

Cancellation of Part 4A Permission - Application Form

(SUP 6 Ann 6D)

Firm name[†]

("The Firm")

Firm reference number[†]

Address[†]

The Financial Conduct Authority
Cancellations Team
12 Endeavour Square
London E20 1JN
United Kingdom

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

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

NOTES

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

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

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

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

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

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

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

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

† 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 Details

Section A

1 Contact Name for this application†

§

2 Contact's Details: †

a Position in the firm

§

b Daytime telephone number

§

c E-mail address

d Individual reference number (IRN), if applicable

§ Denotes a mandatory field

Application Details Part

Section B1

3 On behalf of The Firm, the undersigned hereby apply to cancel the Firm's Part 4A permission and declare that: †

The firm has ceased conducting regulated activities from: / /

OR

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

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

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

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

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



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

Please provide details:

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

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

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

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

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

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

Name of firm to which business is being transferred[†] §

a) On what date do you propose to transfer this business?[†] / / §

Yes No

b) Is this firm currently authorised?[†]

(If not, it must be authorised before the transfer takes place. You can find out whether a firm is authorised by checking the Financial Services Register)

If yes, please enter either its Firms reference number

c) Address of Firm[†]

d) If no, please enter the date on which it is expected to become authorised[†] / /

e) Principal compliance contact at firm §

§ Denotes a mandatory field

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

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

- Q8 (i) all mandates have been or will be transferred;
 Q8 (ii) your firm has terminated or will be terminating all agreements;
 Q8 (iii) schemes managed by the firm have been or will be wound up; and
 Q8 (iv) all such loan agreements have been or will be terminated

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

Tick as appropriate:

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

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

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

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

Tick as appropriate:

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

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

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

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

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Warning

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

Data Protection[†]

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

Declaration[†]

By signing this application form

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

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

Date[†]

Name of first signatory^{1†}

Position² of first signatory[†]

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

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

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

Individual Registration Number[†]

Signature^{*}

Name of second signatory^{*}

Position of second signatory^{*}

Individual Registration Number^{*}

Signature^{*}

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

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