



**Passporting Notification of intention to provide cross border services in another EEA state INSURANCE DISTRIBUTION DIRECTIVE (SUP 13 Annex 5R – Notification under SUP 13.5.2R)**

FIRM NAME:

FRN:

**Purpose of this form**

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Insurance Distribution Directive*. You should also use this form if you are a *UK firm* that wishes to notify us – the regulator – of changes to the details of your current *cross border services*.

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 Distribution 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.

*If dual regulated send to:*  
The Prudential Regulation Authority  
20 Moorgate  
London  
EC2R 6DA  
**Telephone:** +44(0)20 3461 7000  
**Website:** [www.bankofengland.co.uk](http://www.bankofengland.co.uk)  
**E-mail:** [pra-passporting@bankofengland.co.uk](mailto:pra-passporting@bankofengland.co.uk)

# 1 Contact details

## 1.1 Details of the person we will contact about this notification

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

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

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

**Note to Question 2.1**  
*UK firms have the right to provide cross border services to Gibraltar. So, references in this form to an EEA State include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).*

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

Date	dd/mm/yy
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\*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 Distribution Directive (IDD)

- 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 distribution</i> in the <i>EEA State(s)</i> identified in section 2 by providing <i>cross border services</i> .	<input type="checkbox"/>
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- 3.2 Intermediary's details†

Name	
Address	
Registration number (if applicable)	

- 3.3 Please indicate the firm's category of intermediary†

Insurance intermediary	<input type="checkbox"/>
Ancillary insurance intermediary	<input type="checkbox"/>
Reinsurance intermediary	<input type="checkbox"/>

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

Firm reference number	
Name of Company	
Registration number (if applicable)	
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	

Category of intermediary	Insurance intermediary Ancillary insurance intermediary Reinsurance intermediary	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**3.5 Please give the name of any insurer or reinsurer represented†**

**3.6 Please list the relevant classes of insurance in relation to which insurance distribution is carried on (if applicable)†**

[Note: see annexes 1 and 2 of *Solvency II Directive*]

## 4 Declaration

### Note to Declaration

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

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

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

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

Name		
Position		
Signature*		
Date	dd/mm/yy	

I enclose the following sections (mark the appropriate section)\*

Section 1 – Contact detail (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Distribution 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