†]

- | | |
|--------------------------------|--------------------------|
| <i>a</i> Resignation | <input type="checkbox"/> |
| <i>b</i> Redundancy | <input type="checkbox"/> |
| <i>c</i> Retirement | <input type="checkbox"/> |
| <i>d</i> Termination/dismissal | <input type="checkbox"/> |
| <i>e</i> End of contract | <input type="checkbox"/> |
| <i>f</i> Other | <input type="checkbox"/> |

Specify[†]I have supplied further information
related to this in Section 6[†]YES ☐NO ☐

~~These~~ [†] The above 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

4.05 Employment details (5)

a	Period (mm/yyyy) [†]	From /	To /								
b	Nature of employment [†]	<table><tr><td>a Employed</td><td><input type="checkbox"/></td></tr><tr><td>b Self-employed</td><td><input type="checkbox"/></td></tr><tr><td>c Unemployed</td><td><input type="checkbox"/></td></tr><tr><td>d Full-time education</td><td><input type="checkbox"/></td></tr></table>		a Employed	<input type="checkbox"/>	b Self-employed	<input type="checkbox"/>	c Unemployed	<input type="checkbox"/>	d Full-time education	<input type="checkbox"/>
a Employed	<input type="checkbox"/>										
b Self-employed	<input type="checkbox"/>										
c Unemployed	<input type="checkbox"/>										
d Full-time education	<input type="checkbox"/>										
	if b, c or d is ticked, please give details [†]										
c	Name of employer [†]										
d	Nature of business [†]										
e	Previous / other names of employer [†]										
f	Last known address of employer [†]										
g	Is / was employer regulated by a regulatory body? [†]										
h	Is / was employer an <i>appointed representative/tied agent</i> [†]										
i	Position held [†]										
j	Responsibilities [†]										
k	Reason for leaving [†]										
	Specify [†]										



I have supplied further information related to this in Section 6[†]

YES ☐

NO ☐

~~These~~ [†] The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5

5.01	a	Has the notified person ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	i.	involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty or		
	ii.	relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies</i> , insurance, banking or other financial services, insolvency, consumer credit or consumer protection, <i>money laundering</i> , market manipulations or <i>insider dealing</i> ?		
	b	Is the notified person the subject of any current criminal proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c	Has the notified person ever been given a caution in relation to any criminal offence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		* –		
5.02		Has the notified person any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.03	a	Has the notified person ever had a County Court Judgment (CCJ) or other judgement debt, (whether or not in the United Kingdom)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Has the notified person had:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	i.	more than 2 CCJs or judgment debts?		
		or		
	ii.	more than £1,000 in total of CCJs or judgment debts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b	Is the notified person aware of anybody's intention to: begin		
	i.	begin more than one set of proceedings against the notified person for a CCJ or other judgment debt? Or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii	claim more than £1,000 of CCJs or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		judgment debts in total from the notified person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.04		Does the notified person have any judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.05		Has the notified person ever failed to satisfy any such judgment debts within one year of the making of the order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.06	a	Is the notified person, or has the notified person ever been, the subject of any bankruptcy proceedings or proceedings for the sequestration of the notified person's estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

These † The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5

- b Has the notified person **ever** entered or is in the process of entering into an agreement in favour of the notified person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

Yes ☐ No ☐



I have supplied further information related to this in Section 6[†]

YES ☐ NO ☐

- 5.07 Does the notified person have any outstanding financial obligations arising from *regulated activities*, which the notified person has carried on in the past (whether or not in the *United Kingdom*)?

Yes ☐ No ☐

(In the case of *advisers*, this will include any outstanding liabilities arising from commissions paid for the sale of *packaged products* that have lapsed.)

- 5.08 Has the notified person **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

Yes ☐ No ☐

- 5.09 Is the notified person, or has the notified person **ever** been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activities?

Yes ☐ No ☐

- 5.10 **Has the notified person ever** (whether or not in the *United Kingdom*) –

- a been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or any fiduciary office or position of trust, whether or not remunerated?

Yes ☐ No ☐

- b been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

Yes ☐ No ☐

- c been disqualified by a court from acting as a *director* of a *company* or from acting in a management capacity or conducting the affairs of any *company*, *partnership* or *unincorporated association*?

Yes ☐ No ☐

- d been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?

Yes ☐ No ☐

- 5.11 In relation to activities regulated by the ~~FSA~~ *FCA* and/or *PRA* or any other regulatory body (see note section 5), has:

i. the notified person, or

ii. any company, partnership or unincorporated association of which the notified person is or has been a controller, director, senior manager, partner or company secretary, during the notified person's association with that entity and for a period of three years after the notified person ceased to be associated with it, **ever** –

- a been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted **by any such body**?

Yes ☐ No ☐

~~These~~ [†] The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5

- b** been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action **by any such body**?
- c** resigned whilst under investigation by, or been required to resign from, **any such body**?
- d** decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by **any such body**, not to proceed with it?
- e** been the subject of any civil action which has resulted in a finding against the notified person or it by a court?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐



I have supplied further information related to this in Section 6†

YES ☐ NO ☐

5.12

Has any *company, partnership* or unincorporated association of which the notified person is or has been a *controller, director, senior manager, partner, or company secretary*, in the *United Kingdom* or elsewhere, at any time during the notified person's involvement or within one year of such an involvement -

- a** been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?
- b** been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?
- c** been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?
- d** been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the *Takeover Panel* or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b))

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

5.13

Is the notified person aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the *controlled functions* for which approval is now sought?

Yes ☐ No ☐

Enter Date of change:-†

These † The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5



I have supplied further information
related to this in Section 6[†]

YES

☐

NO

☐

Supplementary Information †

Section 6

6.01 Is there any other information the notified person of the firm considers to be relevant to the application?
[†]

Please provide full details[†]

6.02

Full details must be provided here if there were any issues that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.[†]

Please indicate clearly which question additional information relates to.[†]

Question	Information

6.03

Include a list of all directorships currently or previously held by the notified person in the past 10 years (where *director* has the meaning given in the *Glossary*).[†]

6.04

Is there any other information the notified person or the *firm* considers to be relevant to the application?[†]

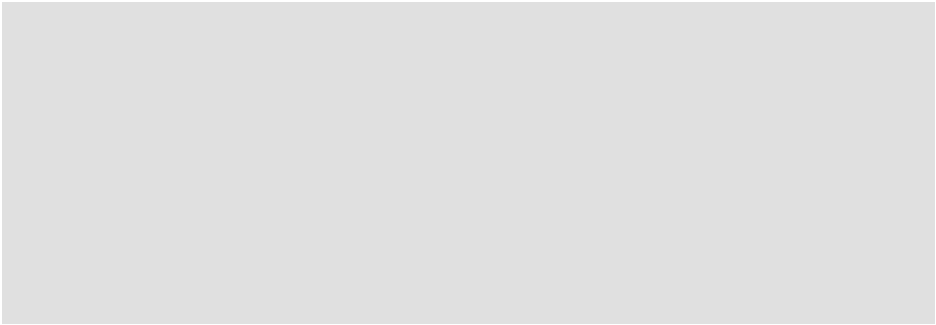
Yes ☐ No ☐

If yes, provide details below or on a separate sheet of paper[†]

~~These~~ † The above 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

Form F – Changes in notified persons

Version 4: June 2010 Version 5



Supporting Documents[†]

Indicate the required supporting documents to accompany this form.

Documents	Mode (Send by Email, Post, or by Fax)

Other information

--

~~These~~ [†] The above 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

Form F – Changes in notified persons

~~Version 4: June 2010~~ Version 5

DECLARATION OF NOTIFIED PERSON[†]

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000).

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another *regulatory body*. If there is any doubt about the relevance of information, it should be included.

Data Protection[†]

For the purposes of complying with the Data Protection Act, the personal information in this Form will be used by the ~~FSA~~ FCA and/or PRA 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.

I can confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the Notes to this Form.

The ~~FSA~~ FCA and/or PRA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. **I authorise the ~~FSA~~ FCA and/or PRA to make such enquiries and seek further information as it thinks appropriate in the course of verifying the information given in this Form. I also understand that the results of these checks may be disclosed to my employer.**

7.01 Notified person's full name[†]

7.02 Signature *

Date[†] / /

☐

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

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission

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

~~These~~ [†] The above 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

DECLARATION OF FIRM[†]

Knowingly or recklessly giving the ~~FSA~~ FCA and/or PRA 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 15.6.1R and SUP 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the ~~FSA~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided.

APER 4.4.67E provides that, where an *approved person* is responsible for reporting matters to the ~~FSA~~ FCA and/or PRA, failure to inform the ~~FSA~~ FCA and/or PRA of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA.

It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the notified person is a fit and proper person to perform the notified position(s) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the notified person is competent to fulfil the duties required of such function(s).

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the Notes to this Form.

I confirm that I have authority to make this notification, and sign this Form, on behalf of each *firm* identified in section 7. I also confirm that a copy of this Form, as submitted to the ~~FSA~~ FCA and/or PRA will be sent to each of those *firms* at the same time as submitting the Form to the ~~FSA~~ FCA and/or PRA.

Name of the *firm* submitting the application[†]

7.03

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature

Date[†]

☐

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

Completion Checklist

Is the Form fully completed? †

Are ALL forenames included? †

Is there a complete five-year employment history with all gaps explained? †

Is the Form correctly signed and dated by both the *firm* making the application and the notified person? †

Has all supplementary information been included and clearly marked? †

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission

† The above 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

These † The above 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

~~N.B. Detach and keep the Notes before returning the completed Form to the FSA. †~~

~~These †~~ The above 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

Form F – Changes in notified persons

~~Version 4: June 2010~~ Version 5

Notes for Form F

Changes in notified persons

The *rule* for notification is set out in SUP 15.4.1R.

The purpose of this Form

This is Form F referred to in SUP 15.4.1R (2).

Membership of the *governing body* of an *overseas firm* with a branch in the *United Kingdom* is not a *controlled function* requiring approval of the ~~FSA~~FCA and/or PRA under the *approved persons* regime. The rule at SUP 15.4.1R (Notified persons) is not made under the powers conferred on the ~~FSA~~FCA and/or PRA by Part V of the *Act* and the *Statements of Principle* do not apply to a *person* notified to the ~~FSA~~FCA and/or PRA under SUP 15.4.1R unless he is also an *approved person*.

An *overseas firm* (excluding an *incoming firm*) must notify the ~~FSA~~FCA and/or PRA within 30 *business days* of any *person* taking up or ceasing to hold the following positions (see SUP 15.4.1R):

- the *firm's* world-wide chief executive if the *person* is based outside the *United Kingdom*;
- the *person*, if not the world-wide chief executive, within the *overseas firm* with a purely strategic responsibility for *UK* operations (see ~~SUP 10.7.4G~~ SUP 10A.7.4G);
- for a *bank*: the two or more *persons* who effectively direct its business in accordance with ~~IPRU (BANK) GN 3.3.1R~~; SYSC 4.2.2.
- for an *insurer*, the *authorised UK representative*.

These notifications must be submitted using this Form. However, if the *person* is an *approved person*, notification can be made by letter giving details of his name and the position to which the notification relates (see SUP 15.4.1R (2)).

If adverse information is revealed about a *person* notified to the ~~FSA~~FCA and/or PRA under SUP 15.4.1R, the ~~FSA~~FCA and/or PRA may exercise its *own-initiative power* against the *firm* (see SUP 15.4.4G).

Completing this Form

The Form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates should be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Indicate clearly if a question is not applicable. Tick the appropriate box where a yes/no answer is required. Further details should be given in section 6 (Supplementary Information) if there is insufficient space for a detailed answer.

Additional information can be attached to the Form. It must be securely attached to the rest of the Form and you must indicate at question 6.03 the number of additional sheets attached.

Do not assume that information is known to the ~~FSA~~FCA and/or PRA merely because it is in the public domain, or has been previously disclosed to the ~~FSA~~FCA and/or PRA or to another *regulatory body*. In all circumstances, disclosures should be full, frank and unambiguous. If there is any doubt about the relevance of information, it should be included. The information supplied by the notified *person* should be verified by the *firm* wherever possible.

Expressions in this Form in italics have the meaning given in the *Glossary to the FSA'S Handbook* (or, if no meaning is given there, the expressions are to be interpreted in accordance with the related expression defined in the *Glossary*).

The *firm* is responsible for the accuracy of the data and completion of the Form. If the Form is not fully and correctly completed, the ~~FSA~~FCA and/or PRA may need to return it for proper completion.

The ~~FSA~~FCA and/or PRA must be informed immediately of any material changes to the information provided in this Form. All changes must be communicated to the ~~FSA~~FCA and/or PRA by the *firm* (see SUP 15.6.4R).

SECTION 1 – PERSONAL IDENTIFICATION DETAILS

If the notified *person* has more than one previous name (surname or forenames), passport number or nationality, or is known by any other names, provide details in section 6.

1.01: If the notified *person* does not have an ~~FSA~~FCA and/or PRA Individual Reference Number or does not know it, include the name of the previous regulator and the previous Individual Reference Number, as applicable.

1.13: *United Kingdom* addresses must be given, or a statement stating that the individual resides abroad.

SECTION 2 – FIRM IDENTIFICATION DETAILS

2.01 & 2.02: This section identifies the *firm* making the application by ~~FSA~~FCA and/or PRA Firm Reference Number (FRN) and name. If the individual will be performing the notified activity in relation to more than one *firm* and this notification is given on behalf of those other *firms*, please list the names and ~~FSA~~FCA and/or PRA Firm Reference Numbers of the other *firms* at section 6.

2.03: The regulatory organisation and country of the *firm's* registered office must also be indicated.

2.04: The *firm* must also indicate a point of contact for any queries in connection with the application.

SECTION 3 – CHANGES TO NOTIFIED PERSONS

The notified position to which this Form relates should be identified, including effective date and, if applicable, the name of individual being replaced.

SECTION 4 – EMPLOYMENT HISTORY FOR PAST 5 YEARS

A full five-year employment history for the notified *person* must be provided – with all gaps explained. If the record of employment does not go back five years, all periods of education and unemployment must be indicated. Full details of any periods of self-employment should also be included.

Always give the address of the actual place of employment, rather than a central head office.

The employment history should be provided in **reverse chronological order**, starting with the most recent period of employment, unemployment etc, but excluding the activity to which this notification relates.

“Regulatory body” in this context means the bodies listed in the notes to section 5 (below).

State the position held by the notified *person* and a brief explanation of his or her duties. If the notified *person's* job title included the word “director” but his or her duties did not include those associated with the title of *director*, as defined in the *Glossary*, this should be indicated.

The reason for leaving each employer must be given. If there were any issues arising on leaving, these must be fully explained in section 6. Previous employers may be contacted.

SECTION 5 – FITNESS AND PROPRIETY

Answer the questions by ticking the relevant 'yes' or 'no' box. If the answer to any of the questions is 'yes', give complete details in section 6 and attach relevant supporting documentation.

When answering question 5.01, all 'spent' convictions must be disclosed by virtue of the Exceptions Order to the Rehabilitation of Offenders Act 1974 and any overseas equivalent of a spent conviction,

5.03-5.06: Court judgments (e.g. County Court Judgments) (and their overseas equivalent) and arrangements with creditors (e.g. Individual Voluntary Arrangements) are covered by questions 5.03 to 5.06. Any outstanding County Court Judgments or arrangements with creditors must be listed in section 6, and the circumstances surrounding them explained.

"Regulatory body" in this context refers to:

- i. self-regulatory organisations including *IMRO, SFA, PIA, LAUTRO, FIMBRA, AFB* and *TSA*;
- ii. the statutory bodies including the ~~FSA~~ *Financial Conduct Authority, Prudential Regulation Authority, the Financial Services Authority*, *SIB*, the *Society of Lloyd's*, the Registry of Friendly Societies, the Friendly Societies Commission, the Building Societies Commission, the Bank of England; HM Treasury – Insurance Directorate (formerly of the DTI), *HM Revenue & Customs* and the *recognised bodies*;
- iii. the *designated professional bodies*; and
- iv. the equivalent of all such ~~regulators~~ regulatory bodies overseas.

SECTION 6 – SUPPLEMENTARY INFORMATION

This section provides space for additional information and should be used whenever a question in section 5 is answered 'yes'.

~~List here all directorships currently held or held in the past 10 years by the candidate.~~

~~Relevant documents must also be provided, such as evidence of the settlements of CCJs~~

SECTION 7 – DECLARATIONS AND SIGNATURES

This section contains declarations which must be signed by both an appropriate individual for the *firm* or applicant submitting the application and the notified *person*. The ~~FSA~~ *FCA* and/or *PRA* considers that an appropriate individual would be someone to whom the *firm* has delegated the authority to notify the ~~FSA~~ *FCA* and/or *PRA*. The *firm* should keep records of those individuals authorised to sign on behalf of the *firm*.

N.B. Please keep these notes before returning the completed Form to the *FCA* and/or *PRA*.

If you have any questions or need additional information, please contact the ~~Firm~~ *FCA Customer Contact Centre* on 0845 606 9966 or *PRA Firm Enquiries* on 020 3461 7000 or via e-mail ~~iva@fsa.gov.uk~~ *iva@fca.org.uk* or *PRA.firmenquiries@bankofengland.co.uk*

~~Please Return Completed Form to:~~
~~The Financial Services Authority~~
~~Individuals, Mutuals and Policy Department~~
~~Financial Conduct Authority~~
~~25 The North Colonnade~~
~~Canary Wharf~~
~~London E14 5HS~~
~~United Kingdom~~

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



[This form may be completed on screen and printed, or printed for completion by hand.](#)

[NOTE: You cannot save the form if you are completing it using Acrobat Reader. It is therefore advisable to assemble all the information you require before completing the form.](#)

[Print as many copies as you require before quitting](#)

[This form can be saved if you are using the full Acrobat application.](#)

[All fields except Signatures may be completed on screen.](#)

[Text in blue will not print.](#)

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

(April 2013)

[Click in any field to enter text. Press tab to go to next field.](#)

Firm name [†]

("The Firm")

Firm reference number [†]

Address [†]

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

Financial Conduct

Services Authority

25 The North Colonnade

~~[†]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~~

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 notification [‡]

§ ^{*}

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~~ FCA or PRA 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 FCA's ~~FSA's~~ Mutuels Team.

Current Legal Status:

(a) Private Limited Company

(b) Public Limited Company

(c) Limited Liability Partnership

(d) Limited Partnership

(e) Sole Trader

(f) Unlimited Liability Company

(g) Partnership

(h) **Other, please specify below**

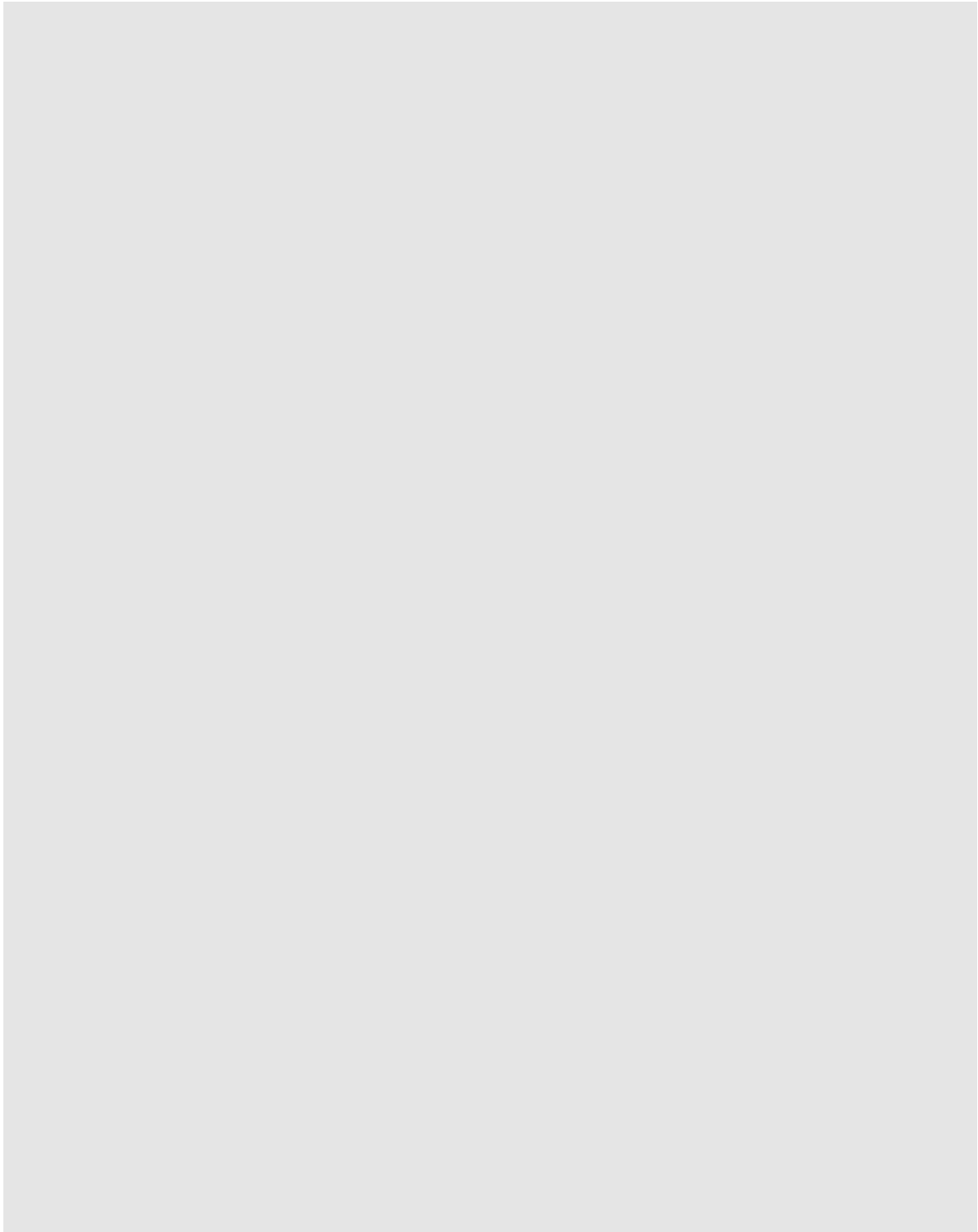
~~*These question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7~~

		S*		
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? [‡]			
1	New full name of <i>firm</i>			

~~‡ 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~~

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	<input type="text"/>	£	*
1a	Please enter the date on which the change becomes effective	<input type="text"/>	/	/£
2	New Trading Name	<input type="text"/>	£	*
2a	Please enter the date on which the change becomes effective	<input type="text"/>	/	/£
3	New Trading Name	<input type="text"/>	£	*
3a	Please enter the date on which the change becomes effective	<input type="text"/>	/	/£
4	New Trading Name	<input type="text"/>	£	*
4a	Please enter the date on which the change becomes effective	<input type="text"/>	/	/£

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

~~*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~~

S*



S*

S* Denotes a mandatory field

If you wish to change the contact details of the Complaints Officer 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 complete 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 Officer

(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

(b) Principal Place of Business

(d) Publication Address

(e) Head Office

(f) CIS UK Facilities Address

(g) Motor claims representative

(c) Billing Address

(h) UK Branch Address

(e) Head Office

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

(b) Principal Compliance Address

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) 3rd Party Administration

(b) Actuary

* 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

(c) Customer Services

(d) EEA Branch Address

Page 6

§_ Denotes a mandatory field

~~* 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~~

(e) Firm Association Branch

(f) Professional Advisor

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.

/ /

§*

~~* 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~~

~~* 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 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 FCA or PRA~~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 FCA or PRA~~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 FCA~~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.

Please enter the new website address:

1 Website (format – www.fca.org~~fca.gov~~.uk):

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

1 Firm name

*
§

~~† 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~~

~~* 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~~

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:

~~† 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~~

~~† 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~~

6 Telephone number.

S*

7 Fax Number

8 Email address

6 Effective date

/ / S*

Warning

Knowingly or recklessly giving the FCA or PRA 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 FCA or PRA and to notify the FCA or PRA *immediately if materially inaccurate information has been provided*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FCA or PRA. It should not be assumed that information is known to the FCA or PRA merely because it is in the public domain or has previously been disclosed to the FCA or PRA 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 Conduct Services Authority and the Prudential Regulation Authority to discharge their ~~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 notification 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 FCA or PRA 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 FCA or PRA on request.
- ☐ I/we will notify the FCA or PRA 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 signatory^{1‡}

Position² of first signatory^{*}

Individual Reference Number (IRN)^{*}

Signature^{*}

Name of second signatory^{1‡}

Position² of second signatory^{*}

Individual Reference Number (IRN)^{*}

Signature^{*}

~~‡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~~

~~*These should only be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7 other than online submissions. It should not be completed if the submission of this form is online.~~

~~June 2010~~

- 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 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~~

~~*These should only be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7 other than online submissions. It should not be completed if the submission of this form is online.~~

~~June 2010~~



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Notification Form

~~(September 2004)~~ (April 2013)

Firm name

("The Firm")

~~FSA-Firm~~ Reference Number

Address

Please return the form, marked for the attention of your ~~normal~~ relevant supervisory contact ~~to~~ as appropriate:

~~The Financial Services Authority~~

Financial Conduct Authority

25 The North Colonnade

Canary Wharf

London

E14 5HS United Kingdom

www.fca.org.uk

fcc@fca.org.uk

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

www.bankofengland.co.uk/PRA

PRA.firmenquiries@bankofengland.co.uk

Telephone +44 (0) 20 7066 1000

Facsimile +44 (0) 20 7066 1099

Telephone +44 (0) 20 3461 7000

The Financial Conduct Authority is registered as a Limited Company in England and Wales No 1920623.
Registered Office as above.

The Prudential Regulation Authority is registered as a Limited Company in England and Wales No
07854923. Registered Office: 8 Lothbury Road, London, EC2R 7HH

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~~ FCA and/or PRA 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; Schedule 6 of the Financial Services and Markets Act 2000);
- where a matter occurs which could have a significant adverse impact on a firm, including its ability to provide adequate services to a customer;
- 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 Modules (SUP). Also, Principle for Businesses No 11 requires a firm to disclose appropriately any information of which the ~~FSA~~ FCA and/or PRA would reasonably expect notice. Other notification requirements are listed in Schedule 2 of many of the other ~~FSA manuals~~ FCA and PRA Modules 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~~ FCA or PRA 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 rule 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**b**)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~~

This Notification should form should not be used for the following purposes:

- changes to Standing Data e.g. change of firm name, address, contact details, website, auditor, accounting reference date). ~~These.~~ (These changes need to be made via the ~~FSA~~ FCA and PRA Standing Data form); or
- Whistle blowing (~~i.e.~~ e.g. revealing a suspected wrongdoing in an organisation.) In these circumstances you should email ~~whistle@fsa.gov.uk~~ whistle@fca.org.uk, or 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)?

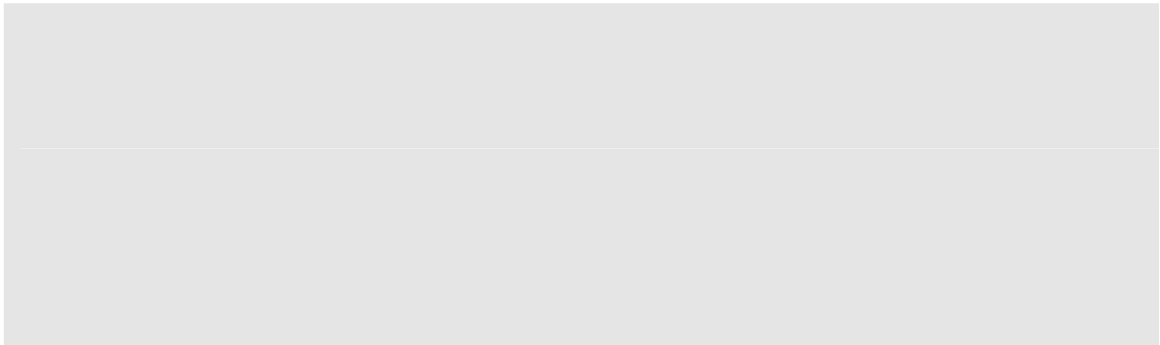
/

/

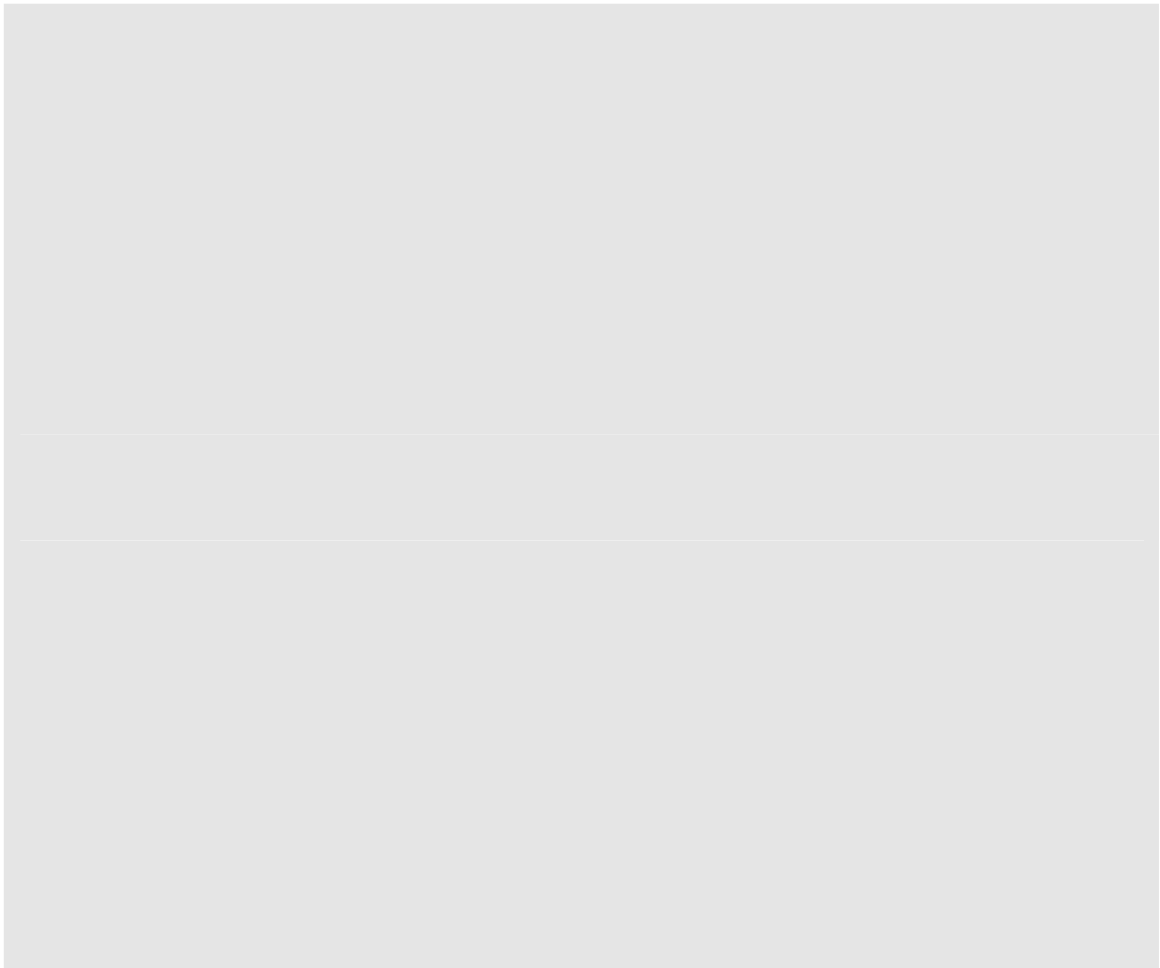
How was the issue resolved?

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~~ FCA and/or PRA 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~~ FCA and/or PRA and to notify the ~~FSA~~ FCA and/or PRA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the ~~FSA~~ FCA and/or PRA. It should not be assumed that information is known to the ~~FSA~~ FCA and/or PRA merely because it is in the public domain or has previously been disclosed to the ~~FSA~~ FCA and/or PRA. 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~~ Financial Conduct Authority and/or the Prudential Regulation 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

- 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~~ FCA and/or PRA 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~~ FCA and/or PRA on request.
- I/we will notify the ~~FSA~~ FCA and/or PRA 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 first signatory¹Position² of first signatory

Individual Registration Number

Signature

Name of second signatory

Position of second signatory

Individual Registration Number

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.

Annex B

Amendments to the Perimeter Guidance manual (PERG)

In this Annex, underlining indicates new text and striking through indicates deleted text.

Certification – Form A

Application for a periodical publication certificate

Full name of applicant proprietor

Full name of publication

Important information you should read before completing this form

This form should only be used to apply for a certificate under article 54 of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001, when the application relates to a newspaper, journal, magazine or other periodical publication. It should not be used for an application relating to a service comprising regularly updated news or information in writing or other legible form or a TV or radio programme. Separate forms are available for these.

For further information please refer to PERG 7: <http://fsahandbook.info/FS/html/handbook/PERG/7>
<http://fsahandbook.info/FS/html/handbook/PERG/7>

Please keep a copy of the forms you complete and any supporting documents you include with this application for your future reference.

For the purposes of complying with the Data Protection Act 1998, please note that any personal information provided to us will be used to discharge our statutory functions under the Financial Services and Markets Act 2000 (FSMA) and other relevant legislation and may be disclosed to third parties for those purposes.

It is important that you provide accurate and complete information and disclose all relevant information. If you do not, it may call into question your suitability to be certified, you may be committing a criminal offence and could face prosecution under section 398 of FSMA regardless of the status of your application.

Terms in this application pack

In this pack, the ~~FSA~~-FCA uses the following terms:

- 'you' refers to the person(s) signing the form on behalf of the applicant firm;
- 'the applicant firm' refers to the firm applying for authorisation;
- 'the ~~FSA~~-FCA', 'we', 'us' or 'our' refers to the Financial ~~Services~~-Conduct Authority;
- FSMA refers to the Financial Services and Markets Act 2000; and
- RAO refers the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001.

Contents of this form

1	Contact details	3
2	Information about the publication	6
3	Application fee	9
4	Declaration of applicant	10

Filling in the form

1 If you are using your computer:

- use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question;
- print out all the parts of 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 does not apply to you, write 'not applicable' and explain why.

4 If you leave a question blank, do not sign the declaration or attach the required supporting information without telling us why, we will have to treat the application as incomplete. This will increase the time we take to assess your application.

5 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.

6 Post the application consisting of:

- this form;
- supporting documents; and
- the application fee to us at:

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

1

Contact details

We need this information in case we need to contact you when we assess your application.

1.1 Contact details of the applicant proprietor

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Mobile number (optional)	
Fax number (including STD code)	
Email address	

1.2 Name of publication

--

1.3 Contact details of publisher
☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Email address	

1.4 Contact details of editor

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

1.5 Contact details for the person handling this application☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

2 Information about your publication

2.1 How is it published?

If the electronic version differs materially from the hard copy, the two versions will need to be considered in separate applications.

- ☐ Hard copy
☐ Electronic form
☐ Both

2.2 How often is it published?

- ☐ Daily
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Biannual
☐ Annual
☐ Other ▶ Give details below

2.3 What is the purpose(s) of the publication?

Please give details of the principal purpose and indicate if this is likely to change in the near future.

2.4 Attach any evidence to support the information given in Question 2.3 and please include details of the documents you have attached below.

- ☐ Business plan
☐ Statements of editorial policy
☐ Marketing literature
☐ Other ▶ Give details below

2.5 Why is the publication considered to qualify for the exclusion?

2.6 Why are you applying for a certificate?

--

2.7 Give details of the estimated average proportion (based on a representative sample of the publication) of material falling within each of the following categories.¹

a) Investment advice ²	%
b) Material which leads to or enables dealing in or acquiring financial products (which is not investment advice) ³	%
c) Material relating to financial products (which is neither advice nor material leading to/enabling dealing in or acquiring financial products investments) ³	%
d) Material that has nothing at all to do with financial product ³	%

Please give details of the criteria you use to distinguish material in (b) and (c). You must include examples of the material contained in the publication to illustrate the allocation of material to each category.

--

¹ For further information please refer to PERG 7:
<http://fshandbook.info/FSA/html/handbook/PERG/7>
<http://fshandbook.info/FS/html/handbook/PERG/7>

² Investment advice means advice of the kind covered by articles 53, 53A, 53B, 53C or 53D RAO taking no account of the exclusion in article 54 RAO.

³ I.e. securities or relevant investments, as defined in article 3 RAO or regulated mortgage contracts, home reversion plans, home purchase plans or sale and rent back agreements.

2.8 What are your circulation figures?

For hard copy publications, give the most recent figures. Show separately any publications available only or partly in electronic form. If the publication is new, give the estimated circulation figures.

	Hard copy	Electronic copy
Number (UK)		
Number (Overseas)		
Period (From) (dd/mm/yyyy)		
Period (To) (dd/mm/yyyy)		

2.9 How have the figures in Question 2.8 been calculated?**2.10 What is the estimated readership in the UK?**

Please give details of the basis on which your estimate was made.

2.11 Please provide information about the readership profile.

Please include details of the source and basis of this information.

2.12 Are you producing monthly or more frequent publications?

- ☐ Yes ▶ You must attach six representative samples of the publication.
- ☐ No ▶ You must attach three representative samples of the publication.
- ☐ Samples attached

Please note, we may ask for further samples.

3 Application fee

You must send a cheque for the appropriate application fee in full with this application pack; otherwise the application will not be processed.

The application fee is £2000

You must pay the full application fee by cheque. **It is not refundable** (even if you decide to withdraw your application).

How to pay

- 1 Make the cheque payable to the Financial ~~Services~~ Conduct Authority. We cannot accept post-dated cheques.
- 2 Write the name of the applicant firm on the back of the cheque.
- 3 Write 'Application for certification' on the back of the cheque.
- 4 Send the cheque with the application pack.

4

Declaration of applicant

This declaration must be signed on behalf of the applicant by the editor.

I undertake to notify the ~~FSA~~ FCA of any significant change in the information provided in this form which occurs after the date of submission of the application and prior to my receiving notification of the ~~FSA's~~ FCA's decision concerning the application.

I confirm that the information given in this application is complete and correct to the best of my knowledge and belief.

Signature	
Name	
Date	(dd/mm/yyyy)

Certification – Form B

Application for a TV or radio service certificate

Full name of applicant proprietor

Full name of TV or radio service

Important information you should read before completing this form

This form should be used to apply for a certificate under article 54 of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001 when the application relates to the broadcast or transmission of TV or radio programmes. It should not be used for an application in relation to a service comprising regularly updated news or information in writing or other legible form or a newspaper or other periodical publication. Separate forms are available for these.

For further information please refer to PERG 7: <http://fsahandbook.info/FSA/html/handbook/PERG/7>
<http://fshandbook.info/FS/html/handbook/PERG/7>

Please keep a copy of the forms you complete and the supporting documents that you include with this application pack for your future reference.

For the purposes of complying with the Data Protection Act 1998, please note that any personal information provided to us will be used to discharge our statutory functions under the Financial Services and Markets Act 2000 (FSMA) and other relevant legislation and may be disclosed to third parties for those purposes.

It is important that you provide accurate and complete information and disclose all relevant information. If you do not, it may call into question your suitability to be certified, and you may be committing a criminal offence and could face prosecution under section 398 of the FSMA regardless of the status of your application.

Terms in this application pack

In this application pack the ~~FSA~~ FCA uses the following terms:

- 'you' refers to the person(s) signing the form on behalf of the applicant firm;
- 'the applicant firm' refers to the firm applying for authorisation;
- ~~the FSA~~ 'the FCA', 'we', 'us' or 'our' refers to the Financial Conduct Authority;
- 'FSMA' refers to the Financial Services and Markets Act 2000; and
- 'RAO' refers to the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001.

Contents of this form

1	Contact details	3	Application form	9
2	Information about the publication	6	Declaration of applicant	10

Filling in the form

1 If you are using your computer:

- use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question;
- print out all the parts of 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 does not apply to you, write 'not applicable' and explain why.

4 If you leave a question blank, do not sign the declaration or do not attach the required supporting information without telling us why, we will have to treat the application as incomplete. This will increase the time we take to assess your application.

5 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.

6 Post the application consisting of:

- this form;
- supporting documents; and
- the application fee to us at:

Permissions Department

~~The Financial Services Authority~~

The Financial Conduct Authority

25 The North Colonnade

Canary Wharf

LONDON

E14 5HS

1

Contact details

We need this information in case we need to contact you when we assess your application.

1.1 Contact details of the applicant proprietor

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Mobile number (optional)	
Fax number (including STD code)	
Email address	

1.2 Name of TV or radio service

--

1.3 Contact details of TV or radio station
☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Email address	

1.4 Contact details of person in day-to-day control of the service

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

1.5 Contact details for the person handling this application☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

2 Information about the service

2.1 What are the means of provision of service?

Please state whether the service is provided solely by means of broadcast / transmission or is also available in some other form.

2.2 What are the broadcasting / transmission times?

2.3 What is the purpose(s) of the broadcast / transmission?

Please give details of the principal purpose and indicate if this is likely to change in the near future.

2.4 You must attach any supporting evidence to support the information given in Question 2.3. Please give details of the documents you have attached below.

- ☐ Business plan
☐ Statements of editorial policy
☐ Marketing literature
☐ Other ▶ Give details below

2.5 Why is the service considered to qualify for the exclusion?

2.6 Why are you applying for a certificate?

--

2.7 Give details of the estimated average proportion of material featured in the service which falls within each of the following categories.¹

a) Investment advice ²	%
b) Material which leads to or enables dealing in or acquiring financial products (which is not investment advice) ³	%
c) Material relating to financial products (which is neither advice nor material leading to/enabling dealing in or acquiring financial products) ³	%
d) Material that has nothing at all to do with financial products ³	%

Please give details of the criteria used to distinguish material in (b) and (c). You must include examples of the material contained in the service to illustrate the allocation of material to each category.

--

2.8 What period was used for the estimate given in Question 2.7? (dd/mm/yyyy)

From

--	--	--	--	--	--	--	--	--	--

To

--	--	--	--	--	--	--	--	--	--

¹ For further information please refer to

<http://fshandbook.info/FSA/html/handbook/PERG/7>
<http://fshandbook.info/FS/html/handbook/PERG/7>

² Investment advice means advice of the kind covered by articles 53, 53A, 53B, 53C or 53D RAO taking no account of the exclusion in article 54 RAO.

³ I.e. securities or relevant investments, as defined in article 3 RAO or regulated mortgage contracts, home reversion plans, home purchase plans or sale and rent back agreements.

2.9 On what basis is this considered to give a representative view?

--

2.10 Please provide details of the audience figures

Give the most recent figures. If the service is new, give the estimated audience figures.
Indicate the period to which the figures relate.

Number (UK)	
Number (Overseas)	
Period (From) (dd/mm/yyyy)	
Period (To) (dd/mm/yyyy)	

2.11 How have the figures in Question 2.10 been calculated?

--

2.12 Please provide information about your listener /viewer profile.

Please give details of the source and basis of information.

--

2.13 Please confirm that you have contacted the ~~FSA~~ FCA to agree the means by which the ~~FSA~~ FCA can access samples of the service concerned.

☐ Yes

3 Application fee

You must send a cheque for the appropriate application fee in full with this application pack; otherwise the application will not be processed.

The application fee is £2,000

You must pay the full application fee by cheque. **It is not refundable** (even if you decide to withdraw your application).

How to pay

- 1 Make the cheque payable to the ~~Financial Services Authority~~ Financial Conduct Authority. We cannot accept post-dated cheques.
- 2 Write the name of the applicant firm on the back of the cheque.
- 3 Write 'Application for certification' on the back of the cheque.
- 4 Send the cheque with the application pack.

4

Declaration of applicant

This declaration must be signed on behalf of the applicant by the person in day-to-day control of the service.

I undertake to notify the ~~FSA~~ FCA of any significant change in the information provided in this form which occurs after the date of submission of the application and prior to my receiving notification of the ~~FSA's~~ FCA's decision concerning the application.

I confirm that the information given in this application is complete and correct to the best of my knowledge and belief.

Signature	
Name	
Date	(dd/mm/yyyy)

Certification – Form C

Application for news or information service certificate

Full name of applicant proprietor

Full name of news or information service

Important information you should read before completing this form

This form should only be used if your application is for a certificate under article 54 of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001 when the application relates to a service comprising regularly updated news or information reading writing or other legible form. This form should not be used for an application relating to a newspaper or other periodical publication or a TV or radio programme. Separate forms are available for these.

For further information please refer to PERG 7: <http://fsahandbook.info/FS/html/handbook/PERG/7>
<http://fshandbook.info/FS/html/handbook/PERG/7>

Please keep a copy of the forms you complete and the supporting documents that you include with this application pack for your future reference.

For the purposes of complying with the Data Protection Act 1998, please note that any personal information provided to us will be used to discharge our statutory functions under the Financial Services and Markets Act 2000 (FSMA) and other relevant legislation and may be disclosed to third parties for those purposes.

It is important that you provide accurate and complete information and disclose all relevant information. If you do not, it may call into question your suitability to be certified, and you may be committing a criminal offence and could face prosecution under section 398 of the FSMA regardless of the status of your application.

Terms in this application pack

In this application pack the ~~FSA~~ FCA uses the following terms:

- 'you' refers to the person(s) signing the form on behalf of the applicant firm;
- 'the applicant firm' refers to the firm applying for authorisation;
- ~~'the FSA'~~ 'the FCA', 'we', 'us' or 'our' refers to the ~~Financial Services Authority~~ Financial Conduct Authority;
- 'FSMA' refers to the Financial Services and Markets Act 2000; and
- 'RAO' refers to the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001.

Contents of this form

1	Contact details	3
2	Information about the publication	6
3	Application fee	9
4	Declaration of applicant	10

Filling in the form

1 If you are using your computer:

- use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question;
- print out all the parts of 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 does not apply to you, write 'not applicable' and explain why.

4 If you leave a question blank, do not sign the declaration or do not attach the required supporting information without telling us why, we will have to treat the application as incomplete. This will increase the time we take to assess your application.

5 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.

6 Post the application consisting of:

- this form;
- supporting documents; and
- the application fee to us at:

Permissions Department

~~The Financial Services Authority~~

The Financial Conduct Authority

25 The North Colonnade

Canary Wharf

LONDON

E14 5HS

1

Contact details

We need this information in case we need to contact you when we assess the application.

1.1 Contact details of the applicant proprietor

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Mobile number (optional)	
Fax number (including STD code)	
Email address	

1.2 Name of service

--

1.3 Contact details of service provider
☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Email address	

1.4 Contact details of person in day-to-day control of the service

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

1.5 Contact details for the person handling this application☐ Tick if same as 1.1

Title	
First names	
Surname	
Address	
Postcode	
Phone number (including STD code)	
Fax number (including STD code)	
Mobile number (optional)	
Email address	

2 Information about the service

2.1 How is the service provided?

Please state whether the service is provided through a website, intranet, teletext or other. Is the service also available in another form?

2.2 How frequent is it?

Is the service available 24 hours per day? If not, indicate dates and times of availability.

2.3 What is the purpose(s) of the broadcast / transmission?

Please give details of the principal purpose and indicate if this is likely to change in the near future.

2.4 Please attach any supporting evidence to support the information given in Question 2.3. Please give details of the documents you have attached below.

- ☐ Business plan
- ☐ Statements of policy
- ☐ Marketing literature
- ☐ Other ▶ Give details below

2.5 Why do you consider the service as qualifying for the exclusion?

2.6 Why are you applying for a certificate?

--

2.7 Does the certificate cover the whole service? If not, how much of it does it cover?

Please define how much of the service the certificate will apply to e.g. if it is a website, will the certificate apply to the whole service or just part of it. If only part, how is the distinction made.

--

2.8 Give details of the estimated average proportion of material featured in the service which falls within each of the following categories.¹

a) Investment advice ²	%
b) Material which leads to or enables dealing in or acquiring financial products (which is not investment advice) ³	%
c) Material relating to financial products (which is neither advice nor material leading to/enabling dealing in or acquiring financial products) ³	%
d) Material that has nothing at all to do with financial products ³	%

¹ PERG 7 contains FSA FCA guidance on material – see

<http://fsahandbook.info/FSA/html/handbook/PERG/7>

<http://fshandbook.info/FS/html/handbook/PERG/7>

² Investment advice means advice of the kind covered by article 53, 53A, 53B, 53C or 53D RAO taking no account of the exclusion in article 54 RAO.

³ I.e. securities or relevant investments, as defined in article 3 RAO or regulated mortgage contracts, home reversion plans, home purchase plans or sale and rent back agreements.

Please give details of the criteria used to distinguish material in (b) and (c). You must include examples of the material contained in the service to illustrate the allocation of material to each category.

--

2.9 What period was used for the estimate given in Question 2.8? (dd/mm/yyyy)

From

		/			/				
--	--	---	--	--	---	--	--	--	--

To

		/			/				
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2.10 On what basis do you consider that this offers a representative view?

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2.11 Please provide us with your audience figures

Give the most recent figures. If the service is new, give the estimated audience figures. Indicate the period to which the figures relate.

Number (UK)	
Number (Overseas)	
Period (From) (dd/mm/yyyy)	
Period (To) (dd/mm/yyyy)	

2.12 How have the figures in Question 2.11 been calculated?

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2.13 Please provide information about the profile and motives of the audience / readership.

Please give details of the source and basis of information.

--

2.14 Please confirm that you have contacted the FSA FCA to agree the means by which we can access samples of your service.

☐ Yes

3 Application fee

You must send a cheque for the appropriate application fee in full with this application pack; otherwise the application will not be processed.

The application fee is £2,000

You must pay the full application fee by cheque. **It is not refundable** (even if you decide to withdraw your application).

How to pay

- 1 Make the cheque payable to the ~~Financial Services Authority~~ Financial Conduct Authority. We cannot accept post-dated cheques.
- 2 Write the name of the applicant firm on the back of the cheque.
- 3 Write 'Application for certification' on the back of the cheque.
- 4 Send the cheque with the application pack.

4

Declaration of applicant

This declaration must be signed on behalf of the applicant by the person in day-to-day control of the service.

I undertake to notify the ~~FSA~~ FCA of any significant change in the information provided in this form which occurs after the date of submission of the application and prior to my receiving notification of the ~~FSA's~~ FCA's decision concerning the application.

I confirm that the information given in this application is complete and correct to the best of my knowledge and belief.

Signature	
Name	
Date	(dd/mm/yyyy)

SCHEDULE A

Part 1

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 59 (Approval for particular arrangements)	Section 59	Section 59
Section 72 (The competent authority)	Part VI	None
Section 73A (Part 6 Rules)	Section 73A	None
Section 74 (The official list)	Section 74	None
Section 75 (Applications for listing)	Section 75	None
Section 77 (Discontinuance and suspension of listing)	Section 77	None
Section 79 (Listing particulars and other documents)	Section 79	None
Section 80 (General duty of disclosure in listing particulars)	Section 80	None
Section 81 (Supplementary listing particulars)	Section 81	None
Section 84 (Matters which may be dealt with by prospectus rules)	Section 84	None
Section 85 (Prohibition of dealing etc in transferable securities without approved prospectus)	Section 85	None
Section 87 (Election to have prospectus)	Section 87	None
Section 87A (Criteria for approval of prospectus by competent authority)	Section 87A	None
Section 87B (Exemptions from disclosure)	Section 87B	None
Section 87G (Supplementary prospectus)	Section 87G	None
Section 88 (Sponsors)	Section 88	None

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 89 (Public censure of sponsor)	Sections 88A-88F	None
Section 89A (Transparency rules)	Section 89A	None
Section 89B (Provision of voteholder information)	Section 89B	None
Section 89C (Provision of information by issuers of transferable securities)	Section 89C	None
Section 89D (Notification of voting rights held by issuer)	Section 89D	None
Section 89E (Notification of proposed amendment of issuer's constitution)	Section 89E	None
Section 89F (Transparency rules: interpretation etc)	Section 89F	None
Section 89G (Transparency rules: other supplementary provisions)	Section 89G	None
Section 89O (Corporate governance rules)	Section 89O	None
Section 96 (Obligations of issuers of listed securities)	Section 96	None
Section 96A (Disclosure of information requirements)	Section 96A	None
Section 96C (Suspension of trading)	Section 96C	None
Section 99 (Fees)	Schedule 1ZA, Paragraph 23.	Schedule 1ZB, Paragraph 31.
Section 99(1) and (2) (Fees)	Schedule 1ZA, Paragraph 23.	Schedule 1ZB, Paragraph 31
Section 100 (Penalties)	Sections 312J and 312K, and schedule 1ZA, Part 2.	None
Section 101 (Part 6 rules: general provisions)	Sections 101 and 137T.	None.
Section 118(8) (Market abuse)	Section 118(8)	None
Section 136(2) (Funding of the legal assistance scheme)	Section 136(2)	None

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 138 (General rule-making power)	Section 137A	Section 137G
Section 138(1) (General rule-making power)	Section 137A(1)	Section 137G(1)
Section 139 (Miscellaneous ancillary matters)	Section 137B	None
Section 139(4) (Miscellaneous ancillary matters)	Section 137B(3)	None
Section 139A (General rules about remuneration)	Sections 137H and 137I	Sections 137H and 137I
Section 140 (Restrictions on managers of certain collective investment schemes)	Section 137A(1)	Section 137G(1)
Section 141 (Insurance business rules)	Section 137A(1)	Section 137G(1)
Section 142(2) (Insurance business: regulations supplementing Authority's rules)	Section 137A(1)	Section 137G(1)
Section 144 (Price stabilising rules)	Section 137Q	None
Section 145 (Financial promotion rules)	Section 137R	None
Section 146 (Money laundering rules)	Section 137A(1)	None
Section 147 (Control of information rules)	Section 137P	Section 137P
Section 148(3) (Modification or waiver of rules)	Section 138A(3)	Section 138A(3)
Section 149 (Evidential provisions)	Section 138C	Section 138C
Section 150(2) (Actions for damages)	Section 138D(3)	Section 138D(1)
Section 156 (General supplementary powers)	Section 137T	Section 137T
Section 213 (The compensation scheme) (including as referred to in section 216(5) (Continuity of long-term insurance policies) and section	Section 213	Section 213

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
217(7) (Insurers in financial difficulties)		
Section 214 (General)	Section 214	Section 214
Section 215 (Rights of the scheme in relevant person's insolvency)	Section 215	Section 215
Section 216 (Continuity of long-term insurance policies)	Section 216	Section 216
Section 217 (Insurers in financial difficulties)	Section 217	Section 217
Section 218(2)(b) (Annual report)	Section 218(2)(b)	Section 218(2)(b)
Section 223 (Management expenses)	Section 223	Section 223
Section 223C (Payments in error)	Section 223C	Section 223C
Section 224F (Rules about relevant schemes)	Section 224F	Section 224F
Section 226 (Compulsory jurisdiction) (including as applied by regulation 125 of the Payment Services Regulations 2009 (SI 2009/209))	Section 226	None
Section 226A(7) (Consumer credit jurisdiction)	Section 226A(7)	None
Section 229 (Awards)	Section 229	None
Section 234 (Industry funding)	Section 234	None
Section 238(5) (Restrictions on promotion)	Section 238(5)	None
Section 239 (Single property schemes)	Section 239	None
Section 242 (Applications for authorisation of unit trust schemes)	Section 242	None
Section 247 (Trust scheme rules)	Section 247	None
Section 248 (Scheme particulars rules)	Section 248	None
Section 278 (Rules as to scheme)	Section 278	None

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
particulars)		
Section 283(1) (Facilities and information in UK)	Section 283(1)	None
Section 293 (Notification requirements)	Section 293	Section 293
Section 293(1) (Notification requirements)	Section 293(1)	Section 293(1)
Section 295 (Notification: overseas investment exchanges and overseas clearing houses)	Section 295	Section 295
Section 300B (Duty to notify proposal to make regulatory provision)	Section 300B	Section 300B
Section 322 (Rules applicable to former underwriting members)	None	Section 322
Section 332(1) (Rules in relation to persons to whom the general prohibition does not apply)	Section 332(1)	None
Section 340 (Appointment)	Section 340	Section 340
Paragraph 17 (Fees) of Schedule 1 (The Financial Services Authority)	Schedule 1ZA, Paragraph 23.	Schedule 1ZB, Paragraph 31.
Paragraph 17(1) (Fees) of Schedule 1 (The Financial Services Authority)	Schedule 1ZA, Paragraph 23(1).	Schedule 1ZB, Paragraph 31(1).
Paragraph 12 of Part 2 (Funding) of Schedule 1A (Further provision about the Consumer Financial Education Body)	Paragraph 12 of Part 2 (Funding) of Schedule 1A (Further provision about the Consumer Financial Education Body)	None
Paragraph 12(1) (Funding of the relevant costs by authorised persons or payment service providers) of Part 2 of Schedule 1A (Further provision about the Consumer Financial Education Body)	Paragraph 12(1) (Funding of the relevant costs by authorised persons or payment service providers) of Part 2 of Schedule 1A (Further provision about the Consumer Financial Education Body)	None
Paragraphs 19 (Establishment) and 20 (Services) of Schedule 3 (EEA Passport Rights)	Paragraphs 19 (Establishment) and 20 (Services) of Schedule 3 (EEA Passport Rights)	Paragraphs 19 (Establishment) and 20 (Services) of Schedule 3 (EEA Passport Rights)

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Schedule 7 (The Authority as Competent Authority for Part VI)	Part VI	None
Paragraphs 1 (General), 4 (Rules), and 7 (Fees) of Schedule 7 (The Authority as Competent Authority for Part VI)	Part VI and Schedule 1ZA Paragraph 23	None
Paragraphs 7(3) (Annual reports), 13 (Authority's procedural rules), 16B (Procedure for complaints etc) and 16D (Enforcement of money awards) of Schedule 17 (The Ombudsman Scheme)	Paragraphs 7(3) (Annual reports), 13 (Authority's procedural rules), 16B (Procedure for complaints etc) and 16D (Enforcement of money awards) of Schedule 17 (The Ombudsman Scheme)	None
Paragraph 13(4) (Authority's procedural rules) of Schedule 17 (The Ombudsman Scheme) to the Act	Paragraph 13(4) of Schedule 17	None

SCHEDULE A

Part 2

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Regulation 6(1) (FSA rules) of the Open-Ended Investment Companies Regulations 2001 (SI 2001/1228)	Regulation 6(1) (FCA rules) of the Open-Ended Investment Companies Regulations 2001 (SI 2001/1228).	None
Article 4(1) (Designation of pre-commencement provisions) of the Financial Services and Markets Act 2000 (Transitional Provisions and Savings) (Rules) Order 2001 (SI 2001/1534)	Section 137A(1)	Section 137G(1)
Article 15 (Record-keeping and reporting requirements relating to relevant complaints) of the Financial Services and Markets Act 2000 (Transitional Provisions) (Ombudsman and Complaints Scheme) Order 2001 (SI 2001/2326)	Article 15 (Record-keeping and reporting requirements relating to relevant complaints) of the Financial Services and Markets Act 2000 (Transitional Provisions) (Ombudsman and Complaints Scheme) Order 2001 (SI 2001/2326)	None
The Financial Services and Markets Act 2000 (Variation of Threshold Conditions) Order 2001 (SI 2001/2507)	None	The Financial Services and Markets Act 2000 (Variation of Threshold Conditions) Order 2001 (SI 2001/2507)
Articles 4 (Pending applications), 6 (Post-commencement applications), 9 (Article 9 defaults occurring before commencement), 9A (Contributions in relation to mesothelioma claims), 10 (Applications in respect of compulsory liability insurance), 12 (Applications under the new scheme) and 23 (Record-keeping and reporting requirements relating to pre-commencement) of the	Articles 4 (Pending applications), 6 (Post-commencement applications), 9 (Article 9 defaults occurring before commencement), 9A (Contributions in relation to mesothelioma claims), 10 (Applications in respect of compulsory liability insurance), 12 (Applications under the new scheme) and 23 (Record-keeping and reporting requirements	Articles 4 (Pending applications), 6 (Post-commencement applications), 9 (Article 9 defaults occurring before commencement), 9A (Contributions in relation to mesothelioma claims), 10 (Applications in respect of compulsory liability insurance), 12 (Applications under the new scheme) and 23 (Record-keeping and reporting requirements

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Financial Services and Markets Act 2000 (Transitional Provisions, Repeals and Savings) (Financial Services Compensation Scheme) Order 2001 (SI 2001/2967).	relating to pre-commencement) of the Financial Services and Markets Act 2000 (Transitional Provisions, Repeals and Savings) (Financial Services Compensation Scheme) Order 2001 (SI 2001/2967).	relating to pre-commencement) of the Financial Services and Markets Act 2000 (Transitional Provisions, Repeals and Savings) (Financial Services Compensation Scheme) Order 2001 (SI 2001/2967).
Articles 9 (Designation of existing provisions to take effect as rules) and 10 (Modifications of existing provisions) of the Financial Services and Markets Act 2000 (Consequential Amendments and Transitional Provisions) (Credit Unions) Order 2002 (SI 2002/1501)	Section 137A(1)	Section 137G(1)
Regulation 3 (Consumer contract requirements: modification of rule-making powers) of the Electronic Commerce Directive (Financial Services and Markets) Regulations 2002 (SI 2002/1775)	Regulation 3 (Consumer contract requirements: modification of rule-making powers) of the Electronic Commerce Directive (Financial Services and Markets) Regulations 2002 (SI 2002/1775)	None
Regulation 2 (Power of the Authority to make rules under section 138 of the Financial Services and Markets Act 2000) of the Financial Services and Markets Act 2000 (Fourth Motor Insurance Directive) Regulations 2002 (SI 2002/2706)	Regulation 2 (Power of the Authority to make rules under section 138 of the Financial Services and Markets Act 2000) of the Financial Services and Markets Act 2000 (Fourth Motor Insurance Directive) Regulations 2002 (SI 2002/2706).	None.
Article 9 (Record-keeping and reporting requirements relating to relevant transitional complaints) of the Financial Services and Markets Act 2000 (Transitional Provisions) (Complaints Relating to General Insurance and Mortgages) Order (SI 2004/454)	Article 9 (Record-keeping and reporting requirements relating to relevant transitional complaints) of the Financial Services and Markets Act 2000 (Transitional Provisions) (Complaints Relating to General Insurance and Mortgages) Order (SI 2004/454).	None
Regulation 2(3) (Application for permission) of the Capital Requirements Regulations 2006 (SI 2006/3221)	Regulation 2(3) (Application for permission) of the Capital Requirements Regulations 2006 (SI 2006/3221)	Regulation 2(3) (Application for permission) of the Capital Requirements Regulations 2006 (SI 2006/3221)
Regulation 82 (Reporting requirements) of the Payment Services Regulations 2009 (SI	Regulation 82 (Reporting requirements) of the Payment Services Regulations 2009 (SI	None

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
2009/209)	2009/209).	
Regulations 86 (Proposal to take disciplinary measures) and 93 (Guidance) of and paragraph 1 of Schedule 5 (Disciplinary powers) to the Payments Services Regulations 2009 (SI 2009/209)	Regulations 86 (Proposal to take disciplinary measures) and 93 (Guidance) of and paragraph 1 of Schedule 5 (Disciplinary powers) to the Payments Services Regulations 2009 (SI 2009/209).	None
Regulation 92 (Costs of supervision) of the Payment Services Regulations 2009 (SI 2009/209)	Regulation 92 (Costs of supervision) of the Payment Services Regulations 2009 (SI 2009/209).	None
Regulation 49 (Reporting requirements) of the Electronic Money Regulations 2011 (SI 2011/99).	Regulation 49 (Reporting requirements) of the Electronic Money Regulations 2011 (SI 2011/99).	None
Regulation 59 (Costs of supervision) of the Electronic Money Regulations 2011 (SI 2011/99).	Regulation 59 (Costs of supervision) of the Electronic Money Regulations 2011 (SI 2011/99).	None
Articles 3 (Further power for Authority to make rules concerning mesothelioma claims) and 4 (Modification of FSMA in relation to FSA rules for mesothelioma claims) of the Compensation Act 2006 (Contribution for Mesothelioma Claims) Regulations 2006 (SI 2006/3259)	None	Article 3 (Further power for PRA to make rules concerning mesothelioma claims) and 4 (Modification of FSMA in relation to FSA rules for mesothelioma claims) of the Compensation Act 2006 (Contribution for Mesothelioma Claims) Regulations 2006 (SI 2006/3259).
Regulations 8 (Applications for registration), 9 (Applications for admission to the register of issuers), 18 (Notification requirements), 20 (Material changes to the regulated covered bond), 24 (Requirements relating to the asset pool), 25 (Change of owner), 36 (financial penalties policy statement), 46 (Modifications of primary and secondary legislation) of, and paragraph 5 (fees) to the Schedule (Modifications to primary and secondary legislation) to, the Regulated Covered Bonds Regulations 2008 (SI 2008/346)	Regulations 8 (Applications for registration), 9 (Applications for admission to the register of issuers), 18 (Notification requirements), 20 (Material changes to the regulated covered bond), 24 (Requirements relating to the asset pool), 25 (Change of owner), 36 (financial penalties policy statement), 46 (Modifications of primary and secondary legislation) of, and paragraph 5 (fees) to the Schedule (Modifications to primary and secondary legislation) to, the Regulated Covered Bonds Regulations 2008	None

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority made rules	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
	(SI 2008/346).	

SCHEDULE A

Part 3

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority issued codes	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 64(2) (Conduct: statements and codes)	Section 64(2)	Section 64(2)
Section 119 (The code)	Section 119	None
Section 120 (Provisions included in the Authority's code by reference to the City Code)	Section 120	None
Section 121 (Codes: procedure)	Section 121	None

SCHEDULE A

Part 4

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority issued statements	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 63C(1) (Statement of policy)	Section 63C(1)	Section 63C(1)
Section 64 (Conduct: statements and codes)	Section 64	Section 64
Section 64(1) (Conduct: statements and codes)	Section 64(1)	Section 64(1A)
Section 69 (Statement of policy) (including as applied by paragraph 1 of Schedule 5 to the Payment Services Regulations 2009 (SI 2009/209) and paragraph 1 of Schedule 3 to the Electronic Money Regulations 2011 (SI 2011/99).)	Section 69	Section 69
Section 69(1) (Statement of policy)	Section 69(1)	Section 69(1)
Section 93 (Statement of policy)	Section 93	None
Section 93(1) (Statement of policy)	Section 93(1)	None
Section 124 (Statement of policy)	Section 124	None
Section 124(1) (Statement of policy)	Section 124(1)	None
Section 131J(1) (Statement of policy)	Section 131J(1)	None
Section 165B(6) (Safeguards etc in relation to exercise of power under section 165A)	None	Section 165B(6)
Section 169(9) (Investigations etc in support of overseas regulator) (including as applied by paragraph 3 of Schedule 5 to the Payment Services Regulations 2009 (SI 2009/209) and paragraph 3 of Schedule 3 to the Electronic Money Regulations 2011 (SI 2011/99).)	Section 169(9)	Section 169(9)
Section 210 (Statements of policy) (including as applied by regulation 86(6) of the Payment Services Regulations 2009 (SI 2009/209) and regulation 53 (6) of the	Section 210	Section 210

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority issued statements	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Electronic Money Regulations 2011 (SI 2011/99).)		
Section 210(1) (Statements of policy)	Section 210(1)	Section 210(1)
Section 395 (The Authority's procedures) (including as applied by paragraph 7 of Schedule 5 to the Payment Services Regulations 2009 (SI 2009/209) and paragraph 8 of Schedule 3 to the Electronic Money Regulations 2011 (SI 2011/99).)	Section 395	Section 395
Section 395(5) (The Authority's procedures)	Section 395(5)	Section 395(5)
Section 404(3) (Consumer redress schemes)	Section 404(3)	None
Section 404A (Rules under s404: supplementary)	Section 404A	None

SCHEDULE A

Part 5

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority issued statements	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Regulation 42 (Guidance) of the Regulated Covered Bonds Regulations 2008 (SI 2008/346)	Regulation 42 (Guidance) of the Regulated Covered Bonds Regulations 2008 (SI 2008/346).	None
Regulation 44 (Warning notices and decision notices) of the Regulated Covered Bonds Regulations 2008 (SI 2008/346)	Regulation 44 (Warning notices and decision notices) of the Regulated Covered Bonds Regulations 2008 (SI 2008/346).	None
Regulation 93 (Guidance) of the Payment Services Regulations 2009 (SI 2009/209)	Regulation 93 (Guidance) of the Payment Services Regulations 2009 (SI 2009/209).	None
Regulation 60 (Guidance) of the Electronic Money Regulations 2011 (SI 2011/99).	Regulation 60 (Guidance) of the Electronic Money Regulations 2011 (SI 2011/99).	None

SCHEDULE A

Part 6

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority directed, required or specified:	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 51 (Applications under this Part)	Section 55U	Section 55U
Section 60 (Applications for approval)	Section 60	Section 60
Section 148(3) (Modification or waiver of rules)	Section 138A(3)	Section 138A(3)
Section 182 (Notification)	Section 179	None
Section 218A (Authority's power to require information)	Section 218A	Section 218A
Section 242 (Applications for authorisation of unit trust schemes)	Section 242	None
Section 250 (Modification or waiver of rules)	Section 250	None
Sections 250(4) and (5) (Modification or waiver of rules)	Sections 250(4) and (5)	None
Section 270(6)(b) (Schemes authorised in designated countries or territories)	Section 270(6)(b)	None
Section 274 (Applications for recognition of individual schemes)	Section 274	None
Section 287 (Application by an investment exchange)	Section 287	None
Section 294 (Modification or waiver of rules)	Section 294	Section 294
Section 294(2) (Modification or waiver of rules)	Section 294(2)	Section 294(2)
Section 316 (Direction by Authority)	Section 316	Section 316
Section 317 (The core provisions)	Section 317	Section 317
Section 318 (Exercise of powers through Council)	Section 318	Section 318
Paragraph 5(4) (Notice to	Paragraph 5(4) (Notice to UK	Paragraph 5(4) (Notice to UK

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority directed, required or specified:	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Authority) of Schedule 4 (Treaty Rights)	Regulator) of Schedule 4 (Treaty Rights)	Regulator) of Schedule 4 (Treaty Rights)

SCHEDULE A

Part 7

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority directed, required or specified	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Regulations 7(3) and (4) (Modification or waiver of FSA rules) and 12 (Application for authorisation) of the Open-Ended Investment Companies Regulations 2001 (SI 2001/1228)	Regulations 7(3) and (4) (Modification or waiver of FSA rules) and 12 (Application for authorisation) of the Open-Ended Investment Companies Regulations 2001 (SI 2001/1228).	None
Regulation 49 (Reporting requirements) of the Electronic Money Regulations 2011 (SI 2011/99).	Regulation 49 (Reporting requirements) of the Electronic Money Regulations 2011 (SI 2011/99).	None

SCHEDULE A

Part 8

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority made complaints schemes	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Paragraph 7 (Arrangements for the investigation of complaints) of Schedule 1 (The Financial Services Authority)	Part 6 of the Financial Services Act 2012	Part 6 of the Financial Services Act 2012

SCHEDULE A

Part 9

Column 1	Column 2	Column 3
Provisions of the 2000 Act under which the Authority gave guidance	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Section 157 (Guidance)	Section 139A	None
Section 157(1) (Guidance)	Section 139A(1)	None
Section 158A (Guidance on outsourcing by investment firms and credit institutions)	None	None

SCHEDULE A

Part 10

Column 1	Column 2	Column 3
Provisions of other enactments under which the Authority gave guidance	Corresponding provisions: Financial Conduct Authority	Corresponding provisions: Prudential Regulation Authority
Article 11(1) (Guidance) of the Financial Services and Markets Act 2000 (Transitional Provisions and Savings) (Rules) Order 2001 (SI 2001/1534)	Section 139A(1)	None
Article 14 (Guidance on continued provisions) of the Financial Services and Markets Act 2000 (Consequential Amendments and Transitional Provisions) (Credit Unions) Order 2002 (SI 2002/1501)	Article 14 (Guidance on continued provisions) of the Financial Services and Markets Act 2000 (Consequential Amendments and Transitional Provisions) (Credit Unions) Order 2002 (SI 2002/1501)	None
Articles 9D (Applications for certificates) and 9F (Revocation of certificate on request) of the Regulated Activities Order	Articles 9D (Applications for certificates) and 9F (Revocation of certificate on request) of the Regulated Activities Order	None
Articles 9G (Obtaining information from certified persons etc) and 9H (Rules prohibiting the issue of electronic money at a discount) of the Regulated Activities Order	Articles 9G (Obtaining information from certified persons etc) and 9H (Rules prohibiting the issue of electronic money at a discount) of the Regulated Activities Order	None
Section 123 of the Banking Act 2009	Section 123 of the Banking Act 2009	Section 123 of the Banking Act 2009
Regulation 14 (Guidance) of the Cross-Border Payments in Euro Regulations 2010 (SI 2010/89)	Regulation 15 of the Payments in Euro (Credit Transfers and Direct Debits) Regulations 2012 (SI 2012/3122)	None
Regulation 60 (Guidance) of the Electronic Money Regulations 2011 (SI 2011/99).	Regulation 60 (Guidance) of the Electronic Money Regulations 2011 (SI 2011/99).	None

