

Passporting

Notification of intention to establish a branch in another EEA state



(SUP 13 Annex 1R – Notification under SUP 13.5.1R)

Full name of firm [†]

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to establish your first *branch* in a particular *EEA State*. You should also use this form if you are a *UK firm* that wishes to notify us – the *FSA* – of changes to the details of your current *branch*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to establish a *branch* in another *EEA State* subject to the conditions of a relevant *single market 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 their own 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 (unless the *UK firm* is a *subsidiary* of a *firm* which is a *credit institution* that meets the criteria set out in the *Banking Consolidation Directive*).

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 10.
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 10.
3. All firms should answer sections 1, 2 and 10. Sections 3-9 refer to specific directives and only relevant sections should be completed. However, please answer all questions in the sections relevant to you.
4. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

1 Contact details

1.1 Details of the person we will contact about this application

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

† 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

2 Details about the branch

- 2.1 Please indicate the *EEA State* in which you wish to establish a *branch*.

EEA State †	
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- 2.2 Please provide the address in the *EEA State* in which the *branch* will be established and from which we can get information about the business. †

Address: †	
Telephone number: † <input type="text"/>	Fax number: † <input type="text"/>

- 2.3 Please list the names of all *managers* of the *branch* (including main agents in respect of insurance applications). †

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2.4 Tell us the proposed date for the business to start at the branch. †

Date	<input type="text" value="dd/mm/yy"/>
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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 Insurance Mediation Directive (IMD)

- 3.1 Please 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 mediation</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	<input type="checkbox"/>
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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

4 Markets in Financial Instruments Directive ('MiFiD')

4.1 Please tick the appropriate boxes to show the *investment services* your firm will provide, together with the associated instruments. [†]

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA state are required to complete Annex 1 at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.

[§]Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

		Tied Agent [§]														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<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

Investment services and activities

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

Ancillary services

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

Financial Instruments





- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

4.2 Please give details of the *firm's* programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the *branch*[†]

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p><u>1. Corporate strategy</u>[†]</p> <p><i>a) How will the branch contribute to the strategy of the firm/group?</i></p> <p><i>b) What will the main functions of the branch be?</i></p>	
<p><u>2. Commercial Strategy</u>[†]</p> <p><i>a) Describe the types of customers/counterparties the branch will be dealing with</i></p> <p><i>b) Describe how the firm will obtain and deal with these clients</i></p>	
<p><u>3. Organisational structure</u>[†]</p> <p><i>a) Briefly describe how the branch fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)</i></p> <p><i>b) Set out the organisational structure of the branch, showing both functional and legal reporting lines</i></p> <p><i>c) Which individual will be responsible for the branch operations on a day to day basis?</i></p> <p><i>d) Which individual will be responsible for compliance at the branch?</i></p> <p><i>e) Which individual will be responsible for dealing with complaints in relation to the branch?</i></p> <p><i>f) How will the branch report to the head office?</i></p>	

[†] 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

<p><i>g) Detail any critical outsourcing arrangements [†]</i></p>	
<p>4. Tied Agents [†] <i>a) Will the branch use tied agents?</i> <i>b) If the information is available, what is the identity of the tied agents? (Annex 1)</i> <i>c) What investment services and activities will be provided by the tied agent?</i></p>	
<p>5. Systems & Controls [†] <i>Provide a brief summary of arrangements for:</i> <i>a) Safeguarding client money and assets</i> <i>b) Compliance with the conduct of business and other obligations that fall under the responsibility of the host state competent authority according to MiFID Article 32(7) and record keeping under Article 13(9)</i> <i>c) Code of Conduct, including personal account dealing</i> <i>d) Anti-money laundering</i> <i>e) Monitoring and control of critical outsourcing agreements (if applicable)</i></p>	
<p>6. Auditor details [†] <i>Details of the audit arrangements of the branch (including where applicable, details of the external auditor)</i></p>	
<p>7. Profit & loss forecast [†] <i>Attach a forecast statement for profit & loss and cashflow, both over a 12 month period.</i></p>	

[†] 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

5 Banking Directive

5.1 Please tick the appropriate boxes to show the activities to be provided. †

Note to Question

5.1

The box marked § should only be completed by UK credit institutions wishing to passport investment services and activities and ancillary services provided for by the extended scope of MiFID with effect from 1 November 2007.

Activity		
1	Acceptance of deposits and other repayable funds	<input type="checkbox"/>
2	Lending, including, inter alia, consumer credit, mortgage credit, factoring, with or without recourse, and financing of commercial transactions (including forfeiting)	<input type="checkbox"/>
3	Financial leasing	<input type="checkbox"/>
4	Payment services as defined in Article 4(3) of Directive 2007/64/EC of the European Parliament and of the Council of 13 November 2007 on payment services in the internal market	<input type="checkbox"/>
5	Issuing and administering other means of payment (e.g. travellers' cheques and bankers' drafts) insofar as this activity is not covered by point 4	<input type="checkbox"/>
6	Guarantees and commitments	<input type="checkbox"/>
7	Trading for own account or for account of customers in:	<input type="checkbox"/>
	(a) money market instruments (cheques, bills, certificates of deposits etc)	<input type="checkbox"/>
	(b) foreign exchange	<input type="checkbox"/>
	(c) financial futures and options	<input type="checkbox"/>
	(d) exchange and interest-rate instruments	<input type="checkbox"/>
	(e) transferable securities	<input type="checkbox"/>
8	Participation in securities issues and the provision of services related to such issues	<input type="checkbox"/>
9	Advice to undertakings on capital structure, industrial strategy, and related questions and advice and services relating to mergers and the purchase of undertakings	<input type="checkbox"/>
10	Money broking	<input type="checkbox"/>
11	Portfolio management and advice	<input type="checkbox"/>
12	Safekeeping and administration of securities	<input type="checkbox"/>
13	Credit reference services	<input type="checkbox"/>
14	Safe custody services	<input type="checkbox"/>
§	Additional MiFID services and activities subject to mutual recognition under the Banking Directive	<input type="checkbox"/>

§ See separate matrix on next page

† 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

		EEA State [†]														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID investment services activities and instruments.

UK firms that intend to use a tied agent *established* in the territory of the host state are required to complete 'Annex 1' at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent. §

§ Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

		EEA State §														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<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

5.2 Please give details of the firm's programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the branch[†]

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p>1. Business Plan[†]</p> <p>a) <i>How will the branch contribute to the overall strategy of the institution/group?</i></p> <p>b) <i>What will be the main objectives and functions of the branch?</i></p> <p>c) <i>Describe the types of customers/counterparties the branch will be dealing with</i></p> <p>d) <i>Describe how the institution will obtain and deal with these customers/clients</i></p>	
<p>2. Organisational structure[†]</p> <p>a) <i>Briefly describe how the branch fits into the corporate structure of the group</i></p> <p>b) <i>Description of the administrative structure of the branch (number of business units/premises; number of employees; organisational chart, showing both functional and legal reporting lines)</i></p> <p>c) <i>Details of the branch manager(s) – CV(s) to be supplied</i></p> <p>d) <i>Details of any direct business relations (clients, partners, counterparties) and conditions under which they operate</i></p> <p>e) <i>Details of links with administrative and IT systems of the head office</i></p> <p>f) <i>Details of links with internal control system of the head office</i></p>	
<p>3. Systems & Controls[†]</p> <p>a) <i>Measures for supervising risk management procedures (includes credit/market/operational/liquidity)</i></p> <p>b) <i>Powers of the branch in respect of granting credit facilities</i></p> <p>c) <i>Details of the audit arrangements of the branch (including where applicable details of the external auditor)</i></p> <p>d) <i>anti-money laundering procedures (including the name of the AML compliance officer)</i></p> <p>e) <i>monitoring and control of critical outsourcing arrangements (if applicable)</i></p>	

[†] 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

<p><u>4. Financial information</u></p> <p><i>Attach a forecast for over at least a 12 months period, of material items of the Balance Sheet and Profit and Loss.</i></p>	
<p><u>5 Investment activities</u> (if applicable) †</p> <ul style="list-style-type: none"> • <i>Provide details of arrangements for:</i> <ul style="list-style-type: none"> • <i>safeguarding client money and assets</i> • <i>compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to MiFID Article 32(7) and record keeping under MiFID Article 13(9)</i> • <i>code of conduct, including personal account dealing</i> • <i>Provide details of the individual who will be responsible for compliance of the branch</i> • <i>Provide details of the individual responsible for dealing with complaints in relation to the investment activities of the branch</i> 	

† 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

6 Consolidated Life Assurance Directive

Note to Question 6.1

For the purpose of this form, 'authorised agent' means an agent or employee of the *insurance undertaking* who has authority (a) to bind the *insurance undertaking* in its relations with third parties and (b) to represent the *insurance undertaking* in its relations with *overseas regulators* and courts in the *EEA State* of the *branch*.

6.1 Please provide the name of the UK firm's authorised agent. If the firm is a member of Lloyd's, please also confirm that the authorised agent has power to accept service of proceedings on behalf of Lloyd's. †

Name of agent †

If applicable, confirmation that agent has power to accept service of proceedings on behalf of Lloyd's †

6.2 Please tick the appropriate boxes to show the classes of business to be provided. †

Classes of Business		
I	Life and Annuity	<input type="checkbox"/>
II	Marriage and Birth	<input type="checkbox"/>
III	Linked Long Term	<input type="checkbox"/>
IV	Permanent Health	<input type="checkbox"/>
V	Tontines	<input type="checkbox"/>
VI	Capital redemption	<input type="checkbox"/>
VII	Pension Fund Management	<input type="checkbox"/>
VIII	Collective Insurance	<input type="checkbox"/>
IX	Social Insurance	<input type="checkbox"/>

6.3 Please give details of the nature of the commitments to be covered in the EEA State concerned. †

† 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

6.4 Please give details of the structural organisation of the *branch* (you may wish to attach an organisation chart).[†]



6.5 Please give details of the guiding principles for reinsurance of business carried on, or to be carried on, in the *EEA State* concerned. This should include the *firm's* maximum retention per risk or event after all reinsurance is ceded[†]



[†] 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

6.6 Please confirm you have attached the following.[†]

i.	Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii.	Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii.	For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
iv.	For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned (this information should be provided on both optimistic and pessimistic bases, for each type of contract or treaty):		
	a) the number of contracts or treaties expected to be issued;	Attached	<input type="checkbox"/>
	b) the total premium income, both gross and net of reinsurance ceded; and	Attached	<input type="checkbox"/>
	c) the total sums assured or the total amounts payable each year by way of annuity.	Attached	<input type="checkbox"/>
v.	For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned:		
	a) a statement setting out, on both optimistic and pessimistic bases, detailed estimates of income and expenditure for direct business, reinsurance acceptances and reinsurance cessions; and	Attached	<input type="checkbox"/>
	b) a statement of estimates relating to the financial resources intended to cover underwriting liabilities.	Attached	<input type="checkbox"/>
vi.	Particulars of any associations that exist or are proposed to exist between:		
	a) the directors and controllers of the <i>UK firm</i> ; and	Attached	<input type="checkbox"/>
	b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<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

viii	The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of those sources.	Attached	<input type="checkbox"/>
ix.	Copies or drafts of:		
a)	any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	<input type="checkbox"/>
b)	any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	<input type="checkbox"/>
c)	any agreements which the <i>UK firm</i> will enter into with persons (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
x.	The technical bases that the actuary appointed in accordance with <i>SUP 4.3.1R</i> proposes to use for each class of business to be carried on in the <i>EEA State</i> concerned, including the bases needed for calculating premium rates and mathematical reserves.	Attached	<input type="checkbox"/>
xi.	A statement by the actuary so appointed as to whether:		
a)	he considers that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and	Attached	<input type="checkbox"/>
b)	he agrees with the information provided under sections 6.5 and 6.6 v (a) and (b).	Attached	<input type="checkbox"/>
xii.	The technical bases used to calculate the statements and estimates referred to in sections 6.6 iv and v.	Attached	<input type="checkbox"/>

7 First, Second and Third Non-Life Insurance Directives

- 7.1 Please provide the name of *UK firm's* authorised agent. If the firm is a *member of Lloyd's*, please confirm that the authorised agent has power to accept service of proceedings on behalf of *Lloyd's*.[†]

Name of agent [†] █
If applicable, confirmation that agent has power to accept service of proceedings on behalf of <i>Lloyd's</i> [†] <input type="checkbox"/>

- 7.2 Please tick the appropriate boxes to show the classes of business to be carried out from the *branch*.[†]

Classes of Business		
1	Accident	<input type="checkbox"/>
2	Sickness	<input type="checkbox"/>
3	Land Vehicles	<input type="checkbox"/>
4	Railway Rolling Stock	<input type="checkbox"/>
5	Aircraft	<input type="checkbox"/>
6	Ships	<input type="checkbox"/>
7	Goods in Transit	<input type="checkbox"/>
8	Fire and Natural Forces	<input type="checkbox"/>
9	Damage to Property	<input type="checkbox"/>
10	Motor Vehicle Liability	<input type="checkbox"/>
11	Aircraft Liability	<input type="checkbox"/>
12	Liability for Ships	<input type="checkbox"/>
13	General Liability	<input type="checkbox"/>
14	Credit	<input type="checkbox"/>
15	Suretyship	<input type="checkbox"/>
16	Miscellaneous Financial Loss	<input type="checkbox"/>
17	Legal Expenses	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

7.3 Please give details of the nature of the risks to be covered in the *EEA State(s)* concerned.[†]

Note to question

7.3

- i. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned at question 7.3.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*.

- ii. If the firm covers (or intends to cover) **health insurance**, please provide the technical bases used, or to be used, for calculating premiums in respect of such risks in question 7.3.

- iii. If the firm covers (or intends to cover) risks relating to **legal expenses insurance**, please state, in question 7.3, the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

7.4 Please give details of the structural organisation of the *branch* (*UK firms* may wish to attach an organisation chart).[†]

7.5 Please give details of the guiding principles as to reinsurance of business carried on, or to be carried on, in the *EEA State* concerned, including the *firm's* maximum retention per risk or event after all reinsurance ceded.[†]

[†] 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

7.6 Please confirm you have attached the following. †

i.	Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>
ii.	Estimates of the resources available to cover the costs detailed in (i) above.	Attached	<input type="checkbox"/>
iii.	If contracts of a kind falling within paragraph 18 of Schedule 1 to the <i>Regulated Activities Order</i> (Assistance) are, or are to be, effected or carried out, the resources available for providing assistance.	Attached	<input type="checkbox"/>
iv.	For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	<input type="checkbox"/>
v.	For each of the first three years following the establishment of the <i>branch</i> , give the details described below about the business carried on in the <i>EEA State</i> concerned:		
	a) estimates relating to expenses of management (other than cost of installation) and, in particular, those relating to current general expenses and commissions;	Attached	<input type="checkbox"/>
	b) estimates relating to premiums or contributions (both gross and net of all reinsurance ceded) and to claims (after all reinsurance recoveries); and	Attached	<input type="checkbox"/>
	c) estimates relating to the financial resources intended to cover underwriting liabilities.	Attached	<input type="checkbox"/>
vi.	Particulars of any associations that exist or are proposed to exist between:		
	a) the directors and controllers of the <i>UK firm</i> ; and	Attached	<input type="checkbox"/>
	b) any <i>person</i> who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.		
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

Continued over

† 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

7.6 continued[†]

viii. The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of these sources.	Attached	<input type="checkbox"/>
ix. Copies or drafts of: a) any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned; b) any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and c) any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.		
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
x. Copies or drafts of any agreements which the <i>UK firm</i> will have with main agents in the <i>EEA State</i> concerned.	Attached	<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

8 Reinsurance Directive

- 8.1 Please confirm the type(s) of reinsurance activity to be carried out by the branch under the Reinsurance Directive by ticking one of the boxes below. †**

Life reinsurance business	<input type="checkbox"/>
Non-life reinsurance business	<input type="checkbox"/>

- 8.2 Please provide the name and powers of the authorised agent. Please note that the authorised agent should be located at the same address of branch. †**

† 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

9 Undertakings for Collective Investment in Transferable Securities

9.1 You must select those activities that you wish to carry out under the *UCITS Directive* as listed in article 6(2) and (3) of the *UCITS Directive*.

Management of <i>UCITS</i>	<input type="checkbox"/>
Management of portfolios of investments, including those owned by pension funds, in accordance with mandates given by investors on a discretionary, client-by-client basis, where those portfolios include one or more of the instruments listed in Section C of Annex I to <i>MiFID</i> .	<input type="checkbox"/>
Investment advice concerning one or more of the instruments listed in Section C of Annex I to <i>MiFID</i> .	<input type="checkbox"/>
Safekeeping and administration in relation to <i>units</i> of collective investment undertakings.	<input type="checkbox"/>

9.2 Please give details of the *firm's* programme of operations

Note to Question

9.2

Provide a programme of operations setting out the activities and services envisaged according to article 6(2) and (3) and the organisational structure of the *branch* which must include a description of the risk management process.

Provide also a description of the procedures and arrangements for dealing properly with investor complaints, including how it is ensured that there are no restrictions on investors exercising such rights and the arrangements for making information available at the request of the public or the *competent authority* of the *UCITS Home State*;

For a suggested template *firms* may adhere to question 4.2 when preparing a programme of operations


Note: Other Requirements for UCITS management companies

In addition to the submission of this notice to the *FSA*, *management companies* should note, where the application is to manage a *UCITS* in another *EEA State*, they will be required by the rules of the *competent authority* of the *UCITS Home State* implementing article 20 of the *UCITS Directive* to provide them with:

- (1) the written agreement that has been entered into with the *depository*; and
- (2) information on delegation arrangements regarding the functions of investment management and administration, as referred to in Annex II to the *UCITS Directive*.

If the *management company* already manages other *UCITS* of the same type as the company is proposing to manage in the *UCITS Home State*, article 20 provides that reference to the documentation already provided shall be sufficient for the purposes of (1) and (2).

9.3 Please confirm if the information referred to above has been submitted to the *competent authority* of the *UCITS Home State*. If it has not been submitted or if article 20 is not applicable please explain why, including (if applicable) when it is expected that the information will be provided.



10 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 take appropriate professional advice before supplying information to us.

There will be a delay in processing the application 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 application process.

- **I understand it is a criminal offence knowingly or recklessly to give the FSA 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 Details (mandatory)	<input type="checkbox"/>
Section 2 – Details about the branch (mandatory)	<input type="checkbox"/>
Section 3 – Insurance Mediation Directive	<input type="checkbox"/>
Section 4 – Markets in Financial Instruments Directive	<input type="checkbox"/>
Section 5 – Banking Consolidation Directive	<input type="checkbox"/>
Section 6 – Consolidated Life Assurance Directive	<input type="checkbox"/>
Section 7 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 8 – Reinsurance directive	<input type="checkbox"/>
Section 9 - Undertakings for Collective Investments in Transferable Securities	<input type="checkbox"/>
Section 10 – 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

ANNEX 1 – Tied Agent Notification Form

This form should be used to notify FSA when a *UK firm* intends to use a *tied agent* established in the territory of another *EEA state*.

Tied Agent Details

1	Name of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
2	Address of Tied Agent [†]	<input style="width: 95%; height: 100px;" type="text"/>
3	Trading name(s) of Tied Agent, if different to the name given in question 1 above [†]	<input style="width: 95%; height: 25px;" type="text"/>
4	Telephone number of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
5	Fax number of Tied agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
6	E-mail address of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
7	Website of Tied Agent [†]	<input style="width: 95%; height: 25px;" type="text"/>
8	Legal Status of Tied Agent [†] <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader </div> <div style="width: 45%;"> <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other, please specify below </div> </div>	<input style="width: 95%; height: 25px;" type="text"/>
9	Date of commencement of agreement With your firm [†]	<input style="width: 95%; height: 25px;" type="text"/>

[†] 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