

This form may be completed on screen and printed, or printed for completion by hand.

NOTE: You cannot save the form if you are completing it using Acrobat Reader. It is therefore advisable to assemble all the information you require before completing the form.

Print as many copies as you require before quitting.

This form can be saved if you are using the full Acrobat application.

All fields except Signatures may be completed on screen.

Text in blue will not print.



Cancellation of Part IV Permission - Application Form

FSA Handbook Reference: SUP6 Annex 6D

(July 2007)

Click in any field to enter text. Press tab to go to next field.

Firm name

(the firm)

FSA reference number

Address

(Please return form to:)

The Financial Services Authority
Permissions Department
Regulatory Transactions
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Telephone +44 (0) 20 7066 1000

Facsimile +44 (0) 20 7066 1099

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

NOTES

Before completing this form to cancel all of your firm's regulated activities, you may find it helpful to discuss your proposed application with your usual supervisory contact at the FSA.

Do not use this form if you do not want to cancel all of your firm's regulated activities. If you want to cancel some of your firm's activities, you should use the relevant Variation of Permission form.

Do not use this form if you do not intend to stop carrying on all your firm's regulated activities within the next six months. If you need more time to wind down (run off) your business, you should apply for a cancellation at a later date or, in the meantime, apply to vary your firm's permission. Please contact your normal supervisory contact to discuss your options.

Please note that we cannot grant a retrospective cancellation of your firm's Part IV permission.

To use this form, your firm should have taken the correct preparatory steps and be able to answer 'yes' to each question below.

	Yes	No
• Have you notified all your clients of your intention to cancel your firm's part IV permission on its permission and explained how this will affect them? (See SUP 6.4.11)	<input type="checkbox"/>	<input type="checkbox"/>
• Are your firm's fees paid up to date? (See SUP 6.4.22)	<input type="checkbox"/>	<input type="checkbox"/>
• Have all of your firm's regulatory returns been submitted up to date? (See SUP 16)	<input type="checkbox"/>	<input type="checkbox"/>
• Have you already informed your firm's approved persons of this application for cancellation?	<input type="checkbox"/>	<input type="checkbox"/>
• Can you confirm that there are no unsatisfied or uncharged complaints against the firm that have not been fully dealt with in accordance with your firm's complaints procedures? (See SUP 6.4.10 & 22)	<input type="checkbox"/>	<input type="checkbox"/>
• If your firm's carrying on or regulated activities has not already ceased, will your firm cease to do so within the next six months? (See SUP 6.4.3)	<input type="checkbox"/>	<input type="checkbox"/>

You should ensure that you include all relevant information and confirmations in this form. If not, your application will be delayed while we seek the outstanding information and/or confirmations. Your application could be refused if you do not give us the outstanding information and/or confirmations.

Personal Details

1 Contact name for this application

*

2 Contact details:

a Position in the firm

*

b Daytime telephone number

*

c Email address

d Individual reference number (IRN), if applicable

* Denotes a mandatory field

Application Details Part 1

3 On behalf of the firm, I/we, the undersigned, apply to cancel the Firm's Part IV permission and declare that:

The firm has ceased to carry on all its regulated activities from: / /

OR

The firm will cease to carry on all its regulated activities from: / /

All regulated activities must cease no later than six months from the date of any application to cancel Part IV permissions (see SUP 6.4.3 G).

If you do not intend to cease to carry on all your regulated activities within the next six months, you should NOT apply at this stage.

4 What are your firm's reason(s) for cancellation (please tick as appropriate):

- (a) Ceased to carry on regulated activities
- (b) Business transferred to another regulated firm
- (c) Joining a network
- (d) Merging with another regulated firm
- (e) To become an appointed representative of another regulated firm
- (f) Firm never carried on regulated activities
- (g) Non-availability of professional indemnity insurance cover
- (h) Cost of professional indemnity insurance cover
- (i) Other (please provide details)



Application Details Part 2

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5 Is there any information, relating to the withdrawal of individual approved persons performing controlled functions, of which the FSA should be aware? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please provide details:

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- | | | |
|--|--------------------------|--------------------------|
| 6 Does your firm hold or control client money or assets? | Yes | No |
| We may ask you for an auditor's report. Please refer to SUP 6.4.15G, 6.4.16G and 6.4.17G. | <input type="checkbox"/> | <input type="checkbox"/> |
| All client money/client deposits, charged custody assets and any other property belonging to client must be repaid before cancellation can proceed. Please refer to SUP 6.2.22 (2)G. | | |

-
- | | | |
|---|--------------------------|--------------------------|
| 7 Are any of your firm's clients being transferred to another firm that is regulated by the FSA? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

7a If 'yes', how many firms are you transferring business to? _____

Please complete Question 7 for each firm you are transferring business to.

If you are transferring business to more than one firm, please copy this page and attach the details for each one.

Name of firm you are transferring business to *

b) When do you propose to transfer this business? / / *

Yes No

c) Is this firm currently authorised by the FSA?

(If not, it must be authorised before the transfer takes place. You can find out whether a firm is authorised by checking the FSA Register on our website)

If it is, please enter its FSA reference number

d) Firm's address

e) If it is not authorised, please enter the date you expect it to become authorised. / /

f) Principal compliance contact at firm *

8 Does your firm have any subordinated loan agreements? Yes No

If you answer yes to any of the questions above, by signing this form you will be declaring that, by the date of cancellation, all such loan agreements have been or will be terminated.

* Denotes a mandatory field

Declaration and signatures

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 Financial Services Authority 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.

Declaration

By signing this application form

- I/We confirm that this information is accurate and complete to the best of my/our knowledge and belief.
- 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.
- 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.
- 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.

Date

Name of first signatory¹

Position² of first signatory

Individual Registration Number

Signature

Name of second signatory

Position of second signatory

Individual Registration Number

Signature

¹ For a sole trader, the signature of the principal is required. For any other firm, the signature of two directors or of two partners, as appropriate, is required.

² e.g. Director, Partner or Sole Trader.