

ONLINE SUBMISSION AND MANDATORY FORMS INSTRUMENT 2004

Powers exercised

- A. The Financial Services Authority makes this instrument in the exercise of the following powers and related provisions in the Financial Services and Markets Act 2000 (“the Act”):
- (1) section 51(3)(a) (Applications under this Part);
 - (2) section 138 (General rule-making power);
 - (3) section 157(1) (Guidance); and
 - (4) section 182(1) (Notification).
- B. The rule-making powers listed above are specified for the purpose of section 153(2) (Rule-making instruments) of the Act.

Commencement

- C. This instrument comes into force on 1 November 2004.

Amendments to the Supervision manual

- D. The Supervision manual is amended in accordance with Annexes A and B to this instrument.

Citation

- E. This instrument may be cited as the Online Submission and Mandatory Forms Instrument 2004.

By order of the Board
20 October 2004

Annex A

Amendments to the Supervision manual

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

- 3.3.2 R A *firm* to which this section applies (see *SUP* 3.1) must:
- (1) ...
 - (2) notify the *FSA*, without delay, on the form in *SUP* 15 Ann 2R (Standing data form), in accordance with the instructions on the form, when it is aware that a vacancy in the office of auditor will arise or has arisen, giving the reason for the vacancy;
 - ...
 - (5) notify the *FSA* of the appointment of an auditor, on the form in *SUP* 15 Ann 2R (Standing data form), in accordance with the instructions on the form, advising the *FSA* of the name and business address of the auditor appointed and the date from which the appointment has effect.
- ...
- 6.3.15 D (1) ~~A If a firm which wishes to apply for a variation of *Part IV* permission, it must ~~do so in writing~~ complete and submit to the *FSA* the form in *SUP* 6 Ann 5D (Variation of permission application form), explaining the variation it seeks.~~
- ...
- 6.3.17 G (1) ~~Subject to *SUP* 6.3.20G, there is no application pack for a variation of *Part IV* permission. Instead, a *firm* should send an application under *SUP* 6.3.15D to its usual supervisory contact at the *FSA*. This application should set out the requirements in *SUP* 6.3.16G in as much detail as possible, together with a detailed description of the reasons and circumstances that have given rise to the request. [deleted]~~
- (2) ~~However, a A firm is ...~~
- ...
- 6.4.5 D (1) ~~If a *firm* wishes to cancel its *Part IV* permission, it must ~~write~~ complete and submit to the *FSA* the form in *SUP* 6 Ann 6D (Cancellation of permission application form) ~~giving the reasons for its application to cancel its *Part IV* permission~~, and the date on which the *firm* has ceased, or expects to cease, to carry on *regulated activities*. The *firm* must explain the full circumstances of its application.~~

...

- (3) ~~A firm's application for cancellation of Part IV permission must be served in the ways set out in SUP 15.7 (Form and method of notification)-[deleted]~~

...

Insert after SUP 6 Ann 4G the following two new links to forms (the forms are detailed in Annex B):

:

SUP 6 Ann 5D: Variation of permission application form

SUP 6 Ann 6D: Cancellation of permission application form

...

- 8.3.3A G (1) The FSA's preferred method of submission for *waiver* applications is by e-mail or by online submission at www.fsa.gov.uk.

...

- 10.13.3 ~~G~~D A firm ~~should~~ must use Form E ...

...

- 11.3.7 D A notification ("notice of *control*") given to the FSA by a *person* who is acquiring *control* or increasing his *control* over a *firm*, in a way described in SUP 11.4.2R(1) to (4), must:

- (1) in the case of a *controller* or a proposed *controller* who is not an *authorised person*, contain the information required in:

...

- (2) in all other cases, contain the information required in Controllers Form A, sections 1, 5 and 6 (SUP 11 Ann4 D)-; and

- (3) if a notification is not submitted on the relevant form specified in (1) or (2), provide reasons why that form was not used.

...

- 11.3.11 G The FSA, for administrative reasons, expects notifications within SUP 11.3.7D to be given on Controllers Form A or Controllers Form B, as appropriate. If notifications are not made on these forms the applicant must inform FSA of the reasons for not using them. Copies of Controllers Form A and Controllers Form B are available on the FSA's website at www.fsa.gov.uk. ...

...

- 12.7.1 R (1) *A firm* which appoints an *appointed representative* must complete and submit give written notice of the appointment to the FSA the form in SUP 12 Ann 3R (Appointed representative appointment form) in accordance with the instructions on the form and not more than ten *business days* after the date the appointment takes effect.
- (2) ~~*A firm's* notification under (1) must be given to a member of or addressed for the attention of the Authorisation and Approvals Department (Authorisation teams) at the address given in SUP 12.7.5R [deleted]~~

...

- 12.7.4 G (1) ~~*Firms* can obtain a standard notification form from either the FSA website at www.fsa.gov.uk or by post from the Corporate Authorisation department [Monitoring and Notifications Department¹].~~
- (2) ~~*A firm's* notice under SUP 12.7.1 R should be returned to the department at the address below. [deleted]~~

...

- 12.7.7 R (1) ~~*A firm* must give written notice on the relevant form to the FSA of~~ Where there is a change in any of the information provided to the FSA under SUP 12.7.1R, a *firm* must complete and submit to the FSA the form in SUP 12 Ann 4R (Appointed representative notification form) in accordance with the instructions on the form and within ten *business days* of a that change being made or, if later, as soon as ~~it~~ the *firm* becomes aware of the change. The Appointed representative notification form notice must state that the information has changed.
- (2) ~~*A firm's* notification under (1) [and (2)²] must be given to a member of or addressed for the attention of the Authorisation and Approvals Department (Authorisation teams) [Monitoring and Notifications Department³] at the address given in SUP 12.7.5R. [deleted]~~

- 12.7.8 R (1) ~~*A firm* must give written notice to the FSA a~~ As soon as it a *firm* has reasonable grounds to believe that any of the conditions in SUP 12.4.2R or SUP 12.4.6R (as applicable) are not satisfied, or are likely not to be satisfied, in relation to any of its *appointed representatives*, it must complete and submit to the FSA the form in SUP 12 Ann 4R (Appointed representative notification form), in accordance with the instructions on the form.
- (2) ...

¹ Deleted text was due to come into force on 14 January 2005.

² Deleted text was due to come into force on 14 January 2005.

³ Deleted text was due to come into force on 14 January 2005.

- (3) ~~A firm's notification under (1) must be given to a member of or addressed for the attention of the Corporate Authorisation department at the address given in SUP 12.7.5R [deleted]~~

...

12.8.1 R If either the *firm* or the *appointed representative* notifies the other that it proposes to terminate the contract of appointment or to amend it so that it no longer meets the requirements contained or referred to in SUP 12.5 (Contracts: required terms), the *firm* must:

- (1) ~~complete and submit give written notice to the FSA the form in SUP 12 Ann 5R (Appointed representative termination form) in accordance with the instructions on the form and no more than ten business days after the date of the decision to terminate or so amend the contract or, if later, as soon as it becomes aware that the contract is to be or has been terminated or amended;~~
- (2) ~~include in the written notice the reason for the termination or amendment, if the termination or amendment is due to misconduct or the appointed representative is resigning while under investigation by the firm, the FSA, another regulator, a clearing house, an exchange, a designated professional body, or a government body or agency; [deleted]~~
- (3) ~~if relevant, include in the written notice details of action taken by the firm and, if applicable, its outcome; and [deleted]~~
- (4) ~~ensure that the written notice is given to a member of or addressed for the attention of the Corporate Authorisation department at the address given in SUP 12.7.5R.[deleted]~~

...

Insert after SUP 12 Ann 2G the following four new links to forms (the forms are detailed in Annex B):

[SUP 12 Ann 3R: Appointed representative appointment form](#)

[SUP 12 Ann 4R: Appointed representative notification form](#)

[SUP 12 Ann 5R: Appointed representative termination form](#)

...

15.7.1 R A notification required from a *firm* under any *notification rule* must be given in writing, and in English, and must be submitted on the form specified for that notification rule, or if no form is specified, on the form in SUP 15 Ann 3R (Notification form), and must give the *firm's* FSA Firm Reference Number unless:

...

15.7.2 G A *firm* should have regard to the urgency and significance of a matter and, if appropriate, should also notify its usual supervisory contact at the *FSA* by telephone or by other prompt means of communication, before submitting a written notification....

...

15.7.4 R Unless stated in the *notification rule* or on the relevant form (if specified)
...

15.7.5 R Table: Methods of Notification

...

5. Fax to a fax number for the *firm's* usual supervisory contact at the *FSA* and receiving a successful transmission report for all pages of the notification, followed by delivery by one of methods 1–4 in this table ~~within five business days after the date of the faxed notification~~

6. Online submission via the *FSA's* website at www.fsa.gov.uk.

...

Insert after SUP 15 Ann 1R the following links to forms (the forms are detailed in Annex B):

SUP 15 Ann 2R: Standing data form

SUP 15 Ann 3R: Notification form

...

16.3.9 R Table Method of submission of reports (see SUP 16.3.8R)

...

5. Fax to the number notified by the firm's usual supervisory contact at the *FSA*, ~~followed by submission by one of the methods 1–4 in this table within 5 business days after the date of the faxed submission~~ and receiving a successful transmission report for all pages of the report.

...

16.9.3 R (1) A *firm* must:

(a) submit a report to the *FSA* annually, in the form of an amended copy of the relevant extract from the *FSA Register*, containing the information in (2);

...

...

16.9.5 G ~~The information required by SUP 16.9.3R or SUP 16.9.4R should be provided in the form of an amended copy of the relevant extract from the *FSA Register*. [deleted]~~

...

Annex B

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

The forms referred to in Annex A as detailed in Annex B are set out sequentially below.

SUP 6 Ann 5D: Variation of permission application form

SUP 6 Ann 6D: Cancellation of permission application form

SUP 12 Ann 3R: Appointed representative appointment form

SUP 12 Ann 4R: Appointed representative notification form

SUP 12 Ann 5R: Appointed representative termination form

SUP 15 Ann 2R: Standing data form

SUP 15 Ann 3R: Notification form

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 6 Ann 5D: Variation of permission application form



Variation of Part IV Permission (VOP)

Application Form

(September 2004)

Firm name

("The Firm")

FSA reference number

Address

The Financial Services Authority
Variation of Permission ('VOPs') Team
Regulatory Decisions Department
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.

Purpose of this form

This form will help you apply to vary the permission of your firm.

It may look long but it should be relatively straightforward to complete. For the majority of applications, completing this form will make it clear to us (the Financial Services Authority – ‘the FSA’) what you want to do and provide the information we need. However, you may be required to submit further information if necessary.

You should read through this form before you attempt to complete it to ensure that you can vary your permission in the way you want to, you have all the information required and have taken any additional steps necessary.

- **Authorisation and Permission**

Under section 19 of the Financial Services and Markets Act 2000 (FSMA 2000), no firm may carry on a regulated activity in the United Kingdom, or claim to do so, unless the firm is authorised by us or is an exempt person. This is referred to as the general prohibition. It is a serious offence, or ‘breach of the general prohibition’, if a firm conducts regulated activities within the UK and is not authorised or exempt.

When authorising a firm, we give the firm a permission - a “Part IV permission”. This lists all the services covered by FSMA 2000 ('regulated activities') that the firm is allowed to offer. For each of the regulated activities it will say what products ('investment types') the firm can offer in connection with that activity and to which class(es) of client ('customer types').

For example, an IFA’s permission might include:

- Regulated activity: Advising (excluding Pension Transfers/Opt Outs).
- Investment types related to this regulated activity: Certificates representing certain security, Debenture, Government and public security, Life Policy, Rights to or interests in investments (Contract Based Investments), Rights to or interests in investments (Security), Share, Stakeholder pension scheme, Unit, Warrant.
- Clients for this activity and these investment types: Intermediate Customer, Private Customer.

Note that in this example the IFA's permission does not allow it to give advice to Market Counterparties, nor would it be allowed to give advice on products not listed such as futures or Contracts for Difference.

If a firm decides that it wants to undertake a new type of business, extend a business line into a new product or to a new class of people, it must decide if this means that it needs to change its permission. If we do not regulate the business or service (the ‘activity’), then the firm will not need to apply for a change of permission. If we do regulate the activity, then before the firm starts doing the new activity, or starts doing an existing activity with a new investment type or customer type, it must apply to us for a variation of its Part IV permission. We must approve the variation before the firm can start the business. In making this decision, we are required by law to consider whether the firm will continue to meet the minimum standards for authorised firms. These standards are referred to as the Threshold Conditions. These are

detailed in the Threshold Conditions section of the FSA Handbook, which is referred to as COND. You will find this on our website at www.fsa.gov.uk/vhb/html/cond/CONDtoc.html.

If a firm undertakes regulated business that is not covered by its permission, we can take enforcement action against the firm.

Similarly, if a firm ceases a business line or restricts the way it undertakes it in some way, it should consider whether it should remove a regulated activity or change the client types or instruments associated with a regulated activity. A permission should only reflect the activities that a firm undertakes.

- **Limitations and Requirements**

A permission may contain a ‘requirement’. This can restrict the way in which a firm can act in regard to the regulated activities listed. Requirements may be positive or negative, either requiring a firm to take specified action or not to take any action. This may extend to activities which are not regulated.

Some requirements restrict the way a permission can work, so that the firm fits a particular definition of a type of firm referred to in the FSA Handbook e.g. Oil Market Participants, Corporate Finance Firms, Venture Capital Firms. For example a common requirement for Venture Capital Firms is “the firm must not conduct designated investment business other than Venture Capital business”.

A particular regulated activity in the permission may have a ‘limitation’. These enable us to limit the description of a regulated activity as we see appropriate. A limitation may restrict the circumstances in which an activity may be carried out. For example, a common limitation for insurance firms is “the permission to accept deposits is limited to accepting deposits in the course of carrying on insurance business for which the insurer has a permission”.

A firm can apply to have requirements and limitations added, removed or changed.

Be aware

When you vary your permission you must be aware that:

- for certain types of variation you may be charged an application fee, which you must pay even if you withdraw the application or it is refused;
- your FSA periodic fee may increase or decrease;
- you may have to demonstrate how your firm has enhanced its systems and controls to take into account new risks your firm faces by doing new types of business; and
- your firm’s financial category may change, so your financial resource requirements could increase.

You should fully understand how these points will affect your firm before completing this form.

Getting help

If you have problems completing this application form you may find it helpful to consult the FSA Handbook:

- SUP 6.3 and Annex 2 for general information on VOP applications;
- AUTH 2 for information on regulated activities, instruments etc; and

- SUP 20 and AUTH 4.1 for fees.

If this does not resolve your problems then you should discuss the application with your usual supervisory contact at the FSA or seek professional help. If your questions specifically relate to how to complete this form then please contact the VoPs Team at the contact details at the end of this section.

- **Time to process this application**

We will attempt to process your application as quickly as possible. In doing so we will endeavour to meet any relevant dates you notify us of but to help us with this you should make any application in plenty of time. However, please note that we have six months to consider an application for variation of permission once received and deemed complete (see SUP 6.3.35G).

- **Complex variations**

If you are applying to add one of the activities listed in Table 1.2(c) below to your permission then you should be aware that you will be asked to complete further forms and provide more information, including all or part of an Authorisation Pack. This is because these will cause a fundamental change to the way you should run and control your business. You will be advised on this after we receive this application form.

- **Fee Blocks and Fees**

Authorised firms are required to pay annual periodic fees while they are authorised by us. Firms are categorised into groups that conduct similar types of business called Fee-blocks. The Fee-blocks determine the amount of fees that are charged to a firm in a particular category. This allows us to minimise any cross subsidising of one sector to another and ensure that similar businesses are charged fees on a similar basis. It is the regulated activities that determine which Fee-blocks a firm is in. This means that varying your permission can change the annual periodic fees that a firm pays.

Typically, the permission granted to an Independent Financial Adviser would cause the firm to be allocated to fee-blocks A.12 or A.13.

- **A.12** – Advisers, arrangers, dealers, brokers (holding and/or controlling client money and/or client assets).
- **A.13** – Advisers, arrangers, dealers, brokers (NOT holding and/or controlling client money and/or client assets).

Changing investment types and / or client types should not affect the Fee-blocks a firm is in but changing a requirement may. For example, removing a requirement to restrict the business of a firm to corporate finance will change a firm's fees.

Variation of Permission Application fees

Your firm will have to pay an application fee if the variation you are applying for brings you into one of the Fee-blocks listed below for the first time. This is not refundable if you do not go ahead with the variation or if we refuse the variation. You do not have to pay a fee if you do not enter one of the fee blocks below. The questions in this form will help you determine whether you need to pay an application fee.

Table 1.2 - Variation of permission application fee

This table is taken from AUTH 4, Annex 1R.

(a) Straightforward (£1,000)

New Fee Block	Descriptions
A.3	Friendly societies
A.4	Friendly societies
A.12	Advisory arrangers, dealers or brokers (holding or controlling client money and/or assets)
A.13	Advisory arrangers, dealers or brokers (not holding or controlling client money and/or assets)
A.14	Corporate finance advisers

(b) Moderately complex (£2,500)

New Fee Block	Descriptions
A.1	E-money issuers only
A.5	Managing agents at Lloyd's
A.7	Fund Managers (holding or controlling client money and/or assets)
A.9	Operators, trustees and depositaries of collective investment schemes
A.10	Firms dealing as principal

(c) Complex (£12,500)

New Fee Block	Descriptions
A.1	Deposit acceptors (excluding e-money issuers and credit unions)
A.3	Firms conducting insurance activities subject only to prudential regulation (excluding friendly societies)
A.4	Firms conducting insurance activities subject to both prudential and conduct of business regulation (excluding friendly societies)

Changes to periodic fees

If your firm is granted an additional permission or extends an existing permission during the course of a year, which takes you into a different Fee-block, then the periodic fees that you will be charged in future years will change. Also, an additional periodic fee will also be charged for the current year. The exact amount payable for the current year will depend on the date in our financial year when the permission is changed. The fee is a set proportion of the full annual periodic fee. The proportions payable are set out in Table 1.3 below.

Table 1.3 - Proportion of full periodic fee payable for part-year authorisations

Quarter in which the permission is changed	• Proportion payable
1 April to 30 June inclusive	100%
1 July to 30 September inclusive	75%
1 October to 31 December inclusive	50%

1 January to 31 March inclusive	25%
---------------------------------	-----

If a firm reduces or renounces its permission or recognition during our financial year, then we will give no refund of periodic fees.

If a firm formally applies to vary its permission before the start of a new fee period (1 April each year), and the permission is reduced within three months of the start of the new fee period, we will not charge a fee for any fee-block that applied to the firm before the variation took effect.

SUP 20 Annex 1 R (www.fsa.gov.uk/vhb/html/SUP/SUP20Annex1.html) contains the fee rules and may be used for detailed information on Fee-blocks. You will find further information at www.fsa.gov.uk/fees .

Instructions for submission

When completed, submit this application form by post to:

Variation of Permission ('VoPs') Team
Regulatory Decisions Department
The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS

If you are requesting multiple variations, for example adding more than one activity, please copy the relevant section for each change as appropriate. Please note that all questions marked with an asterisk (*) are mandatory and must be answered.

- 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
- 3 If you have a specific target date for a decision on this application enter it here: / /

We will attempt to process your application as quickly as possible and, if feasible, endeavour to meet this date. However, we have six months to consider an application once received and deemed complete (See SUP 6.3.35G).

Change Client Money Requirement

Section Ba

Answer this question if you are requesting to hold or control client money or assets or to cease doing so, otherwise consider Section Bb.

We (the FSA) require firms that hold and/or control client money or assets to follow the Client Assets Sourcebook (CASS). You should read and be aware of your obligations under CASS.

- A1 New Client Money Requirement (please tick one):
 - Hold and Control Client Money
 - Control but not hold Client Money
 - Not hold and not control Client Money
 - Hold and control client money in respect of non-investment insurance contracts (Insurance Mediation activities only)
- A2 If you are applying to cease to hold client money then you must include 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.
- A3 What type of account will your firm use to hold Client Money? (please tick one)

- Statutory Trust
- Non Statutory Trust
- Risk Transfer
- Not Applicable (Please explain why below):

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| A4 Is the account held at an approved bank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'Not Applicable' or 'No', please explain why below:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| A5 Does this bank meet the requirements imposed under CASS 4.3? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'Not Applicable' or 'No', please explain why below:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| A6 Have you read and understood the Client Money rules that you are required to abide by? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered 'Not Applicable' or 'No', please explain why below:

Answer this question if you are requesting to add a new requirement, otherwise consider Section Bc.

Please select **either** a standard requirement from Appendix A (attached to this form), or enter a non-standard requirement. Please also explain why you would like the new requirement to be added.

B1 Standard Requirement:

If applicable, please enter the reference number and short description of the requirement that is being applied for (see Appendix A):

Ref Number Short description

Ref Number	Short description

B2 Non-Standard Requirement **hererer:**

B3 Please explain why you would like this new requirement to be added:

*

Change Requirement

Section Bc

Answer this question if you are requesting a change to an existing requirement, otherwise consider Section Bd.

Please state the current requirement that you wish to change:

*

C1 Please detail the change to the above requirement:

*

C2 Please explain why you would like this requirement to be changed:

*

Delete Requirement

Section Bd

Answer this question if you are requesting to delete an existing requirement, otherwise consider Section Be.

Please state the current requirement that you wish to delete:

*

D1 Please explain why you would like this requirement to be deleted:

*

Answer this question if you are requesting regulated activities to be added to your permission, otherwise consider Section Bf.

Please select a new activity, its associated customer types and investment types, and explain why you would like the new activity to be added.

E1 Please choose an Activity Category and an Activity

Activity Category	Activities	
Insurance Business	<input type="checkbox"/> <i>Effecting contracts of insurance</i>	<input type="checkbox"/> <i>Carrying out contracts of insurance</i>
Accepting Deposits	<input type="checkbox"/> <i>Accepting Deposits</i>	<input type="checkbox"/>
Designated Investment Business	<input type="checkbox"/> <i>Establishing, operating or winding up a regulated collective investment scheme</i>	<input type="checkbox"/> <i>Establishing, operating or winding up an un-regulated collective investment scheme</i>
	<input type="checkbox"/> <i>Acting as trustee of an authorised unit trust scheme</i>	<input type="checkbox"/> <i>Acting as the depository or sole director of an open-ended investment company</i>
	<input type="checkbox"/> <i>Establishing, operating or winding up a stakeholder pension scheme</i>	<input type="checkbox"/> <i>Dealing in investments as principal</i>
	<input type="checkbox"/> <i>Arranging safeguarding and administration of assets</i>	<input type="checkbox"/> <i>Safeguarding and administration of assets (without arranging)</i>
	<input type="checkbox"/> <i>Managing Investments</i>	<input type="checkbox"/> <i>Advising on pension transfers and pension opt-outs</i>
	<input type="checkbox"/> <i>Sending dematerialised instructions</i>	<input type="checkbox"/> <i>Causing dematerialised instructions to be sent</i>
	<input type="checkbox"/> <i>Dealing in investments as agent</i>	<input type="checkbox"/> <i>Arranging (bringing about) deals in investments</i>
	<input type="checkbox"/> <i>Making arrangements with a view to transactions in investments</i>	<input type="checkbox"/> <i>Advising on investments (except pension transfers and pension opt-outs)</i>
	<input type="checkbox"/> <i>Agreeing to carry on a regulated activity</i>	<input type="checkbox"/>
The Lloyd's Market	<input type="checkbox"/> <i>Advising on syndicate participation at Lloyd's</i>	<input type="checkbox"/> <i>Managing the underwriting capacity of a Lloyd's syndicate as a managing agent at Lloyd's</i>
	<input type="checkbox"/> <i>Arranging (bringing about) deals in investments</i>	<input type="checkbox"/> <i>Making arrangements with a view to transactions in investments</i>
	<input type="checkbox"/> <i>Agreeing to carry on a regulated activity</i>	<input type="checkbox"/>
Funeral Plan Providers	<input type="checkbox"/> <i>Entering as provider into a funeral plan contract</i>	<input type="checkbox"/> <i>Agreeing to carry on a regulated activity</i>
Regulated Mortgages	<input type="checkbox"/> <i>Advising on regulated mortgage contracts</i>	<input type="checkbox"/> <i>Arranging (bringing about) regulated mortgage contracts</i>

		<i>Making arrangements with a view to regulated mortgage contracts</i>	<input type="checkbox"/>	<i>Entering into regulated mortgage contracts (mortgage lending)</i>	<input type="checkbox"/>
		<i>Administering regulated mortgage contracts</i>	<input type="checkbox"/>	<i>Agreeing to carry on a regulated activity</i>	<input type="checkbox"/>
Insurance Mediation	<input type="checkbox"/>	<i>Dealing in investments as agent</i>	<input type="checkbox"/>	<i>Arranging (bringing about) deals in investments</i>	<input type="checkbox"/>
		<i>Making arrangements with a view to transactions in investments</i>	<input type="checkbox"/>	<i>Advising on investments (except pension transfers and pension opt-outs)</i>	<input type="checkbox"/>
		<i>Agreeing to carry on a regulated activity</i>	<input type="checkbox"/>	<i>Assisting in administration of insurance</i>	<input type="checkbox"/>

E2 Please choose the customer types associated with the new activity

All	<input type="checkbox"/>	Intermediate Customer	<input type="checkbox"/>	Market Counterparty	<input type="checkbox"/>
Private Customer	<input type="checkbox"/>	Retail Customer (insurance mediation only)	<input type="checkbox"/>	Commercial Customer (insurance mediation only)	<input type="checkbox"/>
Customer (regulated mortgages only)	<input type="checkbox"/>				

E3 Please choose the investment types associated with the new activity

Insurance business

Accident	<input type="checkbox"/>	Sickness	<input type="checkbox"/>	Land Vehicles	<input type="checkbox"/>
Railway rolling stock	<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	Ships	<input type="checkbox"/>
Goods in transit	<input type="checkbox"/>	Fire and natural forces	<input type="checkbox"/>	Damage to property	<input type="checkbox"/>
Motor vehicle liability	<input type="checkbox"/>	Aircraft liability	<input type="checkbox"/>	Liability of ships	<input type="checkbox"/>
General liability	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Suretyship	<input type="checkbox"/>
Miscellaneous financial loss	<input type="checkbox"/>	Legal Expenses	<input type="checkbox"/>	Assistance	<input type="checkbox"/>
Life and annuity	<input type="checkbox"/>	Marriage and birth	<input type="checkbox"/>	Linked long-term	<input type="checkbox"/>
Permanent health	<input type="checkbox"/>	Tontines	<input type="checkbox"/>	Capital redemption	<input type="checkbox"/>
Pension fund management	<input type="checkbox"/>	Collective insurance	<input type="checkbox"/>	Social insurance	<input type="checkbox"/>

Accepting deposits

Deposit	<input type="checkbox"/>
---------	--------------------------

Designated Investment Business

Share	<input type="checkbox"/>	Debenture	<input type="checkbox"/>	Government or public security	<input type="checkbox"/>
Warrant	<input type="checkbox"/>	Certificate representing certain security	<input type="checkbox"/>	Unit	<input type="checkbox"/>
Stakeholder pension scheme	<input type="checkbox"/>	Rights to interests in investment – security	<input type="checkbox"/>	Option (excluding a commodity option and an option on commodity futures)	<input type="checkbox"/>
Commodity future	<input type="checkbox"/>	Contract for differences (excluding a spread bet and a rolling spot forex contract)	<input type="checkbox"/>	Spread Bet	<input type="checkbox"/>
Rolling spot forex contract	<input type="checkbox"/>	Life policy	<input type="checkbox"/>	Rights to interests in investment – contractually based investment	<input type="checkbox"/>

The Lloyd’s Market

Membership of a Lloyd's syndicate	<input type="checkbox"/>	Underwriting capacity of a Lloyd's syndicate	<input type="checkbox"/>	Rights to interests in investment	<input type="checkbox"/>
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Funeral Plan Providers

Funeral plan contract

Regulated Mortgages

Regulated mortgage contract

Insurance Mediation

Non-investment insurance contract

E4 Please detail any limitation(s) you would like to add to this activity:

E5 Please explain why you would like to add this activity:

*

Answer this question if you are requesting to delete an activity, otherwise consider Section Bg.

Please state the activity and activity category that you wish to delete:

• Activity: *

• Activity Category: *

F1 Please explain why you would like this activity to be deleted:

*

Answer this question if you are requesting to change a customer type, otherwise go to Section Bh.

Please state the activity and activity category that you wish to change the customer type for:

- Activity: *

- Activity Category: *

Amendments to customer types may affect your exemption status under DISP 1.1.7R, Dispute Resolution: Complaints and COMP 13.3.1, Compensation: Funding. This is particularly relevant if you are adding or removing the customer type 'private'. 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.

G1 Current Customer type(s) (please tick as appropriate):

All	<input type="checkbox"/>	Intermediate Customer	<input type="checkbox"/>	Market Counterparty	<input type="checkbox"/>
Private Customer	<input type="checkbox"/>	Retail Customer (insurance mediation only)	<input type="checkbox"/>	Commercial Customer (insurance mediation only)	<input type="checkbox"/>
Customer (regulated mortgages only)	<input type="checkbox"/>				

G2 Please select your new customer types:

All	<input type="checkbox"/>	Intermediate Customer	<input type="checkbox"/>	Market Counterparty	<input type="checkbox"/>
Private Customer	<input type="checkbox"/>	Retail Customer (insurance mediation only)	<input type="checkbox"/>	Commercial Customer (insurance mediation only)	<input type="checkbox"/>
Customer (regulated mortgages only)	<input type="checkbox"/>				

G3 Please explain why you wish to change the customer type:

Answer this question if you are requesting to change/add/delete a limitation, otherwise consider Section Bi.

Please state the activity and activity category that you wish to change the customer type for:

- Activity: *

- Activity Category: *

- New limitations - for each limitation, please enter the details of the new limitation in the box provided. (If you require more than one limitation to be added to this activity, please copy this sheet and attach to this application).

- Change/deletion of current limitations – please detail the limitation that you wish to change or delete. (If you require more than one limitation to be added to this activity, please copy this sheet and attach to this application.)

- Do you wish to: Delete this limitation
 Change this limitation (please detail the change below)

- Please explain why you would like this limitation to be changed:

 *

Answer this question if you are requesting changes to investment types, otherwise go to Section C.

Please state the activity and activity category that you wish to change the customer type for:

Activity: *

Activity Category: *

Please select the current investment types and new investment types you wish to be associated with this activity:

	Current Inv Type	New Inv Type		Current Inv Type	New Inv Type		Current Inv Type	New Inv Type
Accident	<input type="checkbox"/>	<input type="checkbox"/>	Sickness	<input type="checkbox"/>	<input type="checkbox"/>	Land Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Railway rolling stock	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	Ships	<input type="checkbox"/>	<input type="checkbox"/>
Goods in transit	<input type="checkbox"/>	<input type="checkbox"/>	Fire and natural forces	<input type="checkbox"/>	<input type="checkbox"/>	Damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle liability	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft liability	<input type="checkbox"/>	<input type="checkbox"/>	Liability of ships	<input type="checkbox"/>	<input type="checkbox"/>
General liability	<input type="checkbox"/>	<input type="checkbox"/>	Credit	<input type="checkbox"/>	<input type="checkbox"/>	Suretyship	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous financial loss	<input type="checkbox"/>	<input type="checkbox"/>	Legal Expenses	<input type="checkbox"/>	<input type="checkbox"/>	Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Life and annuity	<input type="checkbox"/>	<input type="checkbox"/>	Marriage and birth	<input type="checkbox"/>	<input type="checkbox"/>	Linked long-term	<input type="checkbox"/>	<input type="checkbox"/>
Permanent health	<input type="checkbox"/>	<input type="checkbox"/>	Tontines	<input type="checkbox"/>	<input type="checkbox"/>	Capital redemption	<input type="checkbox"/>	<input type="checkbox"/>
Pension fund management	<input type="checkbox"/>	<input type="checkbox"/>	Regulated mortgage contract	<input type="checkbox"/>	<input type="checkbox"/>	Collective insurance	<input type="checkbox"/>	<input type="checkbox"/>
Social insurance	<input type="checkbox"/>	<input type="checkbox"/>	Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Membership of a Lloyd's syndicate	<input type="checkbox"/>	<input type="checkbox"/>
Underwriting capacity of a Lloyd's syndicate	<input type="checkbox"/>	<input type="checkbox"/>	Rights to interests in investment	<input type="checkbox"/>	<input type="checkbox"/>	Share	<input type="checkbox"/>	<input type="checkbox"/>
Debenture	<input type="checkbox"/>	<input type="checkbox"/>	Government or public security	<input type="checkbox"/>	<input type="checkbox"/>	Warrant	<input type="checkbox"/>	<input type="checkbox"/>
Certificate representing certain security	<input type="checkbox"/>	<input type="checkbox"/>	Unit	<input type="checkbox"/>	<input type="checkbox"/>	Stakeholder pension scheme	<input type="checkbox"/>	<input type="checkbox"/>

Rights to interests in investment – security	<input type="checkbox"/>	<input type="checkbox"/>	Option (excluding a commodity option and an option on commodity futures)	<input type="checkbox"/>	<input type="checkbox"/>	Commodity future	<input type="checkbox"/>	<input type="checkbox"/>
Contract for differences (excluding a spread bet and a rolling spot forex contract)	<input type="checkbox"/>	<input type="checkbox"/>	Spread Bet	<input type="checkbox"/>	<input type="checkbox"/>	Rolling spot forex contract	<input type="checkbox"/>	<input type="checkbox"/>
Life policy	<input type="checkbox"/>	<input type="checkbox"/>	Funeral plan contract	<input type="checkbox"/>	<input type="checkbox"/>	Rights to interests in investment – contractually based investment	<input type="checkbox"/>	<input type="checkbox"/>
Non-investment insurance contract	<input type="checkbox"/>	<input type="checkbox"/>						

Please explain why you would like to change the investment types:

*

Varying your permission can generate a variation of permission application fee and vary your periodic fees.

If an application fee is due, you are required to pay the fee before your application is considered. **This fee is non-refundable. You will not be invoiced for the application fee.**

Fee Blocks

- A1 Deposit acceptors
- A1 E-money issuers only
- A2 Mortgage lenders and administrators
- A3 Firms conducting insurance activities subject only to prudential regulation
- A3 Friendly Societies
- A4 Firms conducting insurance activities subject to both prudential and conduct of business regulation
- A4 Friendly Societies
- A5 Managing agents at Lloyd's
- A6 The Society of Lloyd's
- A7 Fund managers
- A9 Operators, trustees and depositories of collective investment schemes (CIS)
- A10 Firms dealing as principal
- A12 Advisers, arrangers, dealers, brokers (holding and/or controlling client money and/or client assets)
- A13 Advisers, arrangers, dealers, brokers (NOT holding and/or controlling client money and/or client assets)
- A14 Corporate finance advisers
- A18 Mortgage lenders, advisers and arrangers
- A19 General Insurance mediation

4 Which fee block(s) are you currently in?

5 Which fee block(s) will your firm be in after the variation?

6 Application fee payable: (see Table 1.2 of the notes at front of application form for assistance)

£

All application fees must be paid by cheque within 5 business days of the date this form is submitted. We can only consider your application once we have received your application fee as well as the form.

Please make the cheque payable to The Financial Services Authority, with your firm reference number and name written on the back, and send it to us with the form.

7 I confirm that the firm is ready and willing to pay the application fee (please tick to confirm)

Adding certain regulated activities will require you to have certain approved persons to perform Controlled Functions. You must have identified these people and ensured that they are competent to undertake the required functions.

Similarly, removing some activities may require you to remove Controlled Functions.

You should consider this before continuing with your application. If you require further help with this please call the Approved Persons Helpline on 0207 066 0019 or e-mail iva@fsa.gov.uk. The Controlled Functions that relate directly to activities are:

Regulated Activity	CF	Controlled Function
Advising on investments (except pension transfers and pension opt-outs)	CF21	Investment adviser
There is no single activity that covers this function. Ceasing business will require you to remove these approved persons and commencing this business will require you to have this controlled function.	CF22	Investment adviser (trainee)
	CF23	Corporate Finance adviser
Advising on pension transfers and pension opt-outs	CF24	Pension transfer specialist
Advising on syndicate participation at Lloyd's	CF25	Advisor on syndicate participation at Lloyd's
Dealing in investments as agent	CF26	Customer trading
Managing investments	CF27	Investment management

Controlled functions required Yes No

Will the change require new approved persons or additional controlled functions for existing approved persons in relation to the application? See SUP 6.3.8G.

Yes No N/A

8a Have you submitted the required Approved Person 'Form A' application form?

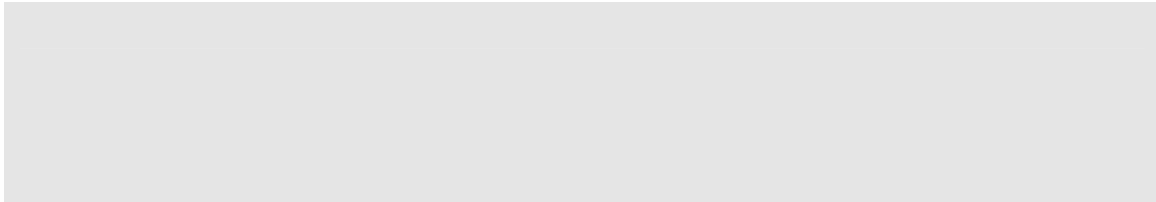
8b If you have answered 'Not Applicable' or 'No', please explain why below:

8c Please provide the names of applicant(s) for the new controlled functions:

Controlled functions no longer required Yes No N/A

9a The changes that you have requested may result in current controlled functions no longer being required. The FSA will now remove the specific functions from the profiles of the relevant approved persons. Do you accept this?

9b If you have answered 'Not Applicable' or 'No', please explain why below:



Person responsible for insurance intermediation

Every 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 (or in the case of a sole trader, to himself) performing:

- a governing function; or
- the apportionment and oversight function; or
- the significant management (other business operations) function.

The person will appear on the FSA Register as the person responsible for insurance mediation at the firm, and any appointed representatives that carry on insurance mediation activity on behalf of the firm. The FSA Register is a public record of all authorised firms and appointed representatives and lists the main contact name for each firm. Note that responsibility for insurance mediation is not a controlled function. This means that an approved person application will not be required if an existing approved person will take on this responsibility.

10 If applicable, what is the name of the individual that the firm has appointed to be responsible for insurance mediation?

Title

Forename

Surname

Please consult the chapter of AUTH specified or other parts of the Handbook referred to and then confirm whether you can apply for the variation by answering the following questions. If you cannot confirm this then you must not continue with the application or commence new business.

		Yes	No	N/A
11	Applicants seeking to carry on insurance business: Do you comply with the provisions of AUTH 3.12?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer 'No' to this question, please contact your normal supervisory contact to discuss this.

		Yes	No	N/A
12a	Applicants seeking to carry on the regulated activity or accepting deposits: Do you comply with the provisions of AUTH 3.13 in that the applicant, under threshold condition 1 (legal status), is a firm which is either a body corporate or a partnership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12b If you have answered 'No', please explain why below:

		Yes	No	N/A
13a	Applicants seeking to establish, operate or wind up a stakeholder pension scheme: Do you comply with the provisions of AUTH 3.16?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13b If you have answered 'No', please explain why below:

		Yes	No	N/A
14a	Applicants seeking to establish a collective investment scheme or to act as a manager of a regulated collective investment scheme: Do you comply with the provisions of AUTH 3.17?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14b If you have answered 'No', please explain why below:

The threshold conditions represent the minimum conditions that a firm is required to satisfy, and continue to satisfy, to be given and to retain Part IV permission. The firm must satisfy the FSA that all of these conditions will continue to be met if the application is granted. Details of the various prudential categories are noted below. For any change in your prudential requirements, you need to be able to meet the requirements now. **Note: we may ask you for evidence in support of your answers.**

Prudential Categories for Non Investment Business Firms

IPRU Sourcebook	Ref
Bank	B
Building Society	BS
Friendly Society	FS
Insurer	INS

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-A4
	B1	PI-B1
	B2	PI-B2
	B3	PI-B3

Media Firm

N/A

Media

16 What is your firm's current prudential category?

17 If the application is granted, what prudential category will your firm be in?

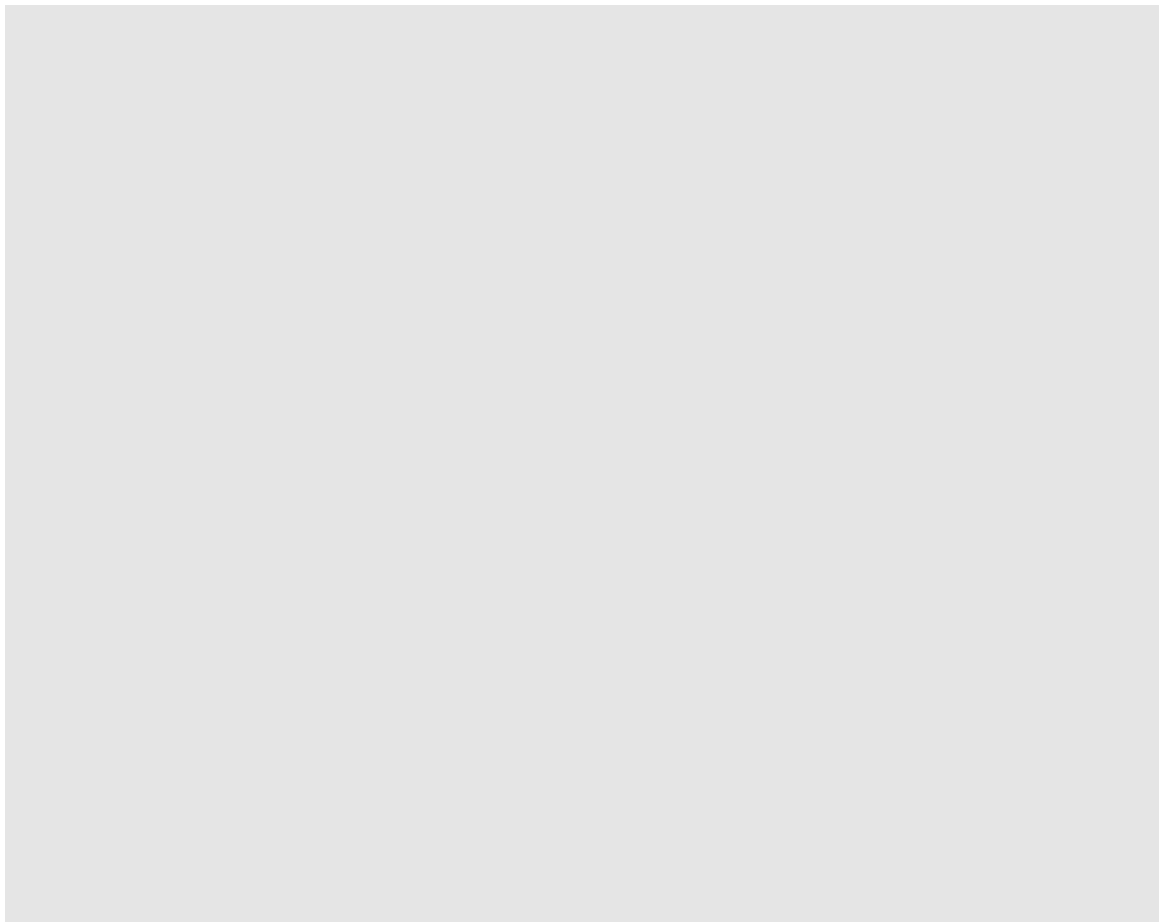
18 Please detail the change in your financial requirements in the box below:

Yes No N/A

19 Please confirm that your firm meets these new requirements:

The threshold conditions represent the minimum conditions that a firm is required to satisfy, and continue to satisfy, to be given and to retain Part IV permission. The firm must satisfy the FSA that all of these conditions will continue to be met if the application is granted.

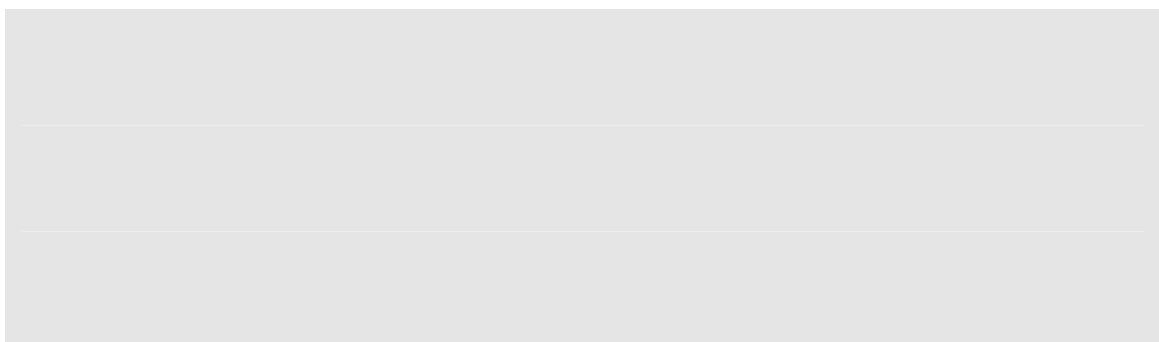
- 20** If the Application is granted, enter in the box below how your firm will continue to meet the Systems and Controls required (see SYSC) – detail any enhancements you have made.



Yes No N/A

- 21a** Is your firm ready, willing and organised to comply with the relevant prudential, Conduct of Business and other regulatory requirements? See COND, especially 1.2.2G.

- 21b** If you have answered 'Not Applicable' or 'No', please explain why below:



If your firm is connected with a firm regulated outside the UK but within the European Economic Area (EEA), the FSA is required by s.49 of the Financial Services and Markets Act (FSMA) to consult with the appropriate EEA regulator.

Yes No

22 Is your firm connected with a firm regulated outside the United Kingdom but in the EEA?

23 If you have answered 'Yes', please enter each connection below

23a Name of EEA Regulated Firm Firm's main contact at EEA regulator Name of EEA Regulator

Name of EEA Regulated Firm	Firm's main contact at EEA regulator	Name of EEA Regulator

Yes No N/A

24 Is your firm **currently** an Authorised Professional Firm?
(e.g. a firm of solicitors or accountants)

If you have answered 'yes', please complete the remainder of this section, otherwise continue to the next section.

25 Please confirm that the current practice of your firm's profession (i.e. not including regulated activities) remains the main business of your firm.

26a If this variation of permission is approved, will you still be an Authorised Professional Firm as defined by the scale or nature of the activities that your firm seeks to carry on?

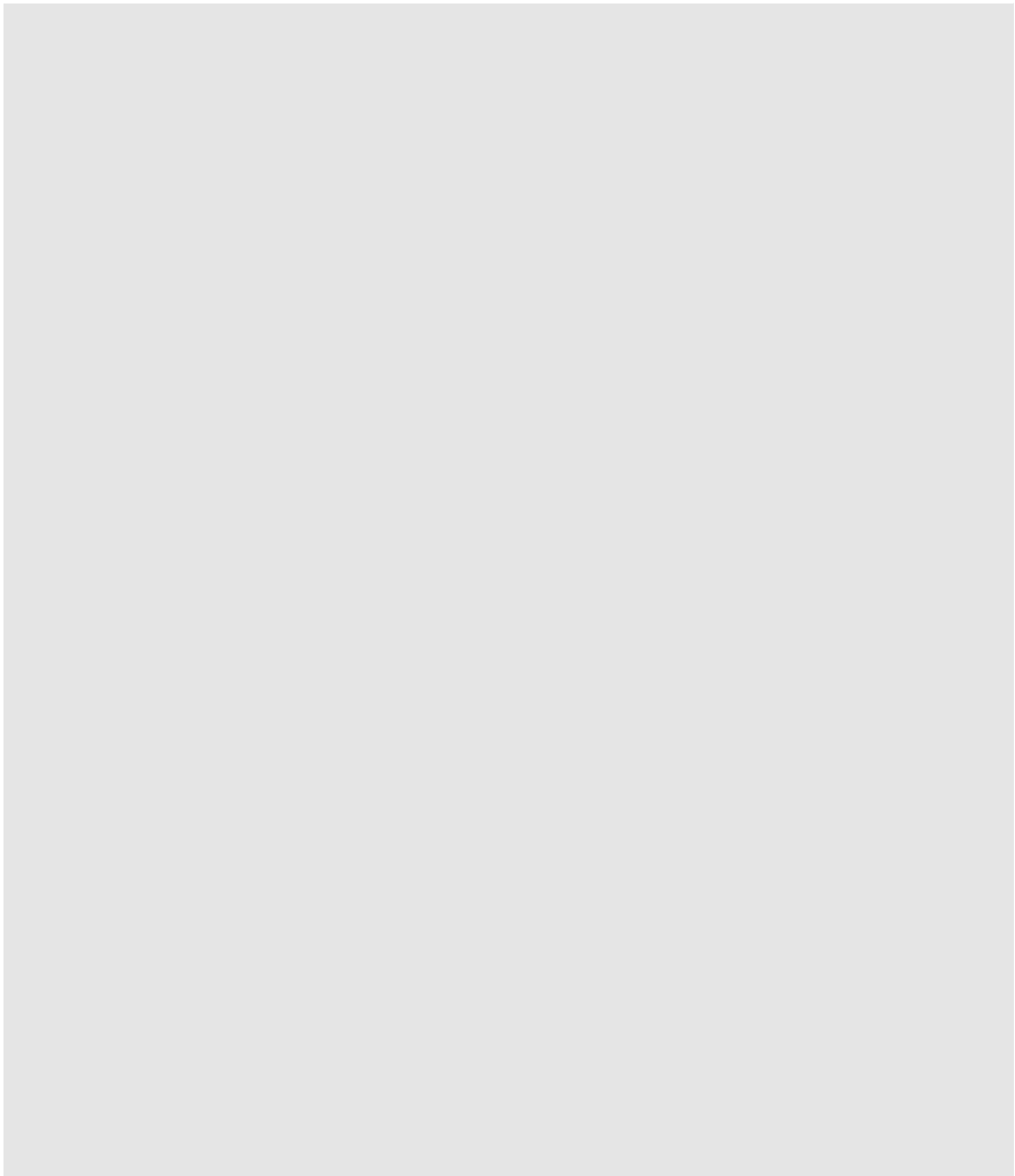
26b If no, do you confirm that you understand and will be able to comply with the new prudential requirements that will apply to your firm?

Please note that we are likely to contact you for further information and to discuss the firm's future status and Handbook obligations.

26c If you have answered 'No' to question 26b, please explain why below:

- 27 If there is any other information you think we should know when determining the application. Please enter it below or attach it as a document.

Note that the FSA may ask you for additional information to support this application after you have submitted this form. For example, if you are undertaking insurance business or wish to start undertaking insurance business, you may later be asked to send a scheme of operation to support your application.



Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA just because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this application form

- I/we confirm that the information 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/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the application pack. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date

Name of first signatory⁴

Position⁵ of first signatory

Individual Registration Number

Signature

Name of second signatory

Position of second signatory

Individual Registration Number

Signature

Appendix A – Standard Requirements

Ref	Short description	Requirement (full narrative)
1	Regulated activities incidental only.	The firm must not carry on the specified REGULATED ACTIVITIES otherwise than in an incidental manner in the course of the provision by it of professional services (that is, services

⁴ 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.

⁵ e.g. Director, Partner or Sole Trader.

		which do not consist of REGULATED ACTIVITIES)
2	Only rights to/interests in permitted investments	The firm may carry on a REGULATED ACTIVITY in relation to rights to or interests in investments only where those investments are themselves of a type permitted for that REGULATED ACTIVITY
3	No actions to stabilise market price	The firm must not act in any way to stabilise the market price of any investment.
4	No pension transfer or opt out	The firm must not carry on any business relating to a PENSION TRANSFER or OPT OUT.
5	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.
6	No speculative foreign exchange dealings.	The firm must not undertake a permitted activity in respect of speculative foreign exchange dealings.
7	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.
8	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.
9	Not to act as Broker Fund Adviser	The firm must not operate as a BROKER FUND ADVISER
10	Version 1 credit union.	The firm must only operate as a version 1 credit union.
11	Corporate finance business only.	The firm must not conduct designated investment business other than corporate finance business.
12	The firm must not act as an ISA manager.	The firm must not act as an ISA manager.
13	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.
14	Venture Capital Business Only	The firm must not conduct designated investment business other than Venture Capital business.
15	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.
16	Pensions T/O-O only in designated circumstances	The firm must not effect or advise on PENSION TRANSFERS or PENSION OPT-OUTS except in one or more of the designated circumstances
17	DERIVATIVES only during corporate finance	The firm must not carry on regulated activities in relation to DERIVATIVES otherwise than in the course of carrying on CORPORATE FINANCE business (excluding the activities forming paragraph (b) of the definition of CORPORATE FINANCE business)
18	Must not establish etc. UCIS with DERIVATIVES	The firm must not establish, operate or wind up an Unregulated Collective Investment Scheme in relation to DERIVATIVES
19	The firm must not undertake any regulated activity	The firm must not undertake any regulated activity.
20	Corporate finance only (except managing invest.)	In respect of each regulated activity for which the firm holds a Part IV permission, excluding managing investments, the activity is limited to corporate finance business only.

21	Not to promote AUTS via tied sales force	The firm must not promote authorised unit trust schemes to Private Customers through a tied sales force.
22	Not to promote ICVCs via tied sales force	The firm must not promote authorised ICVCs (Investment Companies with Variable Capital) to Private Customers through a tied sales force.
23	Restricted to re-insurance.	The firm must restrict all insurance business to reinsurance activities.
24	Not to promote Invest. Trusts via tied sales force	The firm must not promote Investment Trust Savings Schemes to Private Customers through a tied sales force.
25	Oil Market Participant	The firm must not conduct designated investment business which is not an oil market activity.
26	Not to dispose of company's/client's assets	Not to dispose or otherwise deal with the Company's or any client's assets held in the United Kingdom or elsewhere without prior approval of FSA.
27	Marketing limited to the Firm's own funds	The firm must not promote any unregulated collective investment schemes which it does not manage itself or act as advisor.
28	Energy Market Participant	The firm must not conduct designated investment business other than energy market activity.
29	Promote only own managed UCIS	The firm must not promote any unregulated collective investment schemes which it does not manage itself.
30	Not to guarantee a participant's performance	The firm must not guarantee, or otherwise accept responsibility for, the performance of a participant's obligations in arrangements made by the firm in carrying on regulated activities.
31	The firm must not undertake any regulated activity	The firm must not undertake any regulated activity and To preserve all documents relating to the firm's conduct of regulated activities.
32	No split capital investment trust business	To exclude split capital closed end funds and zero dividend preference shares from the firm's scope of permission.
33	corporate finance or venture capital only	The firm must not conduct designated investment business other than corporate finance business or venture capital business
34	No sales to pvte cstmrs thru tied sales force	Firm is required to ensure that sales to Private Customers are not carried out through a tied sales force
35	Requirement to comply with IPRU (INV) 5	Requirement to comply with IPRU (INV) 5
36	Private customers for regulated CIS only	The firm may only conduct regulated activities for private customers which are regulated collective investment schemes.
37	No split capital investment trust business	The firm must not transact any Split Capital Investment Trust Business
38	EIS mktng not through tied sales force	The Firm is required to ensure that Enterprise Investment Scheme marketing to Private Customers is not to take place through a tied sales force.

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 6 Ann 6D: Cancellation of permission application form



Cancellation of Part IV Permission - Application Form

(September 2004)

Firm name

("The Firm")

FSA reference number

Address

(Please return form to:)

The Financial Services Authority
Cancellations Team
Regulatory Decisions Department
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.

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.

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 to process this application for the cancellation of your firm's Part IV 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 6.4.9 & 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"/>
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 permission and declare that:

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

OR

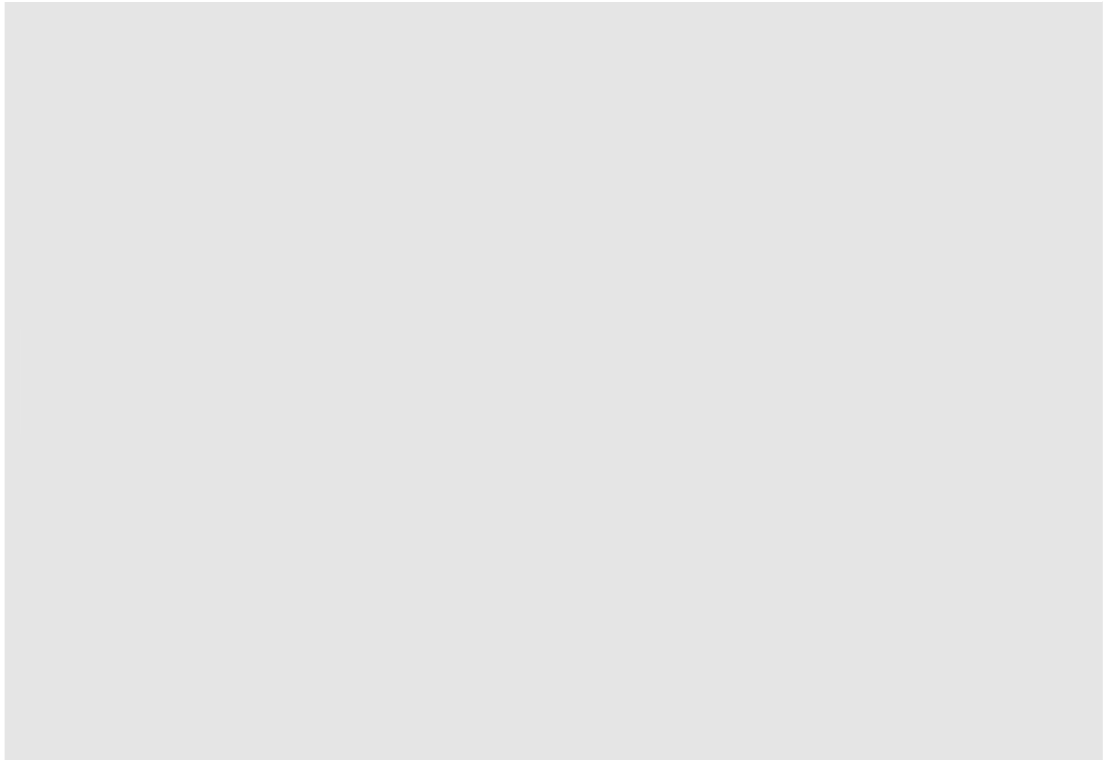
The firm will cease conducting all regulated activities from: / /

Please note that all regulated activities must cease no later than six months from the date of any application to cancel Part IV 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
- (b) Proposing only to be authorised through:
 - Association of Chartered Certified Accountants
 - Institute of Chartered Accountants in England and Wales
 - Institute of Chartered Accountants in Scotland
 - Law Society
 - Law Society of Scotland
- (c) Business transferred to another regulated firm
- (d) Joining a network
- (e) Merging with another regulated firm
- (f) To become an appointed representative of another regulated firm
- (g) Firm never carried on regulated activities
- (h) Non-availability of professional indemnity insurance cover
- (i) Cost of professional indemnity insurance cover
- (j) Other (please provide details)



- Yes No
- 5 Is there any information, relating to the withdrawal of individual approved persons performing controlled functions, of which the FSA should be aware?

Please provide details:

- 6 **Does your firm hold or control client money or assets?**
 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?**

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.

(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?
- (If not, it must be authorised before the transfer takes place. You can find out whether a firm is authorised by checking the FSA Register on our website))
- If yes, please enter its FSA 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

- | 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 (See SUP 6 Annex 4 G: table 3)

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.

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By signing this application form

- I/we confirm that this information is accurate and complete to the best of my knowledge and belief.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date

Name of first signatory⁶

Position⁷ of first signatory

Individual Registration Number

Signature

Name of second signatory

Position of second signatory

Individual Registration Number

Signature

⁶ 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.

⁷ e.g. Director, Partner or Sole Trader.

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 12 Ann 3R: Appointed representative appointment form



Add an Appointed Representative Form

Notification under SUP 12.7.1R

(September 2004)

Firm name (i.e. the principal firm)

("The Firm")

FSA reference number

Address

Please return the form to:

Authorisation & Approvals Department
The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 20 7066 1000
Facsimile +44 (0) 20 7066 1099

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

6 Email address of the appointed representative

7 Website address of the appointed representative

8 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

9 Date of commencement of agreement with your firm

 / / *

Yes No

10 Is the appointed representative an introducer appointed representative? *

11 Will the appointed representative undertake insurance mediation? *

If question 11 is answered "yes", you must complete the 3 fields immediately below:

Name of main contact for FSA register

Title

Forename(s)

Surname

Yes No

12 Will the appointed representative undertake regulated mortgage activities? *

13 Will the appointed representative undertake designated investment business activities? *

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this notification

- I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date

Name of signatory

Position in firm

Individual Registration Number (if applicable)

Signature

The attached form or its equivalent is the form detailed in Annex B for SUP 12 Ann 4R:
Appointed representative notification form



Appointed Representative - Change Details

Notification under SUP 12.7.7R

(September 2004)

*Firm name (i.e. the principal
firm)*

("The Firm")

FSA reference number

Address

Please return this form to:

Authorisation & Approvals Department
The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 20 7066 1000
Facsimile +44 (0) 20 7066 1099

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

NOTES

This form should be used to change the details of an existing appointed representative.

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

 *

2 Contact's Details:

a Position in the *firm*

 *

b Daytime telephone number

 *

c E-mail address

d Individual reference number (IRN), if applicable

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 Register on our website at www.fsa.gov.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?

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 | <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"/> |

Yes No N/A

3c Has the name change been approved by Companies House?

Note that if the appointed representative is a UK registered company or LLP, the name of the appointed representative can only be change 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:

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 delete this name and add the new one below:

Please detail the trading name(s) to be deleted Please detail the trading name(s) to be added below:
below:

--	--

6 Do you wish to change the telephone number of the appointed representative? Yes

If 'Yes', please enter the new telephone number: *

7 Do you wish to change the fax number of the appointed representative? Yes

If 'Yes', please enter the new fax number: *

8 Do you wish to change the Email address of the appointed representative? Yes

If 'Yes', please enter the new email address *

9 Do you wish to change the website address of the appointed representative? Yes

If 'Yes', please enter the new website address: *

10 Is the appointed representative currently an introducer appointed representative? Yes No

Do you wish to change this? Please provide details below:

--

11 Does the appointed representative undertake insurance mediation? Yes No

Do you wish to change this? Please provide details below:

--

Yes No

Do you wish to change the details of the Main Contact for the FSA register for this appointed representative?

If 'Yes', please give the new details:

Title

Forename(s)

Surname

Yes No

12 Does the appointed representative undertake regulated mortgage activities?

Do you wish to change this? Please provide details below:

Yes No

13 Does the appointed representative undertake designated investment business activities?

Do you wish to change this? Please provide details below:

14 Please enter the date on which these changes take effect: / / *

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this notification

- I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date

Name of signatory

Position in *firm*

Individual Registration Number (if applicable)

Signature

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 12 Ann 5R: Appointed representative termination form



Appointed Representative - Termination

Notification under SUP 12.8.1

(September 2004)

Firm name (i.e. the principal firm)

("The Firm")

FSA reference number

Address

Please return this form to :

Authorisation & Approvals Department
The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 20 7066 1000
Facsimile +44 (0) 20 7066 1099

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

NOTES

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

Personal Details

Section A

1 Contact Name for this form

_____ *

2 Contact's Details:

a Position in the *firm*

_____ *

b Daytime telephone number

_____ *

c E-mail address

d Individual reference number (IRN), if applicable

If you wish to terminate more than one of your Appointed Representative **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:

Firm Name

FRN

Postcode

Firm Name	FRN	Postcode

Reason For Termination:

Resignation/end of contract

Terminated by principal

If the reason for termination is Termination 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:

/ /

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

If the reason for termination is Termination 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:

 / /

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this notification

- I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date

Name of signatory

Position in *firm*

Individual Registration Number (if applicable)

Signature

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 15 Ann 2R: Standing data form



Standing Data

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

(September 2004)

Firm name

("The Firm")

FSA firm reference number

Address

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

The Financial Services Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone +44 (0) 20 7066 1000

Facsimile +44 (0) 20 7066 1099

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

NOTES

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

Personal Details

Section A

1 Contact Name for this application

 *

2 Contact's Details:

a Position in the firm

 *

b Daytime telephone number

 *

c E-mail address

d Individual reference number (IRN), if applicable

Change Full Name of Firm

Section B

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

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

Current Legal Status:

(a) Private Limited Company

(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

1 New full name of firm

 *

- 2 Please enter the date on which the change becomes effective / /
- Yes No N/A
- 3 Has the change requested been approved by Companies House?

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

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

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

Add New Trading Name(s)

Section C1

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

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

Delete Current Trading Name(s)

Section C2

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

- 1 Trading name to be deleted *
- 1a Please confirm when the trading name must cease: / / *
- 1b I confirm that the above trading name will not be used by the firm from the date indicated above.
- 2 Trading name to be deleted *
- 2a Please confirm when the trading name must cease: / / *
- 2b I confirm that the above trading name will not be used by the firm from the date indicated above.
- 3 Trading name to be deleted *
- 3a Please confirm when the trading name must cease: / / *
- 3b I confirm that the above trading name will not be used by the firm from the date indicated above.
- 4 Trading name to be deleted *
- 4a Please confirm when the trading name must cease: / / *
- 4b I confirm that the above trading name will not be used by the firm from the date indicated above.

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 use the appropriate Approved Persons Form.

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

(a) Complaints 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

Change of Address

Section E1

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

- | | | | |
|-----------------------|--------------------------|---------------------------------|--------------------------|
| (a) Registered Office | <input type="checkbox"/> | (b) Principal Place of Business | <input type="checkbox"/> |
| (c) Billing Address | <input type="checkbox"/> | (d) Publication Address | <input type="checkbox"/> |
| (e) Head Office | <input type="checkbox"/> | | |

Please enter the new address details:

2 Address

*

Postcode:

3 Telephone number.

*

4 Fax Number

5 Email address

6 Please enter the date on which the change becomes effective.

/ / *

7 **Contact Address Details**

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

Change of Other Address

Section E2

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

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

(g) 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.

/ / *

Change of Accounting Reference Date

Section F

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

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

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

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

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

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

(a) Current Period *

(b) Next Period *

(c) Next Period 2 *

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

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

Change of Website Address

Section G

Please enter the new website address:

1 Website (format – www.fsa.gov.uk):

Change Auditor Details

Section H1

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

1 Firm name *

2	Address	<div style="text-align: right;">*</div> <div style="text-align: right;">Postcode:</div>
3	Telephone number.	*
4	Fax Number	
5	Email address	
6	Effective date	<div style="text-align: center;">/ /</div> <div style="text-align: right;">*</div>

Change Locum Details **Section H2**

For details of the FSA’s requirements for locum arrangements, see AUTH 3.9.10(2)G.
Please enter the following details to change your Locum’s details:

1	Title	
2	Forename(s)	
3	Surname	
4	Firm name	*
5	Address	<div style="text-align: right;">*</div> <div style="text-align: right;">Postcode:</div>
6	Telephone number.	*

7 Fax Number

8 Email address

6 Effective date

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this application form

- I/we confirm that the information contained in this form is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
- I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- I/we confirm that, for those questions that do not require supporting evidence, the records which demonstrate the firm's compliance with the rules in relation to the questions will be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in enforcement action.

Date

Name of first signatory⁸

Position⁹ of first signatory

Individual Reference Number (IRN)

Signature

Name of second signatory¹

Position² of second signatory

Individual Reference Number (IRN)

Signature

⁸ 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.

⁹ e.g. Director, Partner or Sole Trader.

The attached form or its online equivalent (if any) is the form detailed in Annex B for SUP 15 Ann 3R: Notification form



Notifications Form	

(September 2004)

Firm name

("The Firm")

FSA reference number

Address

(Please return the form, marked for the attention of your normal supervisory contact, to:)

The Financial Services Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone from UK: 0845 606 9966 (locals call rates)

from Overseas: +44 20 7066 1000

Facsimile +44 (0) 20 7066 1099

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

1 Contact Name for this form *

2 Contact's Details:

a Position in the firm *

b Daytime telephone number *

c E-mail address [please complete where possible]

d Individual reference number (IRN), if applicable

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

- where a particular rule has been breached;
- where it fails to satisfy a threshold condition;
- where a matter occurs which could have a significant adverse impact on a firm, including its ability to provide adequate services to a customer; and
- where a particular notifiable event may have occurred

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

3 To help us process your notification efficiently, please select one or more of the categories below by ticking the appropriate box and then giving details in Section 4:

Finance/capital issues

For example:

- breach of capital requirements;
- excess in allowed large exposures requirements;
- qualification in audited annual accounts (financial issue);
- insolvency, bankruptcy or winding up; and
- company to be struck off by Companies House.

Client money issues	<input type="checkbox"/>
For example: <ul style="list-style-type: none"> • negative client money account; and • notifiable issue in client assets report. 	
Professional indemnity insurance (PII) cover	<input type="checkbox"/>
For example: <ul style="list-style-type: none"> • cover not renewed; • cover exhausted; and • cover does not meet FSA requirements. 	
Complaints, including a decision not to pay a FOS award	<input type="checkbox"/>
<ul style="list-style-type: none"> • Any complaints received that could have a significant impact on a firm's financial resources • A decision not to pay a Financial Ombudsman Service (FOS) award. • A firm's inability to pay a consumer 	
Fraud, error or other irregularities	<input type="checkbox"/>
For example: <ul style="list-style-type: none"> • 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.	<input type="checkbox"/>
Other rules breaches (not included above).	<input type="checkbox"/>
Other notification requirements (not relating to a rule breach).	<input type="checkbox"/>

This form does not cover

- changes to standing data (e.g. change of firm name, address, contact details, website, auditor, accounting reference date). These changes need to be made via the FSA Standing data form; or
- whistle blowing (i.e. revealing a suspected wrongdoing in an organisation). In these circumstances you should email whistle@fsa.gov.uk, write in or phone us (020 7066 9200). Please see our website for more details <http://www.fsa.gov.uk/whistle/>

Yes No

4 Has the Notifiable event occurred?

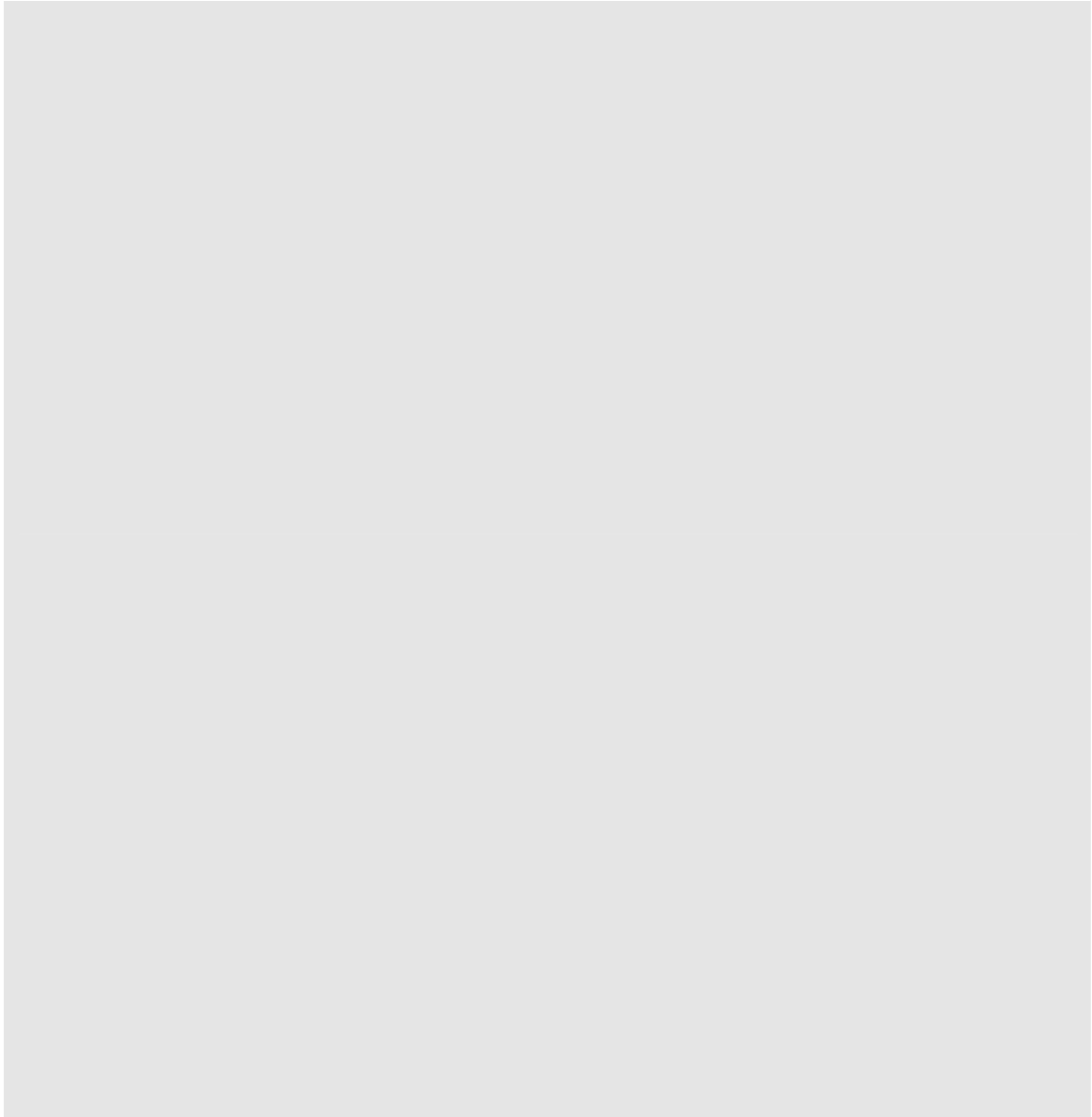
4a If selected 'Yes', what date did the event occur (record last applicable date)? / /

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?



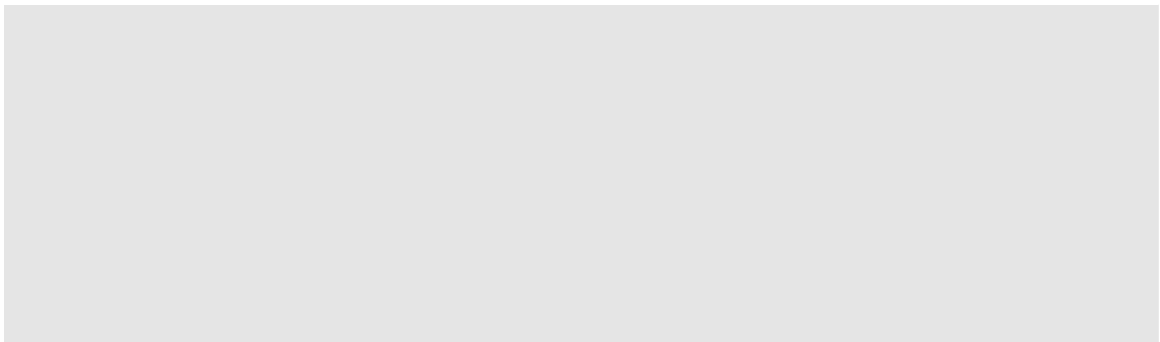
Yes No N/A

8 If relevant, have you resolved the issue?

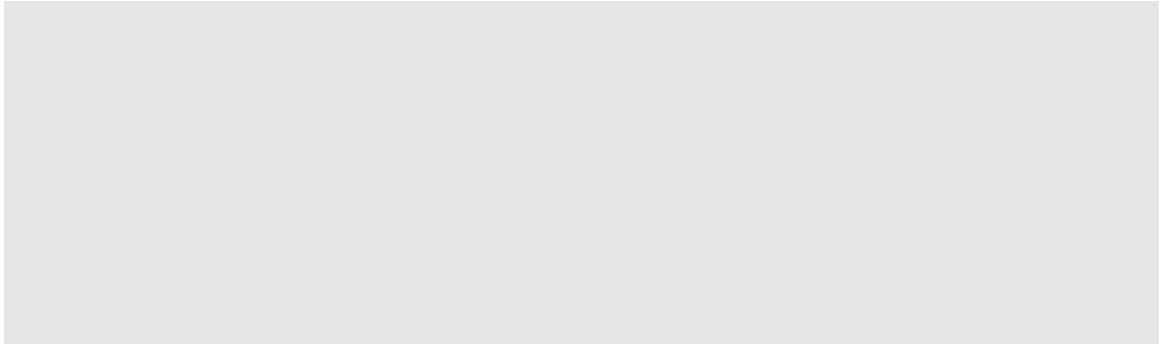
8a If answered 'Yes'. When did you resolve the issue (end date)?

/ /

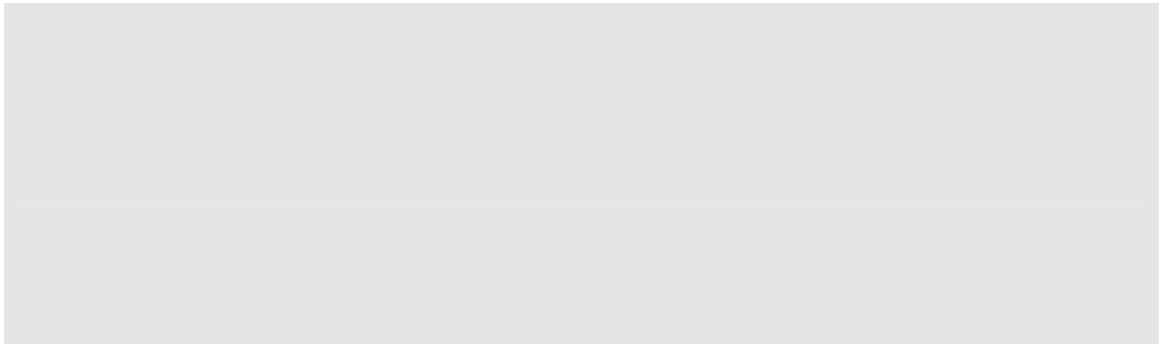
How was the issue resolved?



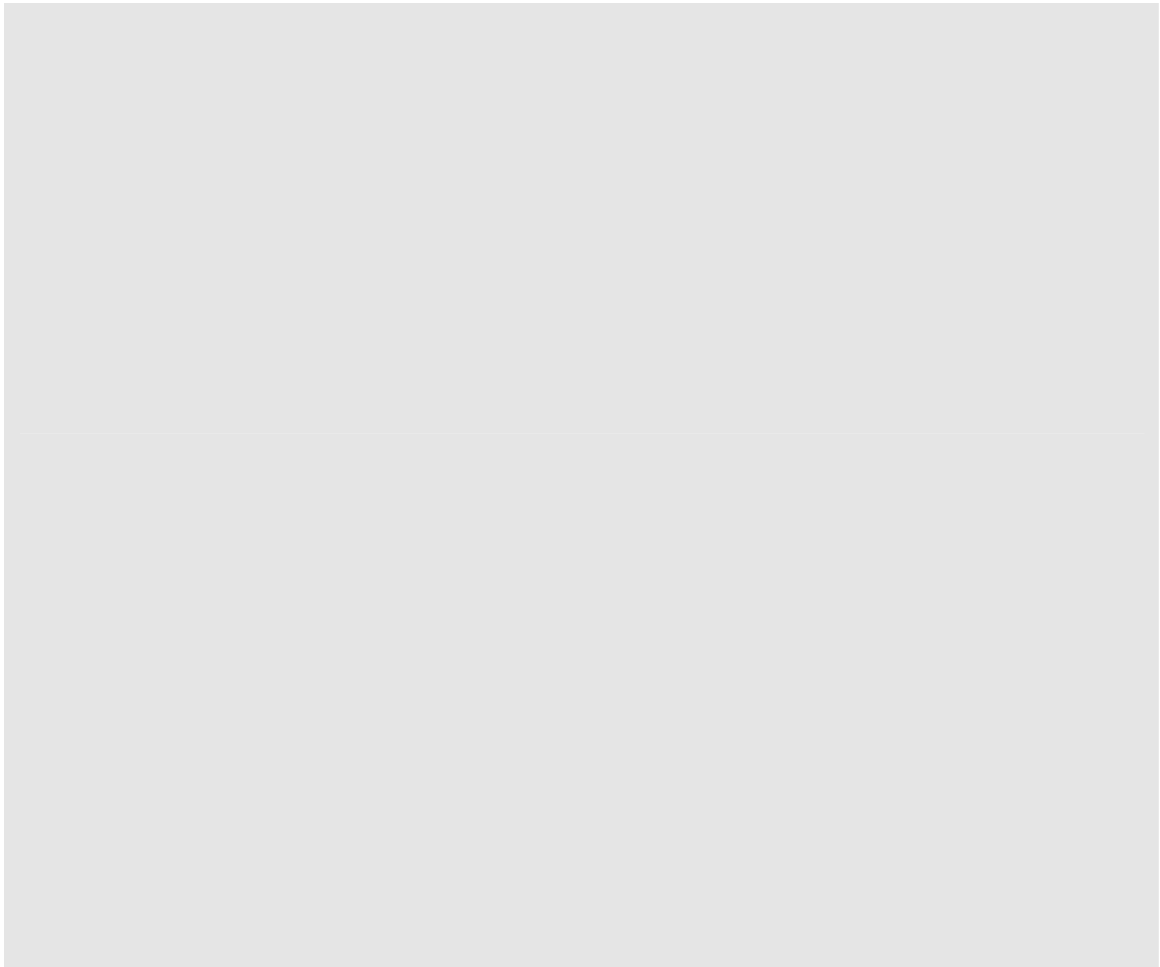
8b If answered 'No', what action (if any) will you be taking?



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.



Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

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

Declaration

By submitting this application form

- I/we confirm that 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/we am aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.
- I/we will notify the FSA immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in a delay in the application process or enforcement action.

Date	
Name of first signatory ¹⁰	
Position ¹¹ of first signatory	
Individual Registration Number	
Signature	
Name of second signatory	
Position of second signatory	
Individual Registration Number	
Signature	

¹⁰ 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.

¹¹ e.g. Director, Partner or Sole Trader.