



# Appointed representative or tied agent - change details – ONA Version

Notification under SUP 12.7.7R (i.e. the form in SUP 12 Ann 4R)

Firm name (i.e. the principal firm)<sup>†</sup>

("the firm")

Firm reference number\*

Address\*

**Please return this form to:**

The Financial Services Authority  
**Individuals, Mutuels and Policy Department**  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
United Kingdom  
Telephone +44 (0) 845 606 9966  
Facsimile +44 (0) 20 7066 0017

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

<sup>†</sup> 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

## NOTES

This form should be used to change the details of an existing appointed representative or tied agent. It is the form required by SUP 12.7.7R which is set out in SUP 12 Ann 4R.

For the purposes of this form, references to 'appointed representative' include 'tied agent' unless the context otherwise requires.

**N.B. if all the changes made on the form do not take effect from the same date, you should use more than one form for each set of changes that take effect on the same date.**

### 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)<sup>†</sup>

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**2** Contact's details:

**a** position in the *firm*<sup>†</sup>

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**b** daytime telephone number<sup>†</sup>

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**c** e-mail address<sup>†</sup>

**d** business address<sup>†</sup>

**e** post code<sup>†</sup>

**f** mobile phone number<sup>†</sup>

**g** fax number<sup>†</sup>

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<sup>†</sup> 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

What is the name of the appointed representative whose details are to be amended?<sup>†</sup>

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What is this appointed representative's Firm Reference Number? (If not known, this can be found on the FSA Register on our website at [www.fsa.gov.uk](http://www.fsa.gov.uk))<sup>†</sup>

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Yes

**1 a. Do you wish to suspend** the appointed representative?<sup>†</sup>

If 'Yes', please give the reasons for this:<sup>†</sup>

If you have any additional information to add to the reason above please attach it to this form<sup>†</sup>.

Yes

**b. Do you wish to reinstate** the appointed representative?<sup>†</sup>

<sup>†</sup> 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



I have supplied further information related to this page in Section 3<sup>†</sup>

YES

NO



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<sup>†</sup> 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

Yes

**2** Do you wish to change the name of the appointed representative? <sup>†</sup>

If 'Yes', what is the new name of the appointed representative? <sup>†</sup>

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Yes

**3a** Do you wish to change the legal status of the appointed representative? <sup>†</sup>

If 'Yes', what is the new legal status of the appointed representative? <sup>†</sup>

Private limited company  Public limited company

Partnership  Limited partnership

Limited liability partnership  Unincorporated association

Sole trader  Other, please specify below

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Yes No N/A

**3b** Has the name change been approved by Companies House? <sup>†</sup>

**N.B.** If the appointed representative is a UK registered company or LLP, the name of the appointed representative can only be changed if the change has already been approved by Companies House.

Yes

**4** Do you wish to change the address of the appointed representative? <sup>†</sup>

If 'Yes', please enter the new address: <sup>†</sup>

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Postcode:

<sup>†</sup> 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

Yes

- 5 Do you wish to change the trading name(s) of the appointed representative? <sup>†</sup>

If 'Yes', please provide details below. If you wish to amend a trading name please enter the name to be deleted in the box on the left and add the new one in the box on the right.

Please detail the trading name(s) to be deleted below: <sup>†</sup>

Please detail the trading name(s) to be added below: <sup>†</sup>

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Yes

- 6 Do you wish to change the telephone number of the appointed representative? <sup>†</sup>

If 'Yes', please enter the new telephone number: <sup>†</sup>

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Yes

- 7 Do you wish to change the fax number of the appointed representative? <sup>†</sup>

If 'Yes', please enter the new fax number: <sup>†</sup>

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Yes

- 8 Do you wish to change the E-mail address of the appointed representative? <sup>†</sup>

If 'Yes', please enter the new e-mail address<sup>†</sup>

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Yes

- 9 Do you wish to change the website address of the appointed representative? <sup>†</sup>

If 'Yes', please enter the new website address: <sup>†</sup>

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Yes No

- 10 Is the appointed representative currently an introducer appointed representative? <sup>†</sup>

<sup>†</sup> 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

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

**11** Do you wish to change the details of the Main Contact for the FSA register for this appointed representative? †  Yes  No

If 'Yes', please give the new details: Title†

Forename(s) †

Surname†

**12** Does the appointed representative undertake home finance activities? †  Yes  No

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

**13** Does the appointed representative undertake designated investment business activities? †  Yes  No

Do you wish to change this? If 'Yes', please provide details below: †

[Redacted area]

**14** Is the change in respect of an appointed representative who is carrying on or proposes to carry on insurance mediation activities or a tied agent? †  Yes  No

If so please provide details below: †

† 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

15 Please enter the date on which these changes take effect: †

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**3.01** Is there any other information the approved person or the firm considers to be relevant to the application? †

Yes

No

If so, please provide full details†

**3.02** Please indicate clearly which question the supplementary information relates to. †

Question	Information
	

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† 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

**3.03**

How many additional sheets are being submitted? †

## Supporting Documents

Indicate the required supporting documents to accompany this form<sup>†</sup>.

Documents	Mode (Send by email, Post, or Fax)

Other information (please specify)<sup>†</sup>:

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**Warning**<sup>†</sup>

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**<sup>†</sup>

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.

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**<sup>†</sup>**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<sup>\*</sup>Name of signatory<sup>†</sup>.Date<sup>†</sup>

/ /

Position in *firm*<sup>†</sup>Individual Reference Number (if applicable)<sup>†</sup>
 Tick here to confirm you have read and understood this declaration: <sup>∞</sup>

\* 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 the submission of this form is online

<sup>†</sup> 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

<sup>∞</sup> 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.