

Application number
(for FSA use only)

The FSA has produced notes which will assist both the applicant and the notified 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_formc_notes.doc. Both the applicant and the notified 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 F - Changes in notified persons

FSA Handbook Reference: SUP 15 Annex 2R – Notification under SUP 15.4.1R

Name of notified person[†]
(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
Fax +44 (0) 207 066 0017
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 application

	Title [†]	
	First Name [†]	
	Surname [†]	
	Job Title [†]	
	Business address [†]	
	Post code [†]	
	Phone number (including STD code) [†]	
	Email address [†]	
	Mobile No [†]	
	Fax No. [†]	



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Has the notified person previously been approved by FSA?†

Details of notified person

Is the notified person an approved person?

YES NO

1.01 a If 'yes' Notified person's FSA Individual Reference Number (IRN)†

b OR name of previous regulatory body†

c AND previous reference number†

1.02 Title
(e.g. Mr, Mrs, Ms, etc)†

1.03 Surname†

1.04 ALL forenames†

1.05 Name commonly known by†

1.06 Date of birth†

/ /

1.07 National Insurance number†

1.08 Previous name†

1.09 Date of change†

/ /

1.10 Reason for change†

1.11 a Nationality†

b Passport Number†
(If National Insurance number not available)

1.12 Place of birth†



I have supplied further information related to this in Section 6†

YES NO

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1.13 a Private address[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To PRESENT

(If address has changed in the last three years, please provide addresses for the previous three years.)[†]

1.14 a Previous address 1[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To / /

1.15 a Previous address 2[†]

b Postcode[†]

c Dates resident at this address
(mm/yyyy)[†]

From / /

To / /



I have supplied further information
related to this in Section 6[†]

YES

NO



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There are current holder(s) of this notifiable role. Please tick the individuals you wish to withdraw from this role. †

IRN	Name	Remove

2.01 Name of *firm* making the application†

2.02 a FSA Firm Reference Number (FRN)†

2.03 a Name of Home State regulator†

b Country†



I have supplied further information related to this in Section 6†

YES

NO



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3.01 Notified positions individual is taking over. †

a Firm's world-wide chief executive where *the person* is situated outside the *United Kingdom*

b The *person*, if not the world-wide chief executive, within the *overseas* firm with a purely strategic responsibility for *UK* operations

c For a *bank* or an *ELMI*: the two or more *persons* who effectively direct its business in accordance with *ELM* 5.3.1R

d For a *UK* branch of an *insurer*: the *authorised UK* representative

3.02 Effective date†

/ /

3.03 FSA Individual Reference Number of individual being replaced†

3.04 Name of individual being replaced†



I have supplied further information related to this in Section 6†

YES

NO

† 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

Please start with the most recent employment. †

Note: ALL gaps in employment must be accounted for

4.01 Employment details (1)

a	Period (mm/yyyy) †	From /	To /												
b	Nature of employment †	<table border="0"> <tr> <td style="padding-right: 20px;"><i>a</i> Employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i> Self-employed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i> Unemployed</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i> Full-time education</td> <td><input type="checkbox"/></td> </tr> </table>		<i>a</i> Employed	<input type="checkbox"/>	<i>b</i> Self-employed	<input type="checkbox"/>	<i>c</i> Unemployed	<input type="checkbox"/>	<i>d</i> Full-time education	<input type="checkbox"/>				
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<i>c</i> Unemployed	<input type="checkbox"/>														
<i>d</i> Full-time education	<input type="checkbox"/>														
	if b, c or d is ticked, please give details †														
c	Name of employer †														
d	Nature of business †														
e	Previous / other names of employer †														
f	Last known address of employer †														
g	Is / was employer regulated by a regulatory body? †	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> †	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held †														
j	Responsibilities †														
k	Reason for leaving †	<table border="0"> <tr> <td style="padding-right: 20px;"><i>a</i> Resignation</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>b</i> Redundancy</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>c</i> Retirement</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>d</i> Termination/dismissal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>e</i> End of contract</td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>f</i> Other</td> <td><input type="checkbox"/></td> </tr> </table>		<i>a</i> Resignation	<input type="checkbox"/>	<i>b</i> Redundancy	<input type="checkbox"/>	<i>c</i> Retirement	<input type="checkbox"/>	<i>d</i> Termination/dismissal	<input type="checkbox"/>	<i>e</i> End of contract	<input type="checkbox"/>	<i>f</i> Other	<input type="checkbox"/>
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<i>e</i> End of contract	<input type="checkbox"/>														
<i>f</i> Other	<input type="checkbox"/>														
	Specify †														

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I have supplied further information related to this in Section 6[†]

YES

NO

4.02 a Period (mm/yyyy)[†]

From / To /

b Nature of employment[†]

- a Employed
- b Self-employed
- c Unemployed
- d Full-time education

if b, c or d is ticked, please give details[†]

c Name of employer[†]

d Nature of business[†]

e Previous / other names of employer[†]

f Last known address of employer[†]

g Is / was employer regulated by a regulatory body?[†]

Yes No

Name of regulatory body

h Is / was employer an *appointed representative/tied agent*[†]

Yes No

If yes, of which firm?

i Position held[†]

j Responsibilities[†]

k Reason for leaving[†]

- a Resignation
- b Redundancy
- c Retirement
- d Termination/dismissal
- e End of contract
- f Other

Specify[†]

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I have supplied further information
related to this in Section 6[†]

YES

NO



4.03 Employment details (3)

a	Period (mm/yyyy) [†]	From /	To /												
b	Nature of employment [†]	<table border="0"> <tr> <td style="padding-right: 20px;"><i>a</i> Employed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>b</i> Self-employed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>c</i> Unemployed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>d</i> Full-time education</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<i>a</i> Employed	<input type="checkbox"/>	<i>b</i> Self-employed	<input type="checkbox"/>	<i>c</i> Unemployed	<input type="checkbox"/>	<i>d</i> Full-time education	<input type="checkbox"/>				
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<i>b</i> Self-employed	<input type="checkbox"/>														
<i>c</i> Unemployed	<input type="checkbox"/>														
<i>d</i> Full-time education	<input type="checkbox"/>														
	if b, c or d is ticked, please give details [†]														
c	Name of employer [†]														
d	Nature of business [†]														
e	Previous / other names of employer [†]														
f	Last known address of employer [†]														
g	Is / was employer regulated by a regulatory body? [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of regulatory body												
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, of which <i>firm</i> ?												
i	Position held [†]														
j	Responsibilities [†]														
k	Reason for leaving [†]	<table border="0"> <tr> <td style="padding-right: 20px;"><i>a</i> Resignation</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>b</i> Redundancy</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>c</i> Retirement</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>d</i> Termination/dismissal</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>e</i> End of contract</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><i>f</i> Other</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		<i>a</i> Resignation	<input type="checkbox"/>	<i>b</i> Redundancy	<input type="checkbox"/>	<i>c</i> Retirement	<input type="checkbox"/>	<i>d</i> Termination/dismissal	<input type="checkbox"/>	<i>e</i> End of contract	<input type="checkbox"/>	<i>f</i> Other	<input type="checkbox"/>
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<i>f</i> Other	<input type="checkbox"/>														

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Specify[†]

4.04 Employment details (4)

a Period (mm/yyyy)[†]

From / To /

b Nature of employment[†]

- a Employed
- b Self-employed
- c Unemployed
- d Full-time education

if b, c or d is ticked, please give details[†]

c Name of employer[†]

d Nature of business[†]

e Previous / other names of employer[†]

f Last known address of employer[†]

g Is / was employer regulated by a regulatory body?[†] Yes No Name of regulatory body

h Is / was employer an appointed representative/tied agent?[†] Yes No If yes, of which firm?

i Position held[†]

j Responsibilities[†]

k Reason for leaving[†]

- a Resignation
- b Redundancy
- c Retirement
- d Termination/dismissal
- e End of contract
- f Other

Specify[†]



I have supplied further information related to this in Section 6[†]

YES

NO

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4.05 Employment details (5)

a	Period (mm/yyyy) [†]	From /	To /
b	Nature of employment [†]	a Employed	<input type="checkbox"/>
		b Self-employed	<input type="checkbox"/>
		c Unemployed	<input type="checkbox"/>
		d Full-time education	<input type="checkbox"/>

if b, c or d is ticked, please give details[†]

c	Name of employer [†]	
d	Nature of business [†]	
e	Previous / other names of employer [†]	
f	Last known address of employer [†]	
g	Is / was employer regulated by a regulatory body? [†]	
h	Is / was employer an <i>appointed representative/tied agent</i> [†]	
i	Position held [†]	
j	Responsibilities [†]	
k	Reason for leaving [†]	
	Specify [†]	



I have supplied further information related to this in Section 6[†]

YES

NO



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5.01	a	<p>Has the notified person ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):</p> <p>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 or other dishonesty: or ii. relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies</i>, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, <i>money laundering</i>, market manipulations or <i>insider dealing</i>?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b	<p>Is the notified person the subject of any current criminal proceedings?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c	<p>Has the notified person ever been given a caution in relation to any criminal offence?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.02		<p>Has the notified person any convictions for any offences (whether spent or not and whether or not in the <i>United Kingdom</i>) other than those in 5.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.03	a	<p>Has the notified person ever had a County Court Judgment (“CCJ”) or other judgement debt, (whether or not in the <i>United Kingdom</i>)?</p> <p>Has the notified person had:</p> <p>i. more than 2 CCJs or judgment debts?</p> <p>or</p> <p>ii. more than £1,000 in total of CCJs or judgment debts?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	b	<p>Is the notified person aware of anybody's intention to: begin</p> <p>i. begin more than one set of proceedings against the notified person for a CCJ or other judgment debt? Or</p> <p>ii. claim more than £1,000 of CCJs or judgment debts in total from the notified person?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5.04		<p>Does the notified person have any judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.05		<p>Has the notified person ever failed to satisfy any such judgment debts within one year of the making of the order?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.06	a	<p>Is the notified person, or has the notified person ever been, the subject of any bankruptcy proceedings or proceedings for the sequestration of the notified person's estate?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b	<p>Has the notified person ever entered or is in the process of entering into an agreement in favour of the notified person's creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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I have supplied further information related to this in Section 6[†]

YES NO

5.07

Does the notified person have any outstanding financial obligations arising from *regulated activities*, which the notified person has carried on in the past (whether or not in the *United Kingdom*)?

Yes No

(In the case of *advisers*, this will include any outstanding liabilities arising from commissions paid for the sale of *packaged products* that have lapsed.)

5.08

Has the notified person **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

Yes No

5.09

Is the notified person, or has the notified person **ever** been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activities?

Yes No

5.10

Has the notified person ever (whether or not in the *United Kingdom*) –

a been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or any fiduciary office or position of trust, whether or not remunerated?

Yes No

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?

Yes No

c been disqualified by a court 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*?

Yes No

d been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or 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?

Yes No

5.11

In relation to activities regulated by the *FSA* or any other regulatory body (see note section 5), has:

i. the notified person, or

ii. any company, partnership or unincorporated association of which the notified person is or has been a controller, director, senior manager, partner or company secretary, during the notified person's association with that entity and for a period of three years after the notified person ceased to be associated 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**?

Yes No

b been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action **by any such body**?

Yes No

c resigned whilst under investigation by, or been required to resign from, **any such body**?


Yes No

- d decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by **any such body**, not to proceed with it?

Yes No




e been the subject of any civil action which has resulted in a finding against the notified person or it by a court? Yes No

 I have supplied further information related to this in Section 6[†] YES NO

5.12 Has any *company, partnership* or unincorporated association of which the notified 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 notified 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? Yes No
- b been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct? Yes No
- 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? Yes No
- 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 5.11(b) above)? Yes No

5.13 Is the notified 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? Yes No

 I have supplied further information related to this in Section 6[†] YES NO

Enter Date of change:[†]

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Supplementary Information † **Section 6**

6.01 Is there any other information the notified person of the firm considers to be relevant to the application?
†

Please provide full details†

6.02 Full details must be provided here if there were any issues that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5. †

Please indicate clearly which question additional information relates to. †

Question	Information

6.03 Include a list of all directorships currently or previously held by the notified person in the past 10 years (where *director* has the meaning given in the *Glossary*). †

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

Yes No

If yes, provide details below or on a separate sheet of paper†

† 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

Supporting Documents[†]

Indicate the required supporting documents to accompany this form.

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

Other information (please specify):

--



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DECLARATION OF NOTIFIED PERSON[†]

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 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.

I can 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 Notes 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 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.**

7.01 Notified person's full name[†]

7.02 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.

In making this application the *firm* believes on the basis of due and diligent enquiry that the notified person is a fit and proper person to perform the notified position(s) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the notified person is competent to fulfil the duties required of such function(s).

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 Notes to this Form.

I confirm that I have authority to make this notification, and sign this Form, on behalf of each *firm* identified in section 7. I also confirm that a copy of this Form, as submitted to the *FSA*, will be sent to each of those *firms* at the same time as submitting the Form to the

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* 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

[∞] 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.

FSA.

7.03 Name of the *firm* submitting the application[†]

7.04 Name of *person* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature *

Date[†] / /

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

Completion Checklist[†]

Is the Form fully completed?[†]

Are ALL forenames included?[†]

Is there a complete five-year employment history with all gaps explained?[†]

Is the Form correctly signed and dated by both the *firm* making the application and the notified person?[†]

Has all supplementary information been included and clearly marked?[†]

N.B. Detach and keep the Notes before returning the completed Form to the FSA.[†]

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