

Application number
(for *FCA/PRA* use only)

The *FCA* and *PRA* have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on the *FCA* and *PRA*'s websites at <https://www.handbook.fca.org.uk/handbook/SUP/10A/Annex8.html> and www.bankofengland.co.uk/PRA.

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

Form E

Internal transfer of an approved person

FCA Handbook Reference: SUP 10A Annex 8D

PRA Rulebook Reference: SUP 10B Annex 8D

1 October 2018

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

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

Financial Conduct Authority
12 Endeavour Square
London, E20 1JN
United Kingdom
Telephone +44 (0) 300 500 0597
Facsimile +44 (0) 207 066 0017
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA.firmenquiries@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

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

Personal identifications details

Section 1

1.01 Individual Reference Number (IRN) †

1.02 Title
(e.g. Mr, Mrs, Ms, etc) †

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth †

1.06 National Insurance number †

Firm identification details

Section 2

2.01 Name of *firm*

2.02 *Firm* Reference Number (FRN)

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

b Position

c Telephone

d Fax

e E-mail



I have supplied further information related to this page in Section 5

YES

NO

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

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

	FRN[†]	Name of firm[†]	Controlled function[†]	Effective date[†]
a				
b				
c				
d				
e				



I have supplied further information related to this page in Section 5

YES

NO

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

4.01 Nature of the arrangement between the candidate and the applicant.

<i>a</i>	<i>Employee</i>	<input type="checkbox"/>
<hr/>		
<i>b</i>	<i>Group employee</i>	<input type="checkbox"/>
	Name of group	
<hr/>		
<i>c</i>	<i>Contract for services</i>	<input type="checkbox"/>
<hr/>		
<i>d</i>	<i>Partner/Sole trader</i>	<input type="checkbox"/>
<hr/>		
<i>e</i>	<i>Appointed representative – customer function</i>	<input type="checkbox"/>
	Name of AR	
<hr/>		
<i>f</i>	<i>Appointed representative – governing function</i>	<input type="checkbox"/>
	Name of AR	
<hr/>		
<i>g</i>	<i>Other</i>	<input type="checkbox"/>
	Give details	

4.02 For applications from a single *firm*, please tick the boxes that correspond to the *controlled functions* to be performed.
 If the *controlled functions* are to be performed for more than one *firm*, please go to question 4.05

a **Significant influence functions**

CF 1	Director function	<input type="checkbox"/>
CF 2	Non- executive director function	<input type="checkbox"/>
CF 3	Chief executive function	<input type="checkbox"/>
CF 4	Partner function	<input type="checkbox"/>
CF 5	Director of an unincorporated association function	<input type="checkbox"/>
CF 6	Small friendly society function	<input type="checkbox"/>



I have supplied further information related to this page in Section 5 YES NO

Significant influence functions
continued

CF 8	Apportionment and oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 9	EEA investment business oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10	Compliance oversight function (Non-MiFID business Only)	<input type="checkbox"/>
CF 10 A	CASS operational oversight function	<input type="checkbox"/>
CF 11	Money laundering reporting function	<input type="checkbox"/>
CF 12	Actuarial function	<input type="checkbox"/>
CF 12A	With-profits actuary function	<input type="checkbox"/>
CF 12B	Lloyd's Actuary function	<input type="checkbox"/>
CF 28	System and controls function	<input type="checkbox"/>
CF 29	Significant management function	<input type="checkbox"/>
c	Customer function	<input type="checkbox"/>

4.03 Effective date of controlled functions indicated above †

4.04 Job title (mandatory for controlled function 28 & 29) †

Insurance distribution

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

YES NO

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

Mortgage Credit Directive Intermediation

Will the candidate be responsible for Mortgage Credit Directive Intermediation at the firm?

YES NO

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

Benchmark administration

Will the candidate be responsible for the *firm's* activities as a *regulated benchmark administrator* (see *MAR 8.5.2R* and *MAR 8.5.4R*)?

(Note: For *firms* subject to *MAR 8.5.2R*, "Yes" can only be selected if the individual is applying for CF1, 3-6 or CF29).

YES NO

Contributing input data to a BMR benchmark administrator

Will the candidate be responsible for the process of *contributing input data* to a *BMR benchmark administrator*?

(Note: this question only applies to *firms* which are subject to *MAR 8.6.*)

YES NO



I have supplied further information related to this page in Section 5

YES

NO

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

4.05 List all *firms* within the *group* (including the *firm* entered in 4.02) for which the applicant requires approval and the requested *controlled function* for that *firm*.[†]

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



I have supplied further information related to this page in Section 5

YES

NO

5.01 Is there any other information the *candidate* or the *firm* considers to be relevant to the application?

YES

NO

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

5.02 How many additional sheets are being submitted?

DECLARATION OF CANDIDATE

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

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

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

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

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

In signing the form below:

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

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

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

<https://www.handbook.fca.org.uk/handbook/APER>
www.bankofengland.co.uk/PRA

6.01 Candidate's full name[†]

6.02 Signature*

Date[†]

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

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

DECLARATION OF FIRM

Knowingly or recklessly giving the *FCA* and/or *PRA* information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). *SUP* 15.6.1R and *SUP* 15.6.4R require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FCA* and/or *PRA* and to notify the *FCA* and/or *PRA* immediately if materially inaccurate information has been provided.

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

In making this application the *firm*

Believes on the basis of due and diligent enquiries made to date that the *candidate* is a fit and proper person to perform the *controlled function(s)* listed in section 4.

Believes on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such function(s).

IF UNDERTAKING ANY NON MiFID BUSINESS FOR WHICH YOU HAVE NOT PREVIOUSLY APPLIED FOR AUTHORISATION, PLEASE ALSO COMPLETE THE FOLLOWING

The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required of such function(s). YES NO

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

I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 4.05. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those *firms* at the same time as submitting the Form to the *FCA* and/or *PRA*.

In signing this form on behalf of the firm:

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

b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 4.05. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA* will be sent to each of those *firms* at the same time as submitting the Form to the *FCA* and/or *PRA*

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

<https://www.handbook.fca.org.uk/handbook/APER>

www.bankofengland.co.uk/PRA

6.03	Name of the <i>firm</i> submitting the application [†]	
6.04	Name of <i>person</i> signing on behalf of the <i>firm</i> [†]	
6.05	Job title [†]	
6.06	Signature [*]	
	Date [†]	

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

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