



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[†]

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§ 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



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[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: [∞]

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[∞] 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.