

**ONLINE SUBMISSION AND MANDATORY FORMS (NO 2)
INSTRUMENT 2010**

Powers exercised

- A. The Financial Services Authority makes this instrument in the exercise of the powers in:
- (1) the following provisions in or under the Financial Services and Markets Act 2000 (“the Act”):
 - (a) section 51 (Applications under this Part);
 - (b) section 60 (Applications for approval);
 - (c) section 138 (General rule-making power);
 - (d) section 148(3) (Modification or waiver of rules);
 - (e) section 156 (General supplementary powers);
 - (f) section 157(1) (Guidance);
 - (g) section 250 (Modification or waiver of rules);
 - (h) section 294 (Modification or waiver of rules); and
 - (i) paragraphs 19 (Establishment) and 20 (Services) of Schedule 3 (EEA Passport Rights); and
 - (2) regulation 7 (Modification or waiver of FSA rules) of the Open-Ended Investment Companies Regulations 2001.
- B. The rule-making powers listed above are specified for the purposes of section 153(2) (Rule-making instruments) of the Act.

Commencement

- C. This instrument comes into force on 4 October 2010.

Amendments to the Handbook

- D. The Supervision manual (SUP) is amended in accordance with the Annex to this instrument.

Notes

- E. In the Annex to this instrument the notes (indicated by “**Note:**”) are included for the convenience of readers but do not form part of the legislative text.

Citation

- F. This instrument may be cited as the Online Submission and Mandatory Forms (No 2) Instrument 2010.

By order of the Board
24 June 2010

Annex

Amendments to the Supervision manual (SUP)

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

The following unchanged SUP provisions have been included to aid the reader: 12.7.1R, 15.5.1R, 15.5.4R and 15.5.7R, and 15.7.4R to 15.7.9G.

6 Applications to vary and cancel Part IV permission

...

6.3 Applications for variation of permission

...

The application for variation of permission

- 6.3.15 D (1) ~~If a firm wishes to apply for a variation of Part IV permission, it must complete and submit to the FSA the form in SUP 6 Ann 5D D (Variation of permission application form). A firm other than a credit union wishing to vary its Part IV permission must apply online at www.fsa.gov.uk using the form specified on the FSA's ONA system.~~
- (2) ~~A firm's application for variation of Part IV permission must be given or addressed, and delivered in the way set out in SUP 15.7.4R to SUP 15.7.6G (Form and method of notification). A credit union wishing to vary its Part IV permission must apply using the form in SUP 6 Annex 5D and submit its application in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).~~
- (3) Until the application has been determined, a firm which submits an application for variation of Part IV permission must inform the FSA of any significant change to the information given in the application immediately it becomes aware of the change.
- (4) Where a firm is obliged to submit any form, notice or application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored a firm must submit any form, notice or application by using the form in SUP 6 Annex 5D and submitting it in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- 6.3.15A G (1) If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online

submission is unavailable and that the alternative methods of submission set out in SUP 6.3.15D(4) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.

- (2) Where SUP 6.3.15D(4) applies to a firm, GEN 1.3.2R (Emergency) does not apply.

...

6.4 Applications for cancellation of permission

...

The application for cancellation of permission

- 6.4.5 D (1) ~~If a firm other than a credit union wishes~~ wishing to cancel its Part IV permission, it must complete and submit to the FSA the form in SUP 6 Annex 6D D (Cancellation of permission application form) must apply online at www.fsa.gov.uk using the form specified on the FSA's ONA system.
- (2) ~~A firm's application for cancellation of Part IV permission must be:~~
- (a) ~~given to a member of, or addressed for the attention of, the Cancellations Team at the FSA; and~~
- (b) ~~delivered to the FSA by one of the methods in SUP 15.7.5R (Form and method of notification).~~ A credit union wishing to cancel its Part IV permission must apply using the form in SUP 6 Annex 6D and submit its application in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification). The application must be addressed for the attention of the Cancellations Team at the FSA.
- (3) [deleted]
- (4) Until the application has been determined, a firm which submits an application for cancellation of Part IV permission must inform the FSA of any significant change to the information given in the application immediately it becomes aware of the change.
- (5) Where a firm is obliged to submit any form, notice or application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored a firm must submit any form, notice or application by using the form in SUP 6 Annex 6D, and submitting it in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- 6.4.5A G (1) If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online

submission is unavailable and that the alternative methods of submission set out in SUP 6.4.5D(5) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.

- (2) Where SUP 6.4.5D(5) applies to a firm, GEN 1.3.2R (Emergency) does not apply.

8 Waiver and modification of rules

...

8.3 Applying for a waiver

...

Form and method of application

8.3.3 D ~~If a firm wishes to apply for a waiver, it must complete and submit the form in SUP 8 Annex 2D (Application form for a waiver or modification) The application must be given or addressed, and delivered, in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).~~

- (1) ~~{Deleted}~~ A firm other than a credit union wishing to apply for a waiver must apply online at www.fsa.gov.uk using the form specified on the FSA's ONA system.
- (2) ~~{Deleted}~~ A credit union wishing to apply for a waiver must complete the application form in SUP 8 Annex 2D and submit it in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) ~~{Deleted}~~ Where a firm is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored a firm must use the form in SUP 8 Annex 2D and submit it in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

...

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. If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 8.3.3D(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.~~

- (2) ~~The form is available on the FSA's website (see www.fsa.gov.uk/pubs/waivers/application_form/w_form.doc).~~
 Where *SUP* 8.3.3D(3) applies to a *firm*, *GEN* 1.3.2R (Emergency) does not apply.

10 Approved persons

...

10.11 Procedures relating to approved persons

Forms

...

10.11.2 G Approved persons forms

<u>Form</u>		<u>Purpose</u>	<u>Handbook requirement</u>
the relevant Form A	<u>The relevant online form on the FSA's ONA system or the form in SUP 10 Ann 4D (See Note)</u>	Application to perform controlled functions under the approved persons regime	<u>SUP 10.12.2D</u>
Form B	<i>SUP</i> 10 Ann 5R	Notice to withdraw an application to perform controlled functions under the approved persons regime	<u>SUP 10.12.13R</u>
Form C	<i>SUP</i> 10 Ann 6R	Notice of ceasing to perform controlled functions	<u>SUP 10.13.6R</u>
Form D	<i>SUP</i> 10 Ann 7R	Notification of changes in personal information or application details	<u>SUP 10.13.14R</u>
Form E	<u>The relevant online form on the</u>	Internal transfer of an approved person	<u>SUP 10.13.3D</u>

	<u>FSA's ONA system or the form in SUP 10 Annex 8GD (See Note)</u>		
<p><u>Note: The form in the SUP annex shown is to be used by credit unions, and by other firms only in the event of a failure of the FSA's information technology systems. See the relevant "Handbook requirement".</u></p>			

10.11.3 G A summary of the forms and their purposes is in SUP 10 Annex 2G. A summary of FSA procedures is in SUP 10 Annex 3. For the method of notification to the FSA, see SUP 15.7 (Form and method of notification).

...

10.11.6 G Copies of Forms A, B, C, D and E may be obtained from the FSA website, or Credit unions can obtain copies from the Individuals, Mutuals and Policy Department by email at iva@fsa.gov.uk or from the FSA's Firm Contact Centre. To contact the Individuals, Mutuals and Policy Department for general enquiries:

...

...

10.12 Application for approval and withdrawing an application for approval

...

How to apply for approval

10.12.2 D An application by a firm for the FSA's approval under section 59 of the Act (Approval for particular arrangements) must be made by completing the Form A which relates to the particular type of firm, that is, a UK firm, overseas firm or incoming EEA firm.

- (1) An application by a firm other than a credit union must be made by submitting Form A online at www.fsa.gov.uk using the form specified on the FSA's ONA system.
- (2) An application by a credit union must be made using the form in SUP 10 Annex 4D and must be submitted in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a firm is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored a firm must use the form in SUP 10 Annex 4D and submit it in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[Note: See SUP 10.13.5G for the circumstances in which a shortened Form A may be used.]

- 10.12.2A G (1) If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 10.12.2D(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.
- (2) Where SUP 10.12.2D(3) applies to a firm, GEN 1.3.2R (Emergency) does not apply.

...

Withdrawing an application for approval

- 10.12.13 R A firm applying to withdraw an application for approval must notify the FSA using Form B, in the form set out in SUP 10 Annex 5R.

10.13 Changes to an approved person's details

Moving within a firm

...

- 10.13.2 G ~~The relevant Form A must be used to apply for~~ SUP 10.12.2D applies where an *individual* individual is to perform further *controlled functions* for a firm for which he already performs a *controlled function* as an *approved person* (see SUP 10.12.2D). It is not mandatory to complete all parts of the form. See the notes relevant to each form for full details.
- 10.13.3 D A firm must use Form E where an *approved person* is both ceasing to perform one or more *controlled functions* and needs to be approved in relation to one or more new *controlled functions* within the same firm or group.
- (1) A firm other than a credit union must submit Form E online at www.fsa.gov.uk using the form specified on the FSA's ONA system.
- (2) A credit union must submit Form E using the form in SUP 10 Annex 8D and in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a firm is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a firm must submit Form E using the form in SUP 10 Annex 8D and in the way set out

in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[**Note:** See SUP 10.13.21G to SUP 10.13.22G regarding notification in the event of online failure.]

Moving between firms

...

- 10.13.5 G In certain circumstances, when the *FSA* already has the information it would usually require, a shortened version of the relevant Form A may be completed. See the notes relevant to each form for full details; see also SUP 10.12.2D for the method of submission of this form.

Ceasing to perform a controlled function

- 10.13.6 R *A firm* must submit to the *FSA* a completed Form C, in the form set out in SUP 10 Annex 6R, no later than seven *business days* after an *approved person* ceases to perform a *controlled function*.

- (1) *A firm other than a credit union* must submit Form C online at www.fsa.gov.uk using the *FSA*'s ONA system.
- (2) *A credit union* must submit Form C in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a *firm* is obliged to submit an application online under (1), if the *FSA*'s information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit Form C in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[**Note:** See SUP 10.13.21G to SUP 10.13.22G regarding notification in the event of online failure.]

...

Changes to an approved person's personal details

- 10.13.14 R If an *approved person*'s title, name or national insurance number changes, the *firm* for which the *person* performs a *controlled function* must notify the *FSA* on Form D, in the form set out in SUP 10 Annex 7R, of that change within seven *business days* of the *firm* becoming aware of the matter.

...

- (1) *A firm other than a credit union* must submit Form D online at www.fsa.gov.uk using the *FSA*'s ONA system.
- (2) *A credit union* must submit Form D in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

- (3) Where a *firm* is obliged to submit an application online under (1), if the *FSA*'s information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit Form D in the form set out in SUP 10 Annex 7R and in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[Note: See SUP 10.13.21G to SUP 10.13.22G regarding notification in the event of online failure.]

...

- 10.13.16 R (1) If a *firm* becomes aware of information which would reasonably be material to the assessment of an *approved person's*, or a *candidate's*, fitness and propriety (see *FIT*), it must inform the *FSA* on Form D, or (if it is more practical to do so and with the prior agreement of the *FSA*) by fax or e-mail, as soon as practicable.
- (2) SUP 10.13.14R applies to the submission of Form D.

...

- 10.13.18 R (1) If, in relation to a *firm* which has completed the relevant Form A (SUP 10 Annex 4D), any of the details relating to ~~in section 3.01~~ (~~Arrangements~~ arrangements and controlled functions) are to change, the *firm* must notify the *FSA* on Form D (SUP 10 Annex 7R), ~~or (if it is more practical to do so and with the prior agreement of the *FSA*) by fax or e-mail.~~
- (2) The notification under (1) must be made as soon as reasonably practicable after the *firm* becomes aware of the proposed change.
- (3) Paragraphs (1) and (2) also apply to a *firm* in respect of an *approved person*, to whom the grandfathering arrangements applied as if the *firm* had completed the relevant Form A for that *person*.
- (4) SUP 10.13.14R applies to the submission of Form D.

...

Submission in the event of failure of FSA information technology systems

- 10.13.21 G If the *FSA*'s information technology systems fail and online submission is unavailable for 24 hours or more, the *FSA* will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 10.13.3D(3), SUP 10.13.6R(3) and SUP 10.13.14R(3) (as appropriate), and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.

10.13.22 G Where *SUP 10.13.3D(3)*, *SUP 10.13.6R(3)* or *SUP 10.13.14R(3)* applies to a *firm*, *GEN 1.3.2R (Emergency)* does not apply.

...

10 Annex 1G

Frequently asked questions

	Question	Answer
...		
16	How can we <i>credit unions</i> get a supply of application forms (Form <u>Forms A to F</u>)?	These can either be ordered through the Individuals, Mutuels and Policy Department <u>by email to iva@fsa.gov.uk</u> or <u>from the FSA's Firm Contact Centre obtained from the FSA website at www.fsa.gov.uk</u> . There is no charge for an application form.
...		

Delete each of the following forms (except for the Notes which relate to them) and replace them with the attached new version. The text is not underlined.

10 Annex 6R **Form C: Notice of ceasing to perform controlled functions**

10 Annex 7R **Form D: Notification of changes in personal information or application**

Amend the following as shown.

12 **Appointed representatives**

...

12.7 **Notification requirements**

Notification of appointment of an appointed representative

- 12.7.1 R (1) This *rule* applies to a *firm* which intends to appoint:
- (a) an *appointed representative* to carry on *insurance mediation activities*; or
 - (b) a *tied agent*.
- (2) This *rule* also applies to a *firm* which has appointed an *appointed*

representative.

- (3) A *firm* in (1) must complete and submit the form in SUP 12 Annex 3R before the appointment.
- (4) A *firm* in (2) must complete and submit the form in SUP 12 Annex 3R within ten *business days* after the commencement of activities.

- 12.7.1A R (1) A *firm* other than a *credit union* must submit the form in SUP 12 Annex 3R online at www.fsa.gov.uk using the FSA's ONA system.
- (2) A *credit union* must submit the form in SUP 12 Annex 3R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a *firm* is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit the form in SUP 12 Annex 3R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[Note: See SUP 12.7.10G to SUP 12.7.11G regarding notification in the event of online failure.]

...

Notification of changes in information given to the FSA

...

- 12.7.7 R (1) If:
- (a) (i) the scope of appointment of an *appointed representative* is extended to cover *insurance mediation activities* for the first time; and
 - (ii) the *appointed representative* is not included on the *Register* as carrying on *insurance mediation activities* in another capacity; or
 - (b) the scope of appointment of an *appointed representative* ceases to include *insurance mediation activity*;

the *appointed representative's* principal must give written notice to the FSA of that change before the *appointed representative* begins to carry on *insurance mediation activities* under the contract (see SUP 12.4) or as soon as the scope of appointment of the *appointed representative* ceases to include *insurance mediation activity*.

- (1A) If:

- (a) (i) the scope of appointment changes such that the *appointed representative* acts as a *tied agent* for the first time; and
- (ii) the *appointed representative* is not included on the *Register*; or
- (b) the *appointed representative* ceases to act as a *tied agent*;

the *appointed representative's* principal must give written notice to the *FSA* of that change before the *appointed representative* begins to act as a *tied agent* (see *SUP* 12.4) or as soon as the *appointed representative* ceases to act as a *tied agent*.

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

[Note: See *SUP* 12.7.8AR regarding the method of submission for the form in *SUP* 12 Annex 4R.]

Notification of changes in conditions of appointment

- 12.7.8 R (1) As soon as a *firm* has reasonable grounds to believe that any of the conditions in *SUP* 12.4.2R, *SUP* 12.4.6R or *SUP* 12.4.8AR (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 Annex 4R (Appointed representative notification form), in accordance with the instructions on the form.
- (2) In its notification under *SUP* 12.7.8R(1), the *firm* must state either:
- (a) the steps it proposes to take to rectify the matter; or
 - (b) the date of termination of its contract with the *appointed representative* (see *SUP* 12.8).
- (3) [deleted]

Method of submission of the form in *SUP* 12 Annex 4R

- 12.7.8A R (1) A firm other than a credit union must submit the form as set out in SUP 12 Annex 4R online at www.fsa.gov.uk using the FSA's ONA system.
- (2) A credit union must submit the form in SUP 12 Annex 4R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a firm is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a firm must submit the form in SUP 12 Annex 4R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

[Note: See SUP 12.7.10G to SUP 12.7.11G regarding notification in the event of online failure.]

...

Submission in the event of failure of FSA information technology systems

- 12.7.10 G If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that firms, other than credit unions, should use the alternative methods of submission set out in SUP 12.7.1AR(3) and SUP 12.7.8AR(3) (as appropriate), and SUP 15.7.4R to SUP 15.7.9G, addressing applications for the attention of the Individuals and Mutuels Team.
- 12.7.11 G Where SUP 12.7.1AR(3) or SUP 12.7.8AR(3) apply to a firm, GEN 1.3.2R (Emergency) does not apply.

12.8 Termination of a relationship with an appointed representative or EEA tied agent

Notification of termination or prohibited amendment of the contract

- 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 to the FSA the form in SUP 12 Annex 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.

...

- 12.8.1A R (1) A firm other than a credit union must submit any notification under SUP 12.8.1R(1) in the form set out in SUP 12 Annex 5R, online at www.fsa.gov.uk using the FSA's ONA system.
- (2) A credit union must submit any notification under SUP 12.8.1R(1) in the form set out in SUP 12 Annex 5R and in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a firm is obliged to submit a notification online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a firm must submit any notification in the form set out in SUP 12 Annex 5R and in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- 12.8.1B G If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 12.8.1AR(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.
- 12.8.1C G Where SUP 12.8.1AR(3) applies to a firm, GEN 1.3.2R (Emergency) does not apply.

Delete each of the following forms and replace them with the attached new version. The text is not underlined.

- 12 Annex 3R** **Appointed representative appointment form**
- 12 Annex 4R** **Appointed representative notification form**
- 12 Annex 5R** **Appointed representative termination form**

Amend the following as shown.

13 **Exercise of passport rights by UK firms**

...

13.5 **Notices of intention**

Specified contents: notice of intention to establish a branch

- 13.5.1 R A UK firm, other than a UK pure reinsurer, wishing to establish a branch in a particular EEA State for the first time under an EEA right must ~~include~~

~~in its~~ submit a notice of intention given to the FSA: in the form set out in SUP 13 Annex 1R.

- (1) (a) ~~the information specified in SUP 13 Annex 1R; and~~
- (b) ~~if the UK firm is passporting under the Insurance Directives, the information specified in SUP 13 Annex 2; or~~
- (2) ~~if the UK firm is passporting under the Insurance Mediation Directive, only a statement that it intends to carry on insurance mediation in the State by establishing a branch.~~

13.5.1A R A UK pure reinsurer establishing a branch in a particular EEA state for the first time under the Reinsurance Directive must ~~notify the FSA~~ submit a notice in the form set out in SUP 13 Annex 1R. Whenever possible, this notification must be made as soon as the information specified in ~~SUP 13 Annex 1R~~ that form is known by the firm.

...

Specified contents: notice of intention to provide cross border services

13.5.2 R A UK firm wishing to provide cross border services into a particular EEA State for the first time under an EEA right must ~~include, in its notice of intention given to the FSA~~ submit a notice in the form set out in:

- (1) SUP 13 Annex 2R if the UK firm is passporting under MiFID ~~or the Insurance Directives, the information specified in SUP 13 Annex 3;~~
or
- (1A) SUP 13 Annex 3R if the UK firm is passporting under the Insurance Directives; or
- (2) SUP 13 Annex 4R if the UK firm is passporting under the Banking Consolidation Directive, ~~the activities which it intends to carry on;~~
or
- (3) SUP 13 Annex 5R if the UK firm is passporting under the Insurance Mediation Directive, ~~only a statement that it intends to carry on insurance mediation in that State by provision of cross border services.~~

...

Method of submission of notices

13.5.3 R (1) A UK firm, other than a credit union, must submit any notice under SUP 13.5.1R(1), SUP 13.5.1AR or SUP 13.5.2R online at www.fsa.gov.uk using the FSA's ONA system. The notice of intention under SUP 13.5.1R and SUP 13.5.2R, and the notice required under SUP 13.5.1AR, must be:

- (a) ~~given to a member of, or addressed for the attention of, the Authorisation and Approvals Department (Authorisation teams), if submitted with an application for *Part IV permission*, or the Passport Notifications Unit in any other circumstances; and~~
- (b) ~~delivered to the FSA by one of the methods in (2).~~
- (2) ~~A credit union must submit any notice under SUP 13.5.1R(1), SUP 13.5.1AR or SUP 13.5.2R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification). The notice of intention or notice required under SUP 13.5.1AR may be delivered by:~~
- (a) ~~post to the address in (3); or~~
- (b) ~~leaving the application at the address in (3) and obtaining a time stamped receipt; or~~
- (c) ~~hand delivery to a member of the Authorisation department (if submitted with an application for *Part IV permission*) or to the Passport Notification Unit; or~~
- (d) ~~electronic mail to the address in (4) if not submitted with an application for *Part IV permission* and obtaining an electronic confirmation of receipt; or~~
- (e) ~~fax to the Passport Notifications Unit on 020 7066 9798 (if not submitted with an application for *Part IV permission*) provided that the FSA receives a copy by one of the methods (a) to (d) above within five *business days* after the date of the faxed notification ; or~~
- (f) ~~online submission via the FSA's website at www.fsa.gov.uk (when available).~~
- (3) ~~The address for notices referred to in (2) is: The Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS. Where a firm is obliged to submit a notice in accordance with (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a firm must submit that notice in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).~~
- (4) ~~Email: passport.notifications@fsa.gov.uk [deleted]~~
- 13.5.4 G A standard form of *notice of intention* that a UK firm may wish to use is available from the Passport Notifications Unit (see SUP 13.12 (Sources of further information)).

- (1) If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 13.5.3R(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.
- (2) Where SUP 13.5.3R(3) applies to a firm, GEN 1.3.2R (Emergency) does not apply.

13.5.4A G ~~A UK pure reinsurer giving notice as required under SUP 13.5.1AR may wish to use the passporting notification form available on the FSA website (http://www.fsa.gov.uk/pubs/forms/passporting/branch_eea.doc), adapted as appropriate to reflect the information required by SUP 13 Annex 1R paragraph 4. [deleted]~~

...

13.8 Changes of details: provision of notices to the FSA

- 13.8.1 R (1) ~~A~~ Where a firm is required to submit a notice of a change to a branch referred to in SUP 13.6.5G(1), SUP 13.6.5BG(1), SUP 13.6.7G(1), SUP 13.6.8G, SUP 13.6.9BR and SUP 13.6.10G(1) or and a notice of a change to cross border services referred to in SUP 13.7.3G(1), SUP 13.7.3AG(1), SUP 13.7.5G(1) and SUP 13.7.6G must be: it must complete and submit that notice in accordance with the procedures set out in SUP 13.5 for notifying the establishing of a branch or the provision of cross border services.
- ~~(a) given to a member of, or addressed for the attention of, the Passport Notifications Unit; and~~
 - ~~(b) delivered to the FSA by one of the methods in (2).~~
- (2) ~~The notice may be delivered by:~~
- ~~(a) post to the address in (3); or~~
 - ~~(b) leaving the application at the address in (3) and obtaining a time-stamped receipt; or~~
 - ~~(c) hand delivery to a member of the Passport Notifications Unit; or~~
 - ~~(d) electronic mail to the address in (4) and obtaining an electronic confirmation of receipt; or~~
 - ~~(e) fax to the Passport Notifications Unit on 020 7066 9798 provided that the FSA receives a copy by one of the methods~~

(a) to (d) above within five *business days* after the date of the faxed notification ; or

(f) ~~online submission via the FSA's website at www.fsa.gov.uk (when available).~~ [deleted]

(3) ~~The address for notices is: The Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS.~~ [deleted]

(4) ~~Email: passport.notifications@fsa.gov.uk~~ [deleted]

13.8.1A G The effect of SUP 13.8.1R(1) is that a *firm* should submit any form, notice or application under SUP 13.8.1R(1) in the following ways:

(1) *A UK firm, other than a credit union, should submit it online at www.fsa.gov.uk using the FSA's ONA system.*

(2) *If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a firm should submit it in the way set out in SUP 13.5.3R(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification). GEN 1.3.2R (Emergency) does not apply in these circumstances.*

(3) *If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission should be used.*

(4) *A credit union should submit it in the way set out in SUP 13.5.3R(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).*

...

13.12 Sources of further information

...

13.12.2 G ~~To contact the Passport Notifications Unit, from which a standard form of *notice of intention* can be obtained:~~

(1) telephone on 020 7066 1000; fax on 020 7066 9798 ; or

(2) write to: The Passport Notifications Unit, The Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS; or

(3) Email: passport.notifications@fsa.gov.uk

...

Delete the following forms. The text of the deleted forms is not shown.

- 13 Annex 1R** **Requisite details: branches**
- 13 Annex 2R** **Relevant UK details: branches of insurance undertakings**
- 13 Annex 3R** **Specified information: Cross Border Services**

Insert the following new forms. The text is not shown underlined.

- 13 Annex 1R** **Passporting: Notification of intention to establish a branch in another EEA state**
- 13 Annex 2R** **Passporting: Markets in Financial Instruments Directive**
- 13 Annex 3R** **Passporting: Consolidated Life Directive and Third Non-Life Directive**
- 13 Annex 4R** **Passporting: Banking Consolidation Directive**
- 13 Annex 5R** **Passporting: Insurance Mediation Directive**

Amend the following as shown

15 **Notifications to the FSA**

...

15.4 **Notified persons**

- 15.4.1 R (1) *An overseas firm, which is not an incoming firm, must notify the FSA within 30 business days of any person taking up or ceasing to hold the following positions:*
- (a) *the firm's worldwide chief executive (that is, the person who, alone or jointly with one or more others, is responsible under the immediate authority of the directors for the whole of its business) if the person is based outside the United Kingdom;*
 - (b) *the person within the overseas firm with a purely strategic responsibility for UK operations (see SUP 10.7.4G);*
 - (c) *for a bank or an ELMI: the two or more persons who effectively direct its business in accordance with SYSC 4.2.2R and ELM 5.3.1R, respectively;*

(d) for an *insurer*: the *authorised UK representative*.

- (2) The notification in (1) must be submitted using in the form set out in Form F (SUP 15 Ann 2R). However, if the person is an *approved person*, notification giving details of his name, the *approved person's FSA* individual reference number and the position to which the notification relates, is sufficient.

...

- 15.4.3 G R (1) Copies of Form F may be obtained from the FSA website at www.fsa.gov.uk, or from the Individual Vetting and Approval department. See SUP 10.11.6G for contact details. A *firm* other than a *credit union* must submit the form in SUP 15 Annex 2R online at www.fsa.gov.uk using the FSA's ONA system.
- (2) A *credit union* must submit the form in SUP 15 Annex 2R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a *firm* is obliged to submit an application online under (1), if the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit the form in SUP 15 Annex 2R, in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

- 15.4.3A G (1) If the FSA's information technology systems fail and online submission is unavailable for 24 hours or more, the FSA will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 15.4.3R(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.
- (2) Where SUP 15.4.3R(3) applies to a *firm*, GEN 1.3.2R (Emergency) does not apply.

...

15.5 Core information requirements

Change in name

- 15.5.1 R A *firm* must give the FSA reasonable advance notice of a change in:
- (1) the *firm's* name (which is the registered name if the *firm* is a *body corporate*);
- (2) any business name under which the *firm* carries on a *regulated activity* or *ancillary activity* either from an establishment in the United Kingdom or with or for clients in the United Kingdom.

...

Change in address

- 15.5.4 R A *firm* must give the *FSA* reasonable advance notice of a change in any of the following addresses, and give details of the new address and the date of the change:
- (1) the *firm's* principal place of business in the *United Kingdom*;
 - (2) in the case of an *overseas firm*, its registered office (or head office) address.

...

Other regulators

- 15.5.7 R A *firm* must notify the *FSA* immediately if it becomes subject to or ceases to be subject to the supervision of any *overseas regulator* (including a *Home State regulator*).

...

Submitting notifications to the FSA

- 15.5.9 R (1) A *firm* other than a *credit union* must submit any notice under SUP 15.5.1R, SUP 15.5.4R and SUP 15.5.7R by submitting the form in SUP 15 Annex 3R online at www.fsa.gov.uk.
- (2) A *credit union* must submit any notice under SUP 15.5.1R, SUP 15.5.4R and SUP 15.5.7R by submitting the form in SUP 15 Annex 3R in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- (3) Where a *firm* is obliged to submit a notice online under (1), if the *FSA's* information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit any notice under SUP 15.5.1R, SUP 15.5.4R and SUP 15.5.7R in the form in SUP 15 Annex 3R and in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).
- 15.5.10 G (1) If the *FSA's* information technology systems fail and online submission is unavailable for 24 hours or more, the *FSA* will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 15.5.9R(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.
- (2) Where SUP 15.5.9R(3) applies to a *firm*, GEN 1.3.2R (Emergency) does not apply.

...

15.7 Form and method of notification

...

Method of notification

15.7.4 R Unless stated in the *notification rule*, or on the relevant form (if specified), a written notification required from a *firm* under any *notification rule* must be:

- (1) given to or addressed for the attention of the *firm's* usual supervisory contact at the *FSA*; and
- (2) delivered to the *FSA* by one of the methods in *SUP 15.7.5R*.

15.7.5 R Methods of notification

Method of delivery	
1.	<i>Post</i> to the appropriate address in <i>SUP 15.7.6G</i>
2.	Leaving the notification at the appropriate address in <i>SUP 15.7.6G</i> and obtaining a time-stamped receipt
3.	Electronic mail to an address for the <i>firm's</i> usual supervisory contact at the <i>FSA</i> and obtaining an electronic confirmation of receipt
4.	Hand delivery to the <i>firm's</i> usual supervisory contact at the <i>FSA</i>
5.	Fax to a fax number for the <i>firm's</i> usual supervisory contact at the <i>FSA</i> and receiving a successful transmission report for all pages of the notification
6.	Online submission via the <i>FSA's</i> website at www.fsa.gov.uk

15.7.6 G The current published address of the *FSA* for postal submission or hand delivery of notifications is:

- (1) The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS

if the *firm's* usual supervisory contact at the *FSA* is based in London, or

- (2) The Financial Services Authority
Quayside House
127 Fountainbridge

Edinburgh
EH3 8DJ

if the *firm's* usual supervisory contact at the *FSA* is based in Edinburgh.

- 15.7.7 G If the *firm* or its *group* is subject to lead supervision arrangements by the *FSA*, the *firm* or *group* may give or address a notice under *SUP* 15.7.4R(1) to the supervisory contact at the *FSA*, designated as lead supervisor, if the *firm* has chosen to make use of the lead supervisor as a central point of contact (see *SUP* 1.5).
- 15.7.8 G If a *firm* is a member of a *group* which includes more than one *firm*, any one *undertaking* in the *group* may notify the *FSA* on behalf of all *firms* in the *group* to which the notification applies. In this way, that *undertaking* may satisfy the obligation of all relevant *firms* in the *group* to notify the *FSA*. Nevertheless, the obligation to make the notification remains the responsibility of the individual *firm* itself. See also *SUP* 15.7.3G
- 15.7.9 G *Firms* wishing to communicate with the *FSA* by electronic mail or fax should obtain the appropriate address or number from the *FSA*.

Delete *SUP* 15 Annex 2R (except for the Notes) and 15 Annex 3R and replace with the following new versions. The text is not underlined.

15 Annex 2R Form F: Changes in notified persons

15 Annex 3R Standing data

...

16.3 General provisions on reporting

...

- 16.3.17 R (1) A *firm* must notify the *FSA* if it changes its *accounting reference date*.
- (2) When a *firm* extends its accounting period, it must make the notification in (1) before the previous *accounting reference date*.
- (3) When a *firm* shortens its accounting period, it must make the notification in (1) before the new *accounting reference date*.
- (4) *SUP* 16.10.4AR to *SUP* 16.10.4CG (Method of reporting Requirement to check the accuracy of standing data and to report changes to the *FSA* changes in standing data) apply to any

notification made under (1).

...

16.10 Verification of standing data

...

16.10.4 R (1) Within 30 *business days* of its *accounting reference date*, a *firm* must check the accuracy of its *standing data* through the relevant section of the *FSA* website.

(2) [paragraph suspended by FSA 2004/79]

(3) If any *standing data* is incorrect, the *firm* must ~~give~~ submit the corrected *standing data* to the *FSA*, using the form ~~submitted in accordance with instructions on that form~~ set out in SUP 15 Annex 3R and in accordance with SUP 16.10.4AR.

16.10.4A R (1) A *firm* other than a *credit union* must submit any corrected *standing data* under SUP 16.10.4R(3) online at www.fsa.gov.uk using the *FSA*'s ONA system.

(2) A *credit union* must submit any corrected *standing data* under SUP 16.10.4R(3) in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

(3) Where a *firm* is obliged to submit corrected *standing data* online under (1), if the *FSA*'s information technology systems fail and online submission is unavailable for 24 hours or more, until such time as facilities for online submission are restored, a *firm* must submit its corrected *standing data* in the way set out in SUP 15.7.4R to SUP 15.7.9G (Form and method of notification).

16.10.4B G If the *FSA*'s information technology systems fail and online submission is unavailable for 24 hours or more, the *FSA* will endeavour to publish a notice on its website confirming that online submission is unavailable and that the alternative methods of submission set out in SUP 16.10.4AR(3) and SUP 15.7.4R to SUP 15.7.9G (Form and method of notification) should be used.

16.10.4C G Where SUP 16.10.4AR(3) applies to a *firm*, GEN 1.3.2R (Emergency) does not apply.

...

16.10.7 G ~~For the purpose of SUP 16.10.4R(3), the appropriate form will be determined by the *standing data* to be corrected. Appropriate forms will include (but are not limited to) the form in SUP 15 Ann 3R (standing~~

~~data form) and the form in SUP 15 Ann 4R (notification form). [deleted]~~

16 Annex 16AR Standing data (see SUP 16.10.4R)

- A. Communications with a *firm*
 - 1. Name of the *firm*
 - 2. Trading name(s) of the *firm*
 - 3.
 - 4. Registered office
 - 5. Principal place of business
 - 6. Website address
 - 7. ~~Telephone number~~ Complaints contact and complaints officer
 - 8. The name and email address of the ~~principal~~ primary compliance contact

- B. Information about a ~~firm~~ firm on the *FSA Register*
 - 9. ~~Regulated activities for which a firm has permission~~
 - 10. ~~Whether the firm holds client money~~
 - 11.

- C. Other information about a *firm*
 - 12.
 - 13.
 - 14. Name and address of *firm's* auditor
 - 15. ~~Legal status~~
 - 16. *Accounting reference date*
 - 17. Locum

...

Schedule 4 Powers exercised

4.1G

The following powers and related provisions in or under the <i>Act</i> have been exercised by the <i>FSA</i> to make the rules in <i>SUP</i> :	
	...
	Paragraph 17(1) (Fees) of Schedule 1 ...
	<u>Paragraphs 19 (Establishment) and 20 (Services) of Schedule 3 (EEA Passport Rights)</u>
	...

...

4.3G

The following powers and related provisions in or under the <i>Act</i> have been exercised by the <i>FSA</i> in <i>SUP</i> to direct or require:	
	...
	Section 250(4) and (5) ...
	<u>Section 294 (Modification or waiver of rules)</u>
	...

Editor's Note:

The following pages of this instrument contain the new forms, and replaced versions of existing forms, referred to earlier. These are as follows:

10 Annex 6R	Form C: Notice of ceasing to perform controlled functions
10 Annex 7R	Form D: Notification of changes in personal information or application
12 Annex 3R	Appointed representative appointment form
12 Annex 4R	Appointed representative notification form
12 Annex 5R	Appointed representative termination form
13 Annex 1R	Passporting: Notification of intention to establish a branch in another EEA state
13 Annex 2R	Passporting: Markets in Financial Instruments Directive
13 Annex 3R	Passporting: Consolidated Life Directive and Third Non-Life Directive
13 Annex 4R	Passporting: Banking Consolidation Directive
13 Annex 5R	Passporting: Insurance Mediation Directive
15 Annex 2R	Form F: Changes in notified persons
15 Annex 3R	Standing data

continued

Application number
(for FSA use only)

The FSA has produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the FSA's website at http://fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc Both the applicant and the approved person will be treated by the FSA as having taken these notes into consideration when completing their answers to the questions in this form.

Form C

Notice of ceasing to perform controlled functions

FSA Handbook Reference: SUP 10 Annex 6R (Notification under SUP 10.13.6R)

Name of *approved person*[†]
(to be completed by applicant)

Name of *firm*[†]

The Financial Services Authority
Permissions, Decisions & Reporting Division
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fsa.gov.uk
Website <http://www.fsa.gov.uk>




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

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

Personal identification details

Section 1

1.01	FSA Individual Reference Number (IRN) †	
1.02	Title † (e.g. Mr, Mrs, Ms, etc)	
1.03	Surname †	
1.04	ALL forenames †	
1.05	Date of birth †	/ /
1.06	National Insurance number †	
1.07	Approved person's private address †	

 I have supplied further information related to this page in Section 4 † YES NO

Firm identification details

Section 2

2.01	Name of firm *	
2.02	FSA Firm Reference Number (FRN) *	
2.03 a	Who should the FSA contact at the firm in relation to this notice? †	
b	Business address †	
c	Position †	
d	Telephone †	
e	Mobile †	

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

f

Fax[†]

g

E-mail[†]



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

3.01 List all *controlled functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

If the reason for ceasing to perform the *controlled function* is indicated in column B, the *FSA* should be notified in accordance with *SUP 10.13.7R* and *SUP 10.13.8G* (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted

					Reason [†]	
	FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]	A	B Full explanation in 4.02
a				/ /	Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
b				/ /	Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
c				/ /	Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
d				/ /	Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)
e				/ /	Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in 4.02)

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



I have supplied further information related to this page in Section 4[†] YES NO



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

4.01 Is there any other information the approved person or the firm considers to be relevant to the application? †

Please provide full details†

4.02 Please indicate clearly which question the supplementary information relates to. †

Question	Information

4.03 How many additional sheets are being submitted? †

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

Supporting Documents

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

Documents	Mode (by email, fax or post)

Other information (please specify)[†]

--



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

Warning[†]

Knowingly or recklessly giving the Financial Services Authority (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 15.6.1R and 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. APER 4.4.6E provides that, where an approved person is responsible for reporting matters to the FSA, failure to inform the FSA of materially significant information of which he is aware is a breach of Statement of Principle 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. 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 there is any doubt about the relevance of information, it should be included.

Data Protection[†]

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

I confirm that a permanent copy of this application, signed by the firm, will be retained for an appropriate period, for inspection at the FSA's request. Confirm that you have read and understood the declaration:

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

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

First name of the person signing on behalf of the firm[†]

Surname of the person signing on behalf of the firm[†]

Date[†]

Signature^{*}

Job title[†]

Name of firm[†]

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

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

^{*} These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online.



Application number
(for FSA use only)

The FSA has produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the FSA's website at http://fsahandbook.info/FSA/docs/notes/imap_formd_notes.doc. Both the applicant and the approved person will be treated by the FSA as having taken these notes into consideration when completing their answers to the questions in this form.

Form D

Notification of changes in personal information or application details

FSA Handbook Reference: SUP 10 Annex 7R (Notification under SUP 10.13.18R)

Name of individual
(to be completed by applicant)[†]

Name of firm[†]

The Financial Services Authority
Permissions, Decisions & Reporting Division
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 207 066 0017
E-mail iva@fsa.gov.uk
Website <http://www.fsa.gov.uk>

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

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

Contact Details

Contact for this notification

	Title [†]	
	First Name [†]	
	Surname [†]	
	Job Title [†]	
	Business address [†]	
	Post code [†]	
	Phone number (including STD code) [†]	
	Email address [†]	
	Mobile No [†]	
	Fax No. [†]	



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

If any of the details have changed please provide new details below

1.01 Approved person *FSA Individual Reference Number (IRN)*[†]

DETAILS TO BE CHANGED

1.02 Title (e.g. Mr, Mrs, Ms, etc)[†]

1.03 Surname[†]

1.04 ALL forenames[†]

1.05 Date of birth[†]

1.06 National Insurance number[†]

1.07 Nationality[†]

1.08 Passport number[†]

1.09 Other changes in application details and matters relating to fitness and propriety[†]

1.10 Effective date of change[†]

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

1.11

Reason for change[†]



I have supplied further information related to this page in Section 3[†]

YES

NO



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

Do you want to notify us of a change of arrangement between the approved person and the firm? †

Does the change in arrangement relate to an appointed representative? †

Current appointed representative details? †

AR FRN	Firm Name

Do you want to add an appointed representative? †

Do you want to remove an appointed representative? †

As a result of this removal you will need to consider whether to submit a withdrawal of a CF and/or an Appointed Representative termination

Please select the appointed representative to remove †

AR FRN	Firm Name	Remove

Effective Date †



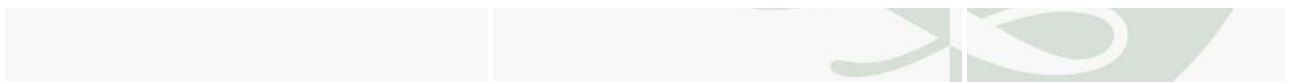
† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

2.01 Name of *firm*

2.02 FSA Firm Reference Number (FRN)*

2.03 Other *firms* for whom the individual performs *controlled functions*[†]

	FSA FRN	Name of firm	Controlled function
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	<input type="text"/>	<input type="text"/>	<input type="text"/>
e	<input type="text"/>	<input type="text"/>	<input type="text"/>



I have supplied further information related to this page in Section 3[†] YES NO



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

Fitness and Propriety[†]

Do you want to notify us of a change to the approved person's fitness and propriety?

1. Has the approved person ever been convicted of any offence (whether spent or not and whether or not in the United Kingdom):, (i) involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences and/or other dishonesty; or (ii) relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations and/or insider dealing?

Enter full details in this section

2. Is the approved person the subject of any current criminal proceedings?

Enter full details in this section

3. Has the approved person ever been given a caution in relation to any criminal offence?

Enter full details in this section

4. Has the approved person any convictions for any offences other than those listed above, whether or not in the United Kingdom (excluding traffic offences unless these traffic offences resulted in a ban from driving or involved driving without insurance)?

Enter full details in this section

5. Has the approved person ever had a County Court Judgement (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?

Enter full details in this section

6. Has the approved person had more than two CCJs or judgement debts?

Enter full details in this section

7. Has the approved person had more than £1,000 in total of CCJs or judgement debts?

Enter full details in this section

8. Is the approved person aware of:

a). any proceedings that have begun, or anybody's intention to begin proceedings, against the approved person for a CCJ or other judgement debt?

Enter full details in this section

b). more than one set of proceedings, or anybody's intention to begin more than one set of proceedings, that may lead to a CCJ or other judgement debt?

Enter full details in this section

c). anybody's intention to claim more than £1,000 of CCJs or judgement debts in total from the approved person?

Enter full details in this section

9. Does the approved person have any current judgement debts (including CCJs) made under a court order still outstanding, whether in full or in part?

Enter full details in this section

10. Has the approved person ever failed to satisfy any such judgement debts within one year of the order being made?

Enter full details in this section

11. Is the approved person or has the approved person ever been the subject of any bankruptcy proceedings, or proceedings for the sequestration of the approved person's estate?

Enter full details in this section

12. Has the approved person ever entered into, or is in the process of entering into, an agreement in favour of the approved person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

Enter full details in this section

13. Does the approved person have any outstanding financial obligations arising from regulated activities, which the approved person has carried out in the past, in the United Kingdom or overseas? (In the case of advisers, this will include any outstanding liabilities arising from commissions paid for the sale of packaged products that have lapsed).

Enter full details in this section

14. Has the approved person ever been found guilty of carrying on any unauthorised regulated activities or been investigated for possible carrying on of unauthorised regulated activities?

Enter full details in this section

15. Is the approved person, or has the approved person, ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

Enter full details in this section

16. Has the approved person ever, either in the United Kingdom or elsewhere:
- a). been refused entry to, or been dismissed, suspended or asked to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated?

Enter full details in this section

- b). been refused, restricted in or had suspended, the right to carry on any trade, business, or profession for which specific licence, authorisation, registration, membership or other permission is required?

Enter full details in this section

c). been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?

Enter full details in this section

d). been the subject of a disqualification direction under section 59 of the Financial Services Act 1986; a prohibition order under section 56 of the Financial Services and Markets Act 2000; or received a warning notice that such a direction or order be made?

Enter full details in this section

17. In relation to activities regulated by the FSA or any other regulatory body, has:

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

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

Enter full details in this section

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

Enter full details in this section

c). resigned while under investigation by, or been required to resign from any such body?

Enter full details in this section

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

Enter full details in this section

e). been the subject of any civil action which has resulted in a finding against the approved person or it by a court?

Enter full details in this section

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

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

Enter full details in this section

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

Enter full details in this section

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

Enter full details in this section

d) been convicted of any criminal offence, censured, disciplined or publicly criticised by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body (other than as already indicated under 17(b) above)?

Enter full details in this section

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

Enter full details in this section

Enter Date of change:



3.01 Is there any other information the approved person or the firm considers to be relevant to the application? †

Please provide full details†

3.02 Please indicate clearly which question the supplementary information relates to. †

Question	Information

3.03 How many additional sheets are being submitted? †

Supporting Documents[†]

Indicate the required supporting documents to accompany this form.

Documents	Mode (by email, fax, post)



DECLARATION OF APPROVED PERSON[†]

The *firm* must ask the individual to make the declaration only where the firm becomes aware of information that would reasonably be material to the assessment of the *approved person's* continuing fitness and propriety.

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

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

Data Protection[†]

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

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

The *FSA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. **I authorise the *FSA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. I also understand that the results of these checks may be disclosed to my employer.**

4.01 Full name of *approved person*
i.e. Title, forenames, SURNAME[†]

4.02 Signature^{*}

Date[†] / /

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

DECLARATION OF FIRM[†]

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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FSA* and to notify the *FSA* immediately if materially inaccurate information has been provided. *APER* 4.4.6E provides that, where an *approved person* is responsible for reporting matters to the *FSA*, failure to inform the *FSA* of materially significant information of which he is aware is a breach of *Statement of Principle 4*. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the *FSA*. 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 there is any doubt about the relevance of information, it should be included.

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

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

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

4.03 Name of the *firm*[†]

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

4.05 Position[†]

4.06 Signature*

Date[†] / /

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



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

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



Add an appointed representative or tied agent form

Notification under SUP 12.7.1R (i.e. the form in SUP 12 Ann 3R)

Firm name (i.e. the principal firm) †

12123 ("the firm")

Firm reference number^{§*}

Address^{§*}

Please return the form to:

The Financial Services Authority
Individuals Mutuals and Policy Department

25 The North Colonnade
Canary Wharf

London E14 5HS
United Kingdom

Telephone Firm Contact Centre
Facsimile

0845 606 9966
+44 (0) 20 7066 0017

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

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

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

§ Denotes a mandatory field

NOTES

This form should be used to notify the FSA of a new appointed representative or tied agent. It is the form required by SUP 12.7.1R which is set out in SUP 12 Ann 3R.

For the purposes of this form, references to 'appointed representative' include 'tied agent' unless the context otherwise requires.

Personal Details

Section A

1 Contact name for this form (this is not necessarily the same person making the declaration at the end of the form)[†]

§

2 Contact's details:

a position in the *firm*[†]

§

b daytime telephone number[†]

§

c e-mail address[†]

d individual reference number (IRN), if applicable*

e business address[†]

f post code[†]

g mobile phone[†]

h fax number[†]

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

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

§ Denotes a mandatory field

1 Name of the appointed representative[†] §

Appointed Representative FRN (if known) *

2 Address of the appointed representative[†] §

Postcode:

3 Trading name(s) of the appointed representative, if different to the name given in question 1 above[†]

4 Telephone number of the appointed representative[†]

5 Fax number of the appointed representative[†]

6 Email address of the appointed representative[†]

7 Website address of the appointed representative[†]

8 Legal status of the appointed representative[†] §

Private limited company

Public limited company

Partnership

Limited partnership

Limited liability partnership

Unincorporated association

Sole trader

Other, please specify below

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

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

§ Denotes a mandatory field

[Redacted area]

9 Date of appointment (if an appointed representative carrying on insurance mediation activities or a tied agent) or commencement of activities (if any other kind of appointed representative) † §

/ /

Yes No

10 Is the appointed representative an introducer appointed representative? § †

11 Will the appointed representative undertake designated investment business? † §

12 Will the appointed representative undertake home finance activities? † §

13 Is the application in respect of: † §

(1) an appointed representative who will carry on insurance mediation activities?

If question 13(1) is answered “yes”, you must complete the 3 fields immediately below:

Name of main contact for FSA register: Title †

Forename(s) †

Surname †

or

(2) a tied agent?

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

§ Denotes a mandatory field

Warning[†]

Knowingly or recklessly giving the FSA 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 FSA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant.

Review and submission[†]

The ability to submit this form is given to an appropriate user or users by the firm's principal compliance contact.

Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.

Declaration[†]

By submitting this notification

- **I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.**
- **I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **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.**

Signature *

Name of signatory †

Date †

/ /

Position in firm †

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

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

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



Appointed representative or tied agent - change details – ONA Version

Notification under SUP 12.7.7R (i.e. the form in SUP 12 Ann 4R)

Firm name (i.e. the principal firm)[†]

("the firm")

Firm reference number*

Address*

Please return this form to:

The Financial Services Authority
Individuals, Mutuels and Policy Department
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 20 7066 0017

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

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

NOTES

This form should be used to change the details of an existing appointed representative or tied agent. It is the form required by SUP 12.7.7R which is set out in SUP 12 Ann 4R.

For the purposes of this form, references to 'appointed representative' include 'tied agent' unless the context otherwise requires.

N.B. if all the changes made on the form do not take effect from the same date, you should use more than one form for each set of changes that take effect on the same date.

Personal Details

Section A

1 Contact Name for this form (this is not necessarily the same person making the declaration at the end of the form)[†]

§

2 Contact's details:

a position in the *firm*[†]

§

b daytime telephone number[†]

§

c e-mail address[†]

d business address[†]

e post code[†]

f mobile phone number[†]

g fax number[†]

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

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? †

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



I have supplied further information
related to this page in Section 3[†]

YES

NO



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

Yes

2 Do you wish to change the name of the appointed representative? [†]

If 'Yes', what is the new name of the appointed representative? [†]

§

Yes

3a Do you wish to change the legal status of the appointed representative? [†]

If 'Yes', what is the new legal status of the appointed representative? [†]

Private limited company Public limited company

Partnership Limited partnership

Limited liability partnership Unincorporated association

Sole trader Other, please specify below

Yes No N/A

3b Has the name change been approved by Companies House? [†]

N.B. If the appointed representative is a UK registered company or LLP, the name of the appointed representative can only be changed if the change has already been approved by Companies House.

Yes

4 Do you wish to change the address of the appointed representative? [†]

If 'Yes', please enter the new address: [†]

§

Postcode:

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

Yes

- 5** Do you wish to change the trading name(s) of the appointed representative? [†]

If 'Yes', please provide details below. If you wish to amend a trading name please enter the name to be deleted in the box on the left and add the new one in the box on the right.

Please detail the trading name(s) to be deleted below: [†]

Please detail the trading name(s) to be added below: [†]

--	--

Yes

- 6** Do you wish to change the telephone number of the appointed representative? [†]

If 'Yes', please enter the new telephone number: [†]

§

Yes

- 7** Do you wish to change the fax number of the appointed representative? [†]

If 'Yes', please enter the new fax number: [†]

§

Yes

- 8** Do you wish to change the E-mail address of the appointed representative? [†]

If 'Yes', please enter the new e-mail address[†]

§

Yes

- 9** Do you wish to change the website address of the appointed representative? [†]

If 'Yes', please enter the new website address: [†]

§

Yes No

- 10** Is the appointed representative currently an introducer appointed representative? [†]

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

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

11 Do you wish to change the details of the Main Contact for the FSA register for this appointed representative? † Yes No

If 'Yes', please give the new details: Title†

Forename(s) †

Surname†

12 Does the appointed representative undertake home finance activities? † Yes No

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

13 Does the appointed representative undertake designated investment business activities? † Yes No

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

14 Is the change in respect of an appointed representative who is carrying on or proposes to carry on insurance mediation activities or a tied agent? † Yes No

If so please provide details below: †

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

15 Please enter the date on which these changes take effect: †

§ / /




3.01 Is there any other information the approved person or the firm considers to be relevant to the application? †

Yes

No

If so, please provide full details†

3.02 Please indicate clearly which question the supplementary information relates to. †

Question	Information
	

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

3.03

How many additional sheets are being submitted? †

Supporting Documents

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

Documents	Mode (Send by email, Post, or Fax)

Other information (please specify)[†]:

--



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

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 FSA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant.

Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.

Declaration[†]**By submitting this notification:**

- **I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.**
- **I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **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.**

Signature^{*}Name of signatory[†].Date[†]

/ /

Position in *firm*[†]Individual Reference Number (if applicable)[†]
 Tick here to confirm you have read and understood this declaration:[∞]

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

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

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



Appointed Representative - Termination

Notification under SUP 12.8.1R (i.e. the form in SUP 12 Ann 5R)

Firm name (i.e. the *principal firm*)[†]

("The firm")

Firm reference number*

Address*

Please return this form to :
The Financial Services Authority
Individuals, Mutuels and Policy Department
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Facsimile +44 (0) 20 7066 0017

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

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

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

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 †

e business address †

f post code †

g mobile phone †

h fax number †

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

If you wish to terminate more than one of your appointed representatives **for the same reason and with effect from the same date** please complete this section, otherwise proceed to section B2.

Please list the names, FRNs and postcodes of the appointed representatives you wish to terminate below:

Appointed representative name[†]

FRN[†]

Postcode[†]



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

--	--	--



Reason for Termination[†]:

- | | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| Resignation/end of contract | <input type="checkbox"/> | Terminated by Principal | <input type="checkbox"/> |
| Deceased | <input type="checkbox"/> | Redundancy | <input type="checkbox"/> |
| Resignation whilst under investigation | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Suspension | <input type="checkbox"/> | Termination of Employment or Contract | <input type="checkbox"/> |

If the reason for termination is Terminated by Principal please give further details below[†]:

If you have any additional information to add to the reason above please attach it to this form[†].

Date of Termination: [†]

/ /

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



Please use this section if you wish to terminate one appointed representative. If you wish to terminate more than one appointed representative but for different reasons please copy this section as appropriate and attach to the form.

In order to terminate an appointed representative please complete the following details:

Please enter the name of the appointed representative[†]: §

Please enter the FRN of the appointed representative: [†] §

Please enter the postcode of the appointed representative: [†]

Reason for Termination: [†]

Resignation/end of contract Terminated by Principal

Deceased Redundancy

Resignation whilst under investigation Retirement

Suspension Termination of Employment or Contract

If the reason for termination is Terminated by Principal please give further details below: [†]



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

If you have any additional information to add to the reason above please attach it to this form. †

Date of Termination: †:

/ /



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

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 FSA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant.

Review and submission[†]

The ability to submit this form is given to an appropriate user or users by the firm's principal compliance contact.

Some questions do not require supporting evidence. However, the records, which demonstrate the applicant firm's compliance with the rules in relation to the questions, must be available to the FSA on request.

Declaration[†]

By submitting this notification

- **I/we confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.**
- **I am/we are aware that it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **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 Reference Number (if applicable)[†]

Signature^{*}

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

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

^{*} These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online

[∞] The above question(s) appears on the electronic form submission only. It does not appear on a paper form submission.

Passporting

Notification of intention to establish a branch in another EEA state



(SUP 13 Annex 1R – Notification under SUP 13.5.1R)

Full name of firm [†]

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to establish your first *branch* in a particular *EEA State*. You should also use this form if you are a *UK firm* that wishes to notify us – the *FSA* – of changes to the details of your current *branch*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to establish a *branch* in another *EEA State* subject to the conditions of a relevant *single market directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take their own legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission (unless the *UK firm* is a *subsidiary* of a *firm* which is a *credit institution* that meets the criteria set out in the *Banking Consolidation Directive*).

Filling in the Form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 10.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 10.
3. All firms should answer sections 1, 2 and 10. Sections 3-9 refer to specific directives and only relevant sections should be completed. However, please answer all questions in the sections relevant to you.
4. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name†	
Address Line 1†	
Address Line 2†	
Postcode†	
Country†	
Telephone number†	
Fax number†	
Email address†	

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

2 Details about the branch

- 2.1 Please indicate the *EEA State* in which you wish to establish a *branch*.

EEA State †	
-------------	--

- 2.2 Please provide the address in the *EEA State* in which the *branch* will be established and from which we can get information about the business. †

Address: †	
Telephone number: †	Fax number: †

- 2.3 Please list the names of all *managers* of the *branch* (including main agents in respect of insurance applications). †

Title	Forenames	Surname

- 2.4 Tell us the proposed date for the business to start at the branch. †

Date	dd/mm/yy
------	----------

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

3 Insurance Mediation Directive (IMD)

- 3.1 Please confirm that the *UK firm* wishes to passport under the IMD by ticking the box below. †

The <i>firm</i> intends to carry on <i>insurance mediation</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	<input type="checkbox"/>
--	--------------------------

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

4 Markets in Financial Instruments Directive ('MiFiD')

4.1 Please tick the appropriate boxes to show the *investment services* your firm will provide, together with the associated instruments. [†]

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFiD Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA state are required to complete Annex 1 at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.

[§]Please refer to MiFiD Article 23(1) for details of the activities that may be provided by a tied agent

		Tied Agent [§]														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls





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

4.2 Please give details of the firm's programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the branch[†]

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p><u>1. Corporate strategy</u>[†]</p> <p><i>a) How will the branch contribute to the strategy of the firm/group?</i></p> <p><i>b) What will the main functions of the branch be?</i></p>	
<p><u>2. Commercial Strategy</u>[†]</p> <p><i>a) Describe the types of customers/counterparties the branch will be dealing with</i></p> <p><i>b) Describe how the firm will obtain and deal with these clients</i></p>	
<p><u>3. Organisational structure</u>[†]</p> <p><i>a) Briefly describe how the branch fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)</i></p> <p><i>b) Set out the organisational structure of the branch, showing both functional and legal reporting lines</i></p> <p><i>c) Which individual will be responsible for the branch operations on a day to day basis?</i></p> <p><i>d) Which individual will be responsible for compliance at the branch?</i></p> <p><i>e) Which individual will be responsible for dealing with complaints in relation to the branch?</i></p> <p><i>f) How will the branch report to the head office?</i></p>	

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

<p><i>g) Detail any critical outsourcing arrangements [†]</i></p>	
<p>4. Tied Agents [†] <i>a) Will the branch use tied agents?</i> <i>b) If the information is available, what is the identity of the tied agents? (Annex 1)</i> <i>c) What investment services and activities will be provided by the tied agent?</i></p>	
<p>5. Systems & Controls [†] <i>Provide a brief summary of arrangements for:</i> <i>a) Safeguarding client money and assets</i> <i>b) Compliance with the conduct of business and other obligations that fall under the responsibility of the host state competent authority according to MiFID Article 32(7) and record keeping under Article 13(9)</i> <i>c) Code of Conduct, including personal account dealing</i> <i>d) Anti-money laundering</i> <i>e) Monitoring and control of critical outsourcing agreements (if applicable)</i></p>	
<p>6. Auditor details [†] <i>Details of the audit arrangements of the branch (including where applicable, details of the external auditor)</i></p>	
<p>7. Profit & loss forecast [†] <i>Attach a forecast statement for profit & loss and cashflow, both over a 12 month period.</i></p>	

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

5 Banking Directive

5.1 Please tick the appropriate boxes to show the activities to be provided. †

Note to Question

5.1

The box marked § should only be completed by UK credit institutions wishing to passport investment services and activities and ancillary services provided for by the extended scope of MiFID with effect from 1 November 2007.

Activity		
1	Acceptance of deposits and other repayable funds	<input type="checkbox"/>
2	Lending, including, inter alia, consumer credit, mortgage credit, factoring, with or without recourse, and financing of commercial transactions (including forfeiting)	<input type="checkbox"/>
3	Financial leasing	<input type="checkbox"/>
4	Payment services as defined in Article 4(3) of Directive 2007/64/EC of the European Parliament and of the Council of 13 November 2007 on payment services in the internal market	<input type="checkbox"/>
5	Issuing and administering other means of payment (e.g. travellers' cheques and bankers' drafts) insofar as this activity is not covered by point 4	<input type="checkbox"/>
6	Guarantees and commitments	<input type="checkbox"/>
7	Trading for own account or for account of customers in:	<input type="checkbox"/>
	(a) money market instruments (cheques, bills, certificates of deposits etc)	<input type="checkbox"/>
	(b) foreign exchange	<input type="checkbox"/>
	(c) financial futures and options	<input type="checkbox"/>
	(d) exchange and interest-rate instruments	<input type="checkbox"/>
	(e) transferable securities	<input type="checkbox"/>
8	Participation in securities issues and the provision of services related to such issues	<input type="checkbox"/>
9	Advice to undertakings on capital structure, industrial strategy, and related questions and advice and services relating to mergers and the purchase of undertakings	<input type="checkbox"/>
10	Money broking	<input type="checkbox"/>
11	Portfolio management and advice	<input type="checkbox"/>
12	Safekeeping and administration of securities	<input type="checkbox"/>
13	Credit reference services	<input type="checkbox"/>
14	Safe custody services	<input type="checkbox"/>
§	Additional MiFID services and activities subject to mutual recognition under the Banking Directive	<input type="checkbox"/>

§ See separate matrix on next page

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

		EEA State [†]														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID investment services activities and instruments.

UK firms that intend to use a tied agent *established* in the territory of the host state are required to complete 'Annex 1' at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.[§]

[§]Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

		EEA State [§]														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								



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

5.2 Please give details of the firm's programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the branch[†]

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p>1. Business Plan[†]</p> <p>a) <i>How will the branch contribute to the overall strategy of the institution/group?</i></p> <p>b) <i>What will be the main objectives and functions of the branch?</i></p> <p>c) <i>Describe the types of customers/counterparties the branch will be dealing with</i></p> <p>d) <i>Describe how the institution will obtain and deal with these customers/clients</i></p>	
<p>2. Organisational structure[†]</p> <p>a) <i>Briefly describe how the branch fits into the corporate structure of the group</i></p> <p>b) <i>Description of the administrative structure of the branch (number of business units/premises; number of employees; organisational chart, showing both functional and legal reporting lines)</i></p> <p>c) <i>Details of the branch manager(s) – CV(s) to be supplied</i></p> <p>d) <i>Details of any direct business relations (clients, partners, counterparties) and conditions under which they operate</i></p> <p>e) <i>Details of links with administrative and IT systems of the head office</i></p> <p>f) <i>Details of links with internal control system of the head office</i></p>	
<p>3. Systems & Controls[†]</p> <p>a) <i>Measures for supervising risk management procedures (includes credit/market/operational/liquidity)</i></p> <p>b) <i>Powers of the branch in respect of granting credit facilities</i></p> <p>c) <i>Details of the audit arrangements of the branch (including where applicable details of the external auditor)</i></p> <p>d) <i>anti-money laundering procedures (including the name of the AML compliance officer)</i></p> <p>e) <i>monitoring and control of critical outsourcing arrangements (if applicable)</i></p>	

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

<p><u>4. Financial information</u></p> <p><i>Attach a forecast for over at least a 12 months period, of material items of the Balance Sheet and Profit and Loss.</i></p>	
<p><u>5 Investment activities</u> (if applicable) †</p> <ul style="list-style-type: none"> • <i>Provide details of arrangements for:</i> <ul style="list-style-type: none"> • <i>safeguarding client money and assets</i> • <i>compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to MiFID Article 32(7) and record keeping under MiFID Article 13(9)</i> • <i>code of conduct, including personal account dealing</i> • <i>Provide details of the individual who will be responsible for compliance of the branch</i> • <i>Provide details of the individual responsible for dealing with complaints in relation to the investment activities of the branch</i> 	

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

6 Consolidated Life Assurance Directive

Note to Question 6.1

For the purpose of this form, 'authorised agent' means an agent or employee of the insurance undertaking who has authority (a) to bind the insurance undertaking in its relations with third parties and (b) to represent the insurance undertaking in its relations with overseas regulators and courts in the EEA State of the branch.

6.1 Please provide the name of the UK firm's authorised agent. If the firm is a member of Lloyd's, please also confirm that the authorised agent has power to accept service of proceedings on behalf of Lloyd's. †

Name of agent †

If applicable, confirmation that agent has power to accept service of proceedings on behalf of Lloyd's †

6.2 Please tick the appropriate boxes to show the classes of business to be provided. †

Classes of Business		
I	Life and Annuity	<input type="checkbox"/>
II	Marriage and Birth	<input type="checkbox"/>
III	Linked Long Term	<input type="checkbox"/>
IV	Permanent Health	<input type="checkbox"/>
V	Tontines	<input type="checkbox"/>
VI	Capital redemption	<input type="checkbox"/>
VII	Pension Fund Management	<input type="checkbox"/>
VIII	Collective Insurance	<input type="checkbox"/>
IX	Social Insurance	<input type="checkbox"/>


6.3 Please give details of the nature of the commitments to be covered in the EEA State concerned. †

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

6.4 Please give details of the structural organisation of the *branch* (you may wish to attach an organisation chart).[†]



6.5 Please give details of the guiding principles for reinsurance of business carried on, or to be carried on, in the *EEA State* concerned. This should include the *firm's* maximum retention per risk or event after all reinsurance is ceded[†]



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

6.6 Please confirm you have attached the following. †

i.	Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii.	Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii.	For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
iv.	For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned (this information should be provided on both optimistic and pessimistic bases, for each type of contract or treaty):		
	a) the number of contracts or treaties expected to be issued;	Attached	<input type="checkbox"/>
	b) the total premium income, both gross and net of reinsurance ceded; and	Attached	<input type="checkbox"/>
	c) the total sums assured or the total amounts payable each year by way of annuity.	Attached	<input type="checkbox"/>
v.	For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned:		
	a) a statement setting out, on both optimistic and pessimistic bases, detailed estimates of income and expenditure for direct business, reinsurance acceptances and reinsurance cessions; and	Attached	<input type="checkbox"/>
	b) a statement of estimates relating to the financial resources intended to cover underwriting liabilities.	Attached	<input type="checkbox"/>
vi.	Particulars of any associations that exist or are proposed to exist between:		
	a) the directors and controllers of the <i>UK firm</i> ; and	Attached	<input type="checkbox"/>
	b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

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

viii The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of those sources.	Attached	<input type="checkbox"/>
ix. Copies or drafts of: a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned; b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and c) any agreements which the <i>UK firm</i> will enter into with persons (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.		
a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	<input type="checkbox"/>
b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	<input type="checkbox"/>
c) any agreements which the <i>UK firm</i> will enter into with persons (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
x. The technical bases that the actuary appointed in accordance with <i>SUP 4.3.1R</i> proposes to use for each class of business to be carried on in the <i>EEA State</i> concerned, including the bases needed for calculating premium rates and mathematical reserves.	Attached	<input type="checkbox"/>
xi. A statement by the actuary so appointed as to whether:		
a) he considers that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and	Attached	<input type="checkbox"/>
b) he agrees with the information provided under sections 6.5 and 6.6 v (a) and (b).	Attached	<input type="checkbox"/>
xii. The technical bases used to calculate the statements and estimates referred to in sections 6.6 iv and v.	Attached	<input type="checkbox"/>

7 First, Second and Third Non-Life Insurance Directives

- 7.1 Please provide the name of *UK firm's* authorised agent. If the firm is a *member of Lloyd's*, please confirm that the authorised agent has power to accept service of proceedings on behalf of *Lloyd's*.[†]

Name of agent [†] █
If applicable, confirmation that agent has power to accept service of proceedings on behalf of <i>Lloyd's</i> [†] <input type="checkbox"/>

- 7.2 Please tick the appropriate boxes to show the classes of business to be carried out from the *branch*.[†]

Classes of Business		
1	Accident	<input type="checkbox"/>
2	Sickness	<input type="checkbox"/>
3	Land Vehicles	<input type="checkbox"/>
4	Railway Rolling Stock	<input type="checkbox"/>
5	Aircraft	<input type="checkbox"/>
6	Ships	<input type="checkbox"/>
7	Goods in Transit	<input type="checkbox"/>
8	Fire and Natural Forces	<input type="checkbox"/>
9	Damage to Property	<input type="checkbox"/>
10	Motor Vehicle Liability	<input type="checkbox"/>
11	Aircraft Liability	<input type="checkbox"/>
12	Liability for Ships	<input type="checkbox"/>
13	General Liability	<input type="checkbox"/>
14	Credit	<input type="checkbox"/>
15	Suretyship	<input type="checkbox"/>
16	Miscellaneous Financial Loss	<input type="checkbox"/>
17	Legal Expenses	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

7.3 Please give details of the nature of the risks to be covered in the EEA State(s) concerned. †

Note to question

7.3

- i. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned at question 7.3.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*.

- ii. If the firm covers (or intends to cover) **health insurance**, please provide the technical bases used, or to be used, for calculating premiums in respect of such risks in question 7.3.

- iii. If the firm covers (or intends to cover) risks relating to **legal expenses insurance**, please state, in question 7.3, the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

7.4 Please give details of the structural organisation of the branch (UK firms may wish to attach an organisation chart). †

7.5 Please give details of the guiding principles as to reinsurance of business carried on, or to be carried on, in the EEA State concerned, including the firm's maximum retention per risk or event after all reinsurance ceded. †

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

7.6 Please confirm you have attached the following. †

i.	Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii.	Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii.	If contracts of a kind falling within paragraph 18 of Schedule 1 to the <i>Regulated Activities Order</i> (Assistance) are, or are to be, effected or carried out, the resources available for providing assistance.	Attached	<input type="checkbox"/>
iv.	For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
v.	For each of the first three years following the establishment of the <i>branch</i> , give the details described below about the business carried on in the <i>EEA State</i> concerned:		
		a) estimates relating to expenses of management (other than cost of installation) and, in particular, those relating to current general expenses and commissions;	Attached <input type="checkbox"/>
		b) estimates relating to premiums or contributions (both gross and net of all reinsurance ceded) and to claims (after all reinsurance recoveries); and	Attached <input type="checkbox"/>
		c) estimates relating to the financial resources intended to cover underwriting liabilities.	Attached <input type="checkbox"/>
vi.	Particulars of any associations that exist or are proposed to exist between:	Attached	<input type="checkbox"/>
	b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.		
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

Continued over

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

7.6 continued[†]

viii. The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of these sources.	Attached	<input type="checkbox"/>
ix. Copies or drafts of: a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned; b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and c) any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.		
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
x. Copies or drafts of any agreements which the <i>UK firm</i> will have with main agents in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

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

8 Reinsurance Directive

- 8.1 Please confirm the type(s) of reinsurance activity to be carried out by the branch under the Reinsurance Directive by ticking one of the boxes below. †**

Life reinsurance business	<input type="checkbox"/>
Non-life reinsurance business	<input type="checkbox"/>

- 8.2 Please provide the name and powers of the authorised agent. Please note that the authorised agent should be located at the same address of branch. †**

<div style="background-color: #cccccc; height: 15px; width: 40px; margin-bottom: 5px;"></div>

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

9 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

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

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

- I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.
- I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.
- I confirm that I am authorised to sign on behalf of the *firm*.

Name [†]	
Position [†]	
Signature*	
Date [†]	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact Details (mandatory)	<input type="checkbox"/>
Section 2 – Details about the branch (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Mediation Directive	<input type="checkbox"/>
Section 4 – Markets in Financial Instruments Directive	<input type="checkbox"/>
Section 5 – Banking Consolidation Directive	<input type="checkbox"/>
Section 6 – Consolidated Life Assurance Directive	<input type="checkbox"/>
Section 7 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 8 – Reinsurance directive	<input type="checkbox"/>
Section 9– Declaration (mandatory)	<input type="checkbox"/>

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

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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify FSA when a *UK firm* intends to use a *tied agent* established in the territory of another *EEA state*.

Tied Agent Details

1	Name of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
2	Address of Tied Agent [†]	<input style="width: 95%; height: 100px;" type="text"/>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<input style="width: 95%; height: 25px;" type="text"/>
4	Telephone number of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
5	Fax number of Tied agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
6	E-mail address of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
7	Website of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
8	Legal Status of Tied Agent [†] <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div style="width: 45%;"> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div>	<input style="width: 95%; height: 25px;" type="text"/>
9	Date of commencement of agreement With your firm [†]	<input style="width: 95%; height: 25px;" type="text"/>

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

Passporting

Notification of intention to provide cross border services in another EEA state



MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE

Full name of firm[†]

(SUP 13 Annex 2R – Notice under SUP 13.5.2R)

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* or a *Recognised Investment Exchange* that wishes to provide access arrangements in another EEA state under the Markets in Financial Instruments Directive ('MiFID').

You may also use this form if you are a *UK firm* that wishes to notify us (the *FSA*) of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of MiFID (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 4.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 4.
3. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly, mark each separate sheet of paper with the relevant question number.

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
UK

Telephone: +44 (0)20 7066 1000

Fax: +44 (0)20 7066 9798

Website: www.fsa.gov.uk

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

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name†	
Address Line 1†	
Address Line 2†	
Postcode†	
Country†	
Telephone number†	
Fax number†	
Email address†	

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

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided. †

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

Recognised Investment Exchanges completing box 2.1 will be indicating the EEA states in which they intend to provide access arrangements.

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

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

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? †

Yes ▶

No ▶

2.3 Tell us the proposed date for the business to start. †

--	--

3 Markets in Financial Instruments Directive ('MiFiD')

3.1 Please tick the appropriate boxes to show the *investment services* to be provided, together with the associated instruments (if the answer to question 2.2 as 'Yes', please complete a separate matrix for each *EEA State*). Recognised Investment Exchanges should complete only box 3.2[†]

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UK firms that intend to use a tied agent to provide cross-border services in the territory of the host state are required to complete 'Annex 1' at the end of this form.

A full description of MiFID service activities and instruments can be found on the next page.

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

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

3.2 Please give details of the *firm's* programme of operations, including a description of the particular EEA activities the firm will carry on.[†]

Note to Question

3.2

UK firms should consider the following points when preparing a programme of operations:

- details about the services to be provided into the other *EEA State(s)*, including a description of the way in which the proposed services will be conducted;
- details of any other business (i.e. non-investment business) which is currently being (or will be) provided into the other *EEA State(s)*;
- a description of the type of *client* or counterpart with whom the services will be conducted; and
- details of the systems of internal controls over the services to be provided into the other *EEA State(s)* that will be used by management in the *UK* to monitor such activities.

UK firms requiring specific information about the content and level of detail of information to be provided are encouraged to contact the Passport Notification Unit (contact details are given on page 16).

Recognised Investment Exchanges should state whether they are providing access arrangements in respects of a regulated market or MTF, or both.

Where a Recognised Investment Exchange intends to make access arrangements for different types of market in different EEA States, it should specify which arrangements it intends to make in each of those states.

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

4 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

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

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

- **I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*/ Recognised Investment Exchange**

Name [†]	
Position [†]	
Signature*	
Date [†]	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Markets in Financial Instruments Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>
Annex 1 – Tied Agent Details	<input type="checkbox"/>

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

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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify the FSA when a *UK firm* intends to use a *tied agent* to provide cross-border services in the territory of another *EEA state*.

Tied Agent Details

1 Name of Tied Agent[†]

2 Address of Tied Agent[†]

3 Trading name(s) of Tied Agent, if different to the name given in question 1 above[†]

4 Telephone number of Tied Agent[†]

5 Fax number of Tied agent[†]

6 E-mail address of Tied Agent[†]

7 Website of Tied Agent[†]

8 Legal Status of Tied Agent[†]

<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Other, please specify below

9 Date of commencement of agreement with your firm[†]

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

Warning

Knowingly or recklessly giving the FSA 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.

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.

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.
- 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)

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

Passporting

Notification of intention to provide cross border services in another EEA state



CONSOLIDATED LIFE ASSURANCE DIRECTIVE and THIRD NON-LIFE INSURANCE DIRECTIVE

Full name of firm [†]

(SUP 13 Annex 3R – Notice under SUP 13.5.2R)

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance Directive*.

You may also use this form if you are a *UK firm* that wishes to notify us (the *FSA*) of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance Directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 5.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 5.
3. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly, mark each separate sheet of paper with the relevant question number.

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
UK

Telephone: +44 (0)20 7066 1000

Fax: +44 (0)20 7066 9798

Website: www.fsa.gov.uk

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

In this form the FSA uses the following terms:

'FSA', 'we', 'our', or 'us' refers to the Financial Services Authority;

'Applicant firm' refers to the firm applying for authorisation; and

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name †	
Address Line 1 †	
Address Line 2 †	
Postcode †	
Country †	
Telephone number †	
Fax number †	
Email address †	

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

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided. †

Note to Question

2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? †

- Yes ▶
 No ▶

2.3 Tell us the proposed date for the business to start. †

Date	dd/mm/yy
------	----------

3 Consolidated Life Assurance Directive

3.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes' please complete a separate matrix for each *EEA State*). †

EEA State		
Classes of Business		
I	Life and Annuity	<input type="checkbox"/>
II	Marriage and Birth	<input type="checkbox"/>
III	Linked Long Term	<input type="checkbox"/>
IV	Permanent Health	<input type="checkbox"/>
V	Tontines	<input type="checkbox"/>
VI	Capital redemption	<input type="checkbox"/>
VII	Pension Fund Management	<input type="checkbox"/>
VIII	Collective Insurance	<input type="checkbox"/>
IX	Social Insurance	<input type="checkbox"/>

3.2 Please give details of the nature of the commitments to be covered in the *EEA State(s)* concerned. †

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

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



1

4 First, Second and Third Non-Life Insurance Directives

- 4.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes', please complete a separate matrix for each *EEA State*).[†]

EEA State

Classes of Business		
1	Accident	<input type="checkbox"/>
2	Sickness	<input type="checkbox"/>
3	Land Vehicles	<input type="checkbox"/>
4	Railway Rolling Stock	<input type="checkbox"/>
5	Aircraft	<input type="checkbox"/>
6	Ships	<input type="checkbox"/>
7	Goods in Transit	<input type="checkbox"/>
8	Fire and Natural Forces	<input type="checkbox"/>
9	Damage to Property	<input type="checkbox"/>
10	Motor Vehicle Liability (refer to note 4.2.1 on next page)	<input checked="" type="checkbox"/>
11	Aircraft Liability	<input type="checkbox"/>
12	Liability for Ships	<input type="checkbox"/>
13	General Liability	<input type="checkbox"/>
14	Credit	<input type="checkbox"/>
15	Suretyship	<input type="checkbox"/>
16	Miscellaneous Financial Loss	<input type="checkbox"/>
17	Legal Expenses (refer to note 4.2.3 on next page)	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

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

4.2 You must provide details of the nature of the risks to be covered in the EEA State(s) concerned.[†]

Note to Question

4.2

1) If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide the following additional information in section 4.2 (if required by the *EEA State* concerned as part of the *consent notice*):

- the name and address of the claims representative; and
- details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*. 'Claims representative' has the meaning given to it in the *EEA Passport Rights Regulations*.

2) If the *firm* covers (or intends to cover) **health insurance**, please provide the technical bases used, or to be used, for calculating premiums in respect of such risks in section 4.2.

3) If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 4.2 the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

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

5 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

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

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

- **I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*.**

Name [†]	
Position [†]	
Signature*	
Date [†]	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 - Consolidated Life Assurance Directive	<input type="checkbox"/>
Section 4 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 5 – Declaration (mandatory)	<input type="checkbox"/>

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

* These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. They should not be completed if the submission of this form is online

Passporting

Notification of intention to provide cross border services in another EEA state



BANKING CONSOLIDATION DIRECTIVE

Full name of firm [†]

(SUP 13 Annex 4R – Notice under SUP 13.5.2R)

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA* under the *Banking Consolidation Directive*.

You may also use this form if you are a *UK firm* that wishes to notify us (the *FSA*) of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Banking Consolidation Directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission (unless the *UK firm* is a *subsidiary* of a *firm* which is a *credit institution* that meets the criteria set out in the *Banking Consolidation Directive*).

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 4.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 4.
3. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly, mark each separate sheet of paper with the relevant question number.

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name †	
Address Line 1 †	
Address Line 2 †	
Postcode †	
Country †	
Telephone number †	
Fax number †	
Email address †	

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

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided. †

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

Recognised Investment Exchanges completing box 2.1 will be indicating the *EEA states* in which they intend to provide access arrangements.

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

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

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? †

Yes ▶

No ▶

2.3 Tell us the proposed date for the business to start. †

Date	dd/mm/yy
------	----------

3 Banking Consolidation Directive

3.1 You must tick the appropriate boxes to show the activities to be provided (if the answer to question 2.2 was 'Yes', please complete a separate matrix for each EEA State).[†]

Note to Question 3.1

The Box marked ¥ should only be completed by UK credit institutions wishing to passport investment services and activities and ancillary services provided for by the extended scope of MiFID.

EEA State		
Activity		
1	Acceptance of deposits and other repayable funds	<input type="checkbox"/>
2	Lending, including, inter alia, consumer credit, mortgage credit, factoring, with or without recourse, and financing of commercial transactions (including forfeiting)	<input type="checkbox"/>
3	Financial leasing	<input type="checkbox"/>
4	Payment services as defined in Article 4(3) of Directive 2007/64/EC of the European Parliament and of the Council of 13 November 2007 on payment services in the internal market	<input type="checkbox"/>
5	Issuing and administering other means of payment (e.g. travellers' cheques and bankers' drafts) insofar as this activity is not covered by point 4	<input type="checkbox"/>
6	Guarantees and commitments	<input type="checkbox"/>
7	Trading for own account or for account of customers in:	<input type="checkbox"/>
	(a) money market instruments (cheques, bills, certificates of deposits etc)	<input type="checkbox"/>
	(b) foreign exchange	<input type="checkbox"/>
	(c) financial futures and options	<input type="checkbox"/>
	(d) exchange and interest-rate instruments	<input type="checkbox"/>
	(e) transferable securities	<input type="checkbox"/>
8	Participation in securities issues and the provision of services related to such issues	<input type="checkbox"/>
9	Advice to undertakings on capital structure, industrial strategy, and related questions and advice and services relating to mergers and the purchase of undertakings	<input type="checkbox"/>
10	Money broking	<input type="checkbox"/>
11	Portfolio management and advice	<input type="checkbox"/>
12	Safekeeping and administration of securities	<input type="checkbox"/>
13	Credit reference services	<input type="checkbox"/>
14	Safe custody services	<input type="checkbox"/>
¥	Additional MiFID services and activities subject to mutual recognition under the BCD*	<input type="checkbox"/>

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

¥ See separate matrix on next page

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA state are required to complete Annex 1 at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.¥

¥Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice on undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

4 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the firm.

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

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

- **I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the firm.**

Name †	
Position †	
Signature *	
Date *	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Banking Consolidation Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>
Annex 1 – Tied Agent Details	<input type="checkbox"/>

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

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

ANNEX 1 – Tied Agent Notification Form †

This form should be used to notify FSA when a *UK firm* intends to use a *tied agent* to provide cross-border services in the territory of another *EEA state*.

Tied Agent Details

1	Name of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
2	Address of Tied Agent [†]	<input style="width: 95%; height: 100px;" type="text"/>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<input style="width: 95%; height: 25px;" type="text"/>
4	Telephone number of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
5	Fax number of Tied agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
6	E-mail address of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
7	Website of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
8	Legal Status of Tied Agent [†] <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div style="width: 45%;"> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div>	<input style="width: 95%; height: 25px;" type="text"/>
9	Date of commencement of agreement with your firm [†]	<input style="width: 95%; height: 25px;" type="text"/>

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

Passporting

Notification of intention to provide cross border services in another EEA state



INSURANCE MEDIATION DIRECTIVE

(SUP 13 Annex 5R – Notification under SUP 13.5.2R)

Full name of firm[†]

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Insurance Mediation Directive*.

If you are an Appointed Representative ('AR') then this form must be completed by the sponsoring firm on your behalf.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Insurance Mediation Directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 4.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 4.
3. All firms should answer sections 1, 2 and 3.
4. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly, mark each separate sheet of paper with the relevant question number.

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS
UK

Telephone: +44 (0)20 7066 1000

Fax: +44 (0)20 7066 9798

Website: www.fsa.gov.uk

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

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name †	
Address Line 1 †	
Address Line 2 †	
Postcode †	
Country †	
Telephone number †	
Fax number †	
Email address †	

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

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided. †

Note to Question 2.1

UK firms have the right to provide cross border services to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

2.2 Tell us the proposed date for the business to start*. †

Date	dd/mm/yy
------	----------

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

* There may be restrictions on the date which business can start which arise from EU law. We will notify you if this applies.

3 Insurance Mediation Directive (IMD)

- 3.1 You must confirm that the *UK firm* wishes to passport under the IMD by ticking the box below. †

The <i>firm</i> intends to carry on <i>insurance mediation</i> in the <i>EEA State(s)</i> identified in section 2 by providing <i>cross border services</i> .	<input type="checkbox"/>
---	--------------------------

- 3.2 If this form is respect of one or more Appointed Representative(s) of the firm then please list below the name(s) and FSA reference number(s) of those Appointed Representatives

FRN†	
Name of Company†	
Address Line 1†	
Address Line 2†	
Address Line 3†	
Address Line 4†	
County†	
Town†	
Postcode/Zip†	
EEA State†	
Phone Number (including STD code)†	
E-mail address†	
Mobile number†	
Fax number†	

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

4 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

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

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

- **I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*.**

Name [†]	
Position [†]	
Signature*	
Date*	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Mediation Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>

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

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

Application number
(for FSA use only)

The FSA has produced notes which will assist both the applicant and the notified person in answering the questions in this form. Please read these notes, which are available on the FSA's website at http://fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc. Both the applicant and the notified person will be treated by the FSA as having taken these notes into consideration when completing their answers to the questions in this form.

Form F - Changes in notified persons

FSA Handbook Reference: SUP 15 Annex 2R – Notification under SUP 15.4.1R

Name of notified person[†]
(to be completed by applicant)

Name of firm[†]

The Financial Services Authority
Permissions, Decisions & Reporting Division
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 845 606 9966
Fax +44 (0) 207 066 0017
Website <http://www.fsa.gov.uk>

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

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

Contact Details

Contact for this application

	Title [†]	
	First Name [†]	
	Surname [†]	
	Job Title [†]	
	Business address [†]	
	Post code [†]	
	Phone number (including STD code) [†]	
	Email address [†]	
	Mobile No [†]	
	Fax No. [†]	



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

Has the notified person previously been approved by FSA?†

Details of notified person

Is the notified person an approved person?

YES NO

1.01 a If 'yes' Notified person's FSA Individual Reference Number (IRN)†

b OR name of previous regulatory body†

c AND previous reference number†

1.02 Title
(e.g. Mr, Mrs, Ms, etc)†

1.03 Surname†

1.04 ALL forenames†

1.05 Name commonly known by†

1.06 Date of birth†

/ /

1.07 National Insurance number†

1.08 Previous name†

1.09 Date of change†

/ /

1.10 Reason for change†

1.11 a Nationality†

b Passport Number†
(If National Insurance number not available)

1.12 Place of birth†



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

YES NO

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

1.13 a Private address[†]

[Redacted]

b Postcode[†]

[Redacted]

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

From / /

To PRESENT

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

1.14 a Previous address 1[†]

[Redacted]

b Postcode[†]

[Redacted]

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

From / /

To / /

1.15 a Previous address 2[†]

[Redacted]

b Postcode[†]

[Redacted]

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

From / /

To / /



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

YES

NO



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

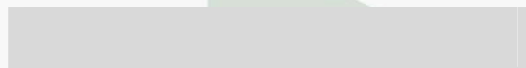
There are current holder(s) of this notifiable role. Please tick the individuals you wish to withdraw from this role. †

IRN	Name	Remove

2.01 Name of *firm* making the application†



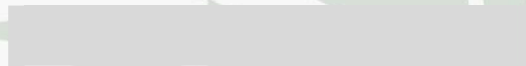
2.02 a FSA Firm Reference Number (FRN)†



2.03 a Name of Home State regulator†



b Country†



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

YES

NO



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

3.01 Notified positions individual is taking over. †

a Firm's world-wide chief executive where *the person* is situated outside the *United Kingdom*

b The *person*, if not the world-wide chief executive, within the *overseas* firm with a purely strategic responsibility for *UK* operations

c For a *bank* or an *ELMI*: the two or more *persons* who effectively direct its business in accordance with *ELM* 5.3.1R

d For a *UK* branch of an *insurer*: the *authorised UK* representative

3.02 Effective date†

/ /

3.03 FSA Individual Reference Number of individual being replaced†

3.04 Name of individual being replaced†



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

YES

NO

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

Please start with the most recent employment. †

Note: ALL gaps in employment must be accounted for

4.01 Employment details (1)

a	Period (mm/yyyy) †	From /	To /												
b	Nature of employment †	<table border="0"> <tr> <td style="vertical-align: top;"><i>a</i> Employed</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>b</i> Self-employed</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>c</i> Unemployed</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>d</i> Full-time education</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> </table>		<i>a</i> Employed	<input type="checkbox"/>	<i>b</i> Self-employed	<input type="checkbox"/>	<i>c</i> Unemployed	<input type="checkbox"/>	<i>d</i> Full-time education	<input type="checkbox"/>				
<i>a</i> Employed	<input type="checkbox"/>														
<i>b</i> Self-employed	<input type="checkbox"/>														
<i>c</i> Unemployed	<input type="checkbox"/>														
<i>d</i> Full-time education	<input type="checkbox"/>														
	if b, c or d is ticked, please give details †														
c	Name of employer †														
d	Nature of business †														
e	Previous / other names of employer †														
f	Last known address of employer †														
g	Is / was employer regulated by a regulatory body? †	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> †	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held †														
j	Responsibilities †														
k	Reason for leaving †	<table border="0"> <tr> <td style="vertical-align: top;"><i>a</i> Resignation</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>b</i> Redundancy</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>c</i> Retirement</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>d</i> Termination/dismissal</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>e</i> End of contract</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;"><i>f</i> Other</td> <td style="vertical-align: top;"><input type="checkbox"/></td> </tr> </table>		<i>a</i> Resignation	<input type="checkbox"/>	<i>b</i> Redundancy	<input type="checkbox"/>	<i>c</i> Retirement	<input type="checkbox"/>	<i>d</i> Termination/dismissal	<input type="checkbox"/>	<i>e</i> End of contract	<input type="checkbox"/>	<i>f</i> Other	<input type="checkbox"/>
<i>a</i> Resignation	<input type="checkbox"/>														
<i>b</i> Redundancy	<input type="checkbox"/>														
<i>c</i> Retirement	<input type="checkbox"/>														
<i>d</i> Termination/dismissal	<input type="checkbox"/>														
<i>e</i> End of contract	<input type="checkbox"/>														
<i>f</i> Other	<input type="checkbox"/>														
	Specify †														

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



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

YES

NO

4.02 a Period (mm/yyyy)[†]

From / To /

b Nature of employment[†]

- a Employed
- b Self-employed
- c Unemployed
- d Full-time education

if b, c or d is ticked, please give details[†]

c Name of employer[†]

d Nature of business[†]

e Previous / other names of employer[†]

f Last known address of employer[†]

g Is / was employer regulated by a regulatory body?[†]

Yes No

Name of regulatory body

h Is / was employer an appointed representative/tied agent[†]

Yes No

If yes, of which firm?

i Position held[†]

j Responsibilities[†]

k Reason for leaving[†]

- a Resignation
- b Redundancy
- c Retirement
- d Termination/dismissal
- e End of contract
- f Other

Specify[†]

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



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

YES

NO



4.03 Employment details (3)

a	Period (mm/yyyy) [†]	From /	To /
b	Nature of employment [†]	a Employed <input type="checkbox"/> b Self-employed <input type="checkbox"/> c Unemployed <input type="checkbox"/> d Full-time education <input type="checkbox"/>	
	if b, c or d is ticked, please give details [†]		
c	Name of employer [†]		
d	Nature of business [†]		
e	Previous / other names of employer [†]		
f	Last known address of employer [†]		
g	Is / was employer regulated by a regulatory body? [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?
i	Position held [†]		
j	Responsibilities [†]		
k	Reason for leaving [†]	a Resignation <input type="checkbox"/> b Redundancy <input type="checkbox"/> c Retirement <input type="checkbox"/> d Termination/dismissal <input type="checkbox"/> e End of contract <input type="checkbox"/> f Other <input type="checkbox"/>	

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

Specify†

4.04 Employment details (4)

a Period (mm/yyyy)†

From / To /

b Nature of employment†

- a Employed
- b Self-employed
- c Unemployed
- d Full-time education

if b, c or d is ticked, please give details †

c Name of employer†

d Nature of business†

e Previous / other names of employer†

f Last known address of employer†

g Is / was employer regulated by a regulatory body?†

Yes No Name of regulatory body

h Is / was employer an *appointed representative/tied agent*†

Yes No If yes, of which *firm*?

i Position held†

j Responsibilities†

k Reason for leaving†

- a Resignation
- b Redundancy
- c Retirement
- d Termination/dismissal
- e End of contract
- f Other

Specify†



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

YES

NO

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

4.05 Employment details (5)

a	Period (mm/yyyy) [†]	From /	To /
b	Nature of employment [†]	a Employed	<input type="checkbox"/>
		b Self-employed	<input type="checkbox"/>
		c Unemployed	<input type="checkbox"/>
		d Full-time education	<input type="checkbox"/>

if b, c or d is ticked, please give details[†]

c	Name of employer [†]	
d	Nature of business [†]	
e	Previous / other names of employer [†]	
f	Last known address of employer [†]	
g	Is / was employer regulated by a regulatory body? [†]	
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	
i	Position held [†]	
j	Responsibilities [†]	
k	Reason for leaving [†]	
	Specify [†]	



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

YES

NO



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

- 5.01 a Has the notified person **ever** been convicted of any offence (whether spent or not and whether or not in the *United Kingdom*):
- i. involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty: or ii. relating to *companies, building societies, industrial and provident societies, credit unions, friendly societies*, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, *money laundering*, market manipulations or *insider dealing*?
- Yes No
- b Is the notified person the subject of any current criminal proceedings?
- Yes No
- c Has the notified person ever been given a caution in relation to any criminal offence?
- Yes No
- 5.02 Has the notified person any convictions for any offences (whether spent or not and whether or not in the *United Kingdom*) other than those in 5.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?
- Yes No
- 5.03 a Has the notified person **ever** had a County Court Judgment (“CCJ”) or other judgement debt, (whether or not in the *United Kingdom*)?
- Yes No
- Has the notified person had:
- i. more than 2 CCJs or judgment debts?
- or
- ii. more than £1,000 in total of CCJs or judgment debts?
- Yes No
- b Is the notified person aware of anybody's intention to: begin
- i. begin more than one set of proceedings against the notified person for a CCJ or other judgment debt? Or
- Yes No
- Yes No
- ii claim more than £1,000 of CCJs or judgment debts in total from the notified person?
- Yes No
- 5.04 Does the notified person have any judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?
- Yes No
- 5.05 Has the notified person **ever** failed to satisfy any such judgment debts within one year of the making of the order?
- Yes No
- 5.06 a Is the notified person, or has the notified person **ever** been, the subject of any bankruptcy proceedings or proceedings for the sequestration of the notified person's estate?
- Yes No
- b Has the notified person **ever** entered or is in the process of entering into an agreement in favour of the notified person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?
- Yes No

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



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

YES NO

5.07

Does the notified person have any outstanding financial obligations arising from *regulated activities*, which the notified person has carried on in the past (whether or not in the *United Kingdom*)?

Yes No

(In the case of *advisers*, this will include any outstanding liabilities arising from commissions paid for the sale of *packaged products* that have lapsed.)

5.08

Has the notified person **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

Yes No

5.09

Is the notified person, or has the notified person **ever** been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activities?

Yes No

5.10

Has the notified person ever (whether or not in the *United Kingdom*) –

a been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or any fiduciary office or position of trust, whether or not remunerated?

Yes No

b been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

Yes No

c been disqualified by a court from acting as a *director* of a *company* or from acting in a management capacity or conducting the affairs of any *company, partnership* or *unincorporated association*?

Yes No

d been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?

Yes No

5.11

In relation to activities regulated by the *FSA* or any other regulatory body (see note section 5), has:

i. the notified person, or

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

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

Yes No

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

Yes No

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


Yes No

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

Yes No



e been the subject of any civil action which has resulted in a finding against the notified person or it by a court? Yes No

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

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


a been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors? Yes No

b been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct? Yes No

c been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation? Yes No

d been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the *Takeover Panel* or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)? Yes No

5.13 Is the notified person aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the *controlled functions* for which approval is now sought? Yes No

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

Enter Date of change:[†]

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

Supplementary Information † **Section 6**

6.01 Is there any other information the notified person of the firm considers to be relevant to the application?
†

Please provide full details†

6.02 Full details must be provided here if there were any issues that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5. †

Please indicate clearly which question additional information relates to. †

Question	Information

6.03 Include a list of all directorships currently or previously held by the notified person in the past 10 years (where *director* has the meaning given in the *Glossary*). †

6.04 Is there any other information the notified person or the *firm* considers to be relevant to the application? †

Yes No

If yes, provide details below or on a separate sheet of paper†

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

Supporting Documents[†]

Indicate the required supporting documents to accompany this form.

Documents	Mode (Send by Email, Post, or by Fax)

Other information (please specify):

--



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

DECLARATION OF NOTIFIED PERSON[†]

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

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

Data Protection[†]

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

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

The *FSA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. **I authorise the *FSA* to make such enquiries and seek further information as it thinks appropriate in the course of verifying the information given in this Form. I also understand that the results of these checks may be disclosed to my employer.**

7.01 Notified person's full name[†]

7.02 Signature *

Date[†] / /

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

DECLARATION OF FIRM[†]

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* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FSA* and to notify the *FSA* immediately if materially inaccurate information has been provided. *APER* 4.4.6E provides that, where an *approved person* is responsible for reporting matters to the *FSA*, failure to inform the *FSA* of materially significant information of which he is aware is a breach of *Statement of Principle* 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the *FSA*. 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 there is any doubt about the relevance of information, it should be included.

In making this application the *firm* believes on the basis of due and diligent enquiry that the notified person is a fit and proper person to perform the notified position(s) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the notified person is competent to fulfil the duties required of such function(s).

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

I confirm that I have authority to make this notification, and sign this Form, on behalf of each *firm* identified in section 7. I also confirm that a copy of this Form, as submitted to the *FSA*, will be sent to each of those *firms* at the same time as submitting the Form to the

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

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

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

FSA.

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

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

7.05 Job title[†]

7.06 Signature *

Date[†] / /

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

Completion Checklist[†]

Is the Form fully completed?[†]

Are ALL forenames included?[†]

Is there a complete five-year employment history with all gaps explained?[†]

Is the Form correctly signed and dated by both the *firm* making the application and the notified person?[†]

Has all supplementary information been included and clearly marked?[†]

N.B. Detach and keep the Notes before returning the completed Form to the FSA.[†]

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

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



Standing Data

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

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

Firm name[†]

("The Firm")

FSA firm reference number[†]

Address[†]

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

The Financial Services Authority

25 The North Colonnade

Canary Wharf

London E14 5HS

United Kingdom

Telephone +44 (0) 20 7066 1000

Facsimile +44 (0) 20 7066 1099

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

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

NOTES

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

Personal Details

Section A

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

Change Full Name of *Firm*

Section B

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

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

Current Legal Status:

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

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

1 New full name of *firm* §

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

 / /

Yes No N/A

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

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

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

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

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

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

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

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

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

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

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

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

Change Contact Details

Section D

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

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

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

(a) Complaints Contact

(b) Primary Compliance Contact

1 Title[†]

§

2 Forename(s)[†]

§

3 Surname[†]

§

4 Job Title[†]

5 Email address[†]

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

§

7 Fax Number[†]

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

/ /

§

9 Address[†]

§

Postcode:

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

Complaints Contact

Primary Compliance Contact

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

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

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

Please enter the new address details:

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

7 Contact Address Details

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

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

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

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

Please enter the new address details:

2 Address

§

Postcode:

3 Telephone number.

§

4 Fax Number

5 Email address

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

/ / §

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

Change of Accounting Reference Date[†]

Section F

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

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

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

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

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

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

(a) Current Period / / to / / §

(b) Next Period / / to / / §

(c) Next Period 2 / / to / / §

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

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

Change of Website Address[†]

Section G

Please enter the new website address:

1 Website (format – www.fsa.gov.uk):

Change Auditor Details[†]

Section H1

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

1 Firm name §

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

2 Address

§

Postcode:

3 Telephone number.

§

4 Fax Number

5 Email address

6 Effective date

/ / §

Change Locum Details[†]

Section H2

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

1 Title

2 Forename(s)

3 Surname

4 Firm name

§

5 Address

§

Postcode:

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

6 Telephone number.

§

7 Fax Number

8 Email address

9 Effective date

/ / §

Warning

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

Data Protection

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

Declaration

By submitting this application form

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

Date †	
Name of first signatory ¹ †	
Position ² of first signatory *	
Individual Reference Number (IRN) *	
Signature *	

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

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

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

* These should only be completed if the form is being completed in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online.

June 2010 Page 11 § Denotes a mandatory field

Name of second signatory¹ *

Position² of second signatory *

Individual Reference Number (IRN) *

Signature *