



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. [†]	

FSA[®]

[†] 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



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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 †



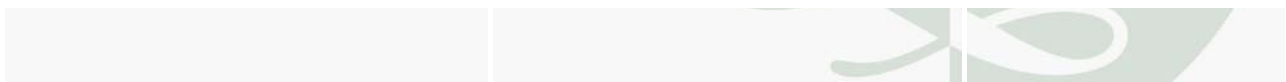
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2.01 Name of *firm*

2.02 FSA Firm Reference Number (FRN)*

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

	FSA FRN	Name of <i>firm</i>	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



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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.

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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: [∞]



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