



Standing Data

To update firm name and trading names, website address, accounting reference date, auditors, locum, contacts and addresses.

(September 2004)

Firm name

("The Firm")

FSA firm reference number

Address

(Please return the form, marked for the attention of the Firm Contact Centre, to:)

The Financial Services Authority

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

This form should be used to update your firm name and trading name(s), website address, accounting reference date, auditors, locum, contacts and addresses.

Personal Details

Section A

1 Contact Name for this application

 *

2 Contact's Details:

a Position in the firm

 *

b Daytime telephone number

 *

c E-mail address

d Individual reference number (IRN), if applicable

Change Full Name of Firm

Section B

If you wish to advise FSA of a change to the firm's name please enter the following details, otherwise proceed to Section C1.

Note: this section is not intended to be used by firms that are covered by Industrial & Provident, Friendly Society, Credit Union or Building Society legislation. These firms should contact the FSA's Mutuals Team.

Current Legal Status:

(a) Private Limited Company

(b) Public Limited Company

(c) Limited Liability Partnership

(d) Limited Partnership

(e) Sole Trader

(f) Unlimited Liability Company

(g) Partnership

(h) Other, please specify below

1 New full name of firm

 *

- 2 Please enter the date on which the change becomes effective / /
- Yes No N/A
- 3 Has the change requested been approved by Companies House?

If your firm is a UK registered limited company (including PLC), limited partnership (if registered at Companies House), limited liability partnership or unlimited liability company, you should only make a change to your firm name if the change has already been approved by Companies House

If you have answered 'Not Applicable', please explain why below:

- 4 I confirm that the change requested does not constitute a change of legal status

Add New Trading Name(s)

Section C1

If you wish to add a new trading name of the firm please enter the following details, otherwise please proceed to Section C2:

- 1** New Trading Name *
- 1a** Please enter the date on which the change becomes effective / / *
- 2** New Trading Name *
- 2a** Please enter the date on which the change becomes effective / / *
- 3** New Trading Name *
- 3a** Please enter the date on which the change becomes effective / / *
- 4** New Trading Name *
- 4a** Please enter the date on which the change becomes effective / / *

Delete Current Trading Name(s)

Section C2

If you wish to delete a trading name of the firm please enter the following details, otherwise please proceed to Section D:

- 1** Trading name to be deleted *
- 1a** Please confirm when the trading name must cease: / / *
- 1b** I confirm that the above trading name will not be used by the firm from the date indicated above.
- 2** Trading name to be deleted *
- 2a** Please confirm when the trading name must cease: / / *
- 2b** I confirm that the above trading name will not be used by the firm from the date indicated above.
- 3** Trading name to be deleted *
- 3a** Please confirm when the trading name must cease: / / *
- 3b** I confirm that the above trading name will not be used by the firm from the date indicated above.
- 4** Trading name to be deleted *
- 4a** Please confirm when the trading name must cease: / / *
- 4b** I confirm that the above trading name will not be used by the firm from the date indicated above.

If you wish to change the contact details of the Complaints Officer or Primary Compliance Contact please enter the following details, otherwise please proceed to Section E1:

Please note that this will not change your approved person records. If you want to change these records, please use the appropriate Approved Persons Form.

Please indicate which contact this change applies to. If you wish to change the details for both please copy this form and record the details for each on separate forms, unless the details are the same.

(a) Complaints Officer (b) Primary Compliance Contact

1 Title *

2 Forename(s) *

3 Surname *

4 Job Title

5 Email address

6 Phone number. This must be a direct dialled number. *

7 Fax Number

8 Please enter the date on which the change becomes effective. / / *

9 Address *

Postcode:

10 If you would also like the contact details of the following to be changed, please tick the appropriate boxes. This will amend the contact details in line with the changes recorded above.

Complaints Contact Primary Compliance Contact

Change of Address

Section E1

1. Please indicate which of the following this change applies to. If you wish to change the details for more than one of the following please copy this form and record the details for each on separate forms, unless the details are the same.

- | | | | |
|-----------------------|--------------------------|---------------------------------|--------------------------|
| (a) Registered Office | <input type="checkbox"/> | (b) Principal Place of Business | <input type="checkbox"/> |
| (c) Billing Address | <input type="checkbox"/> | (d) Publication Address | <input type="checkbox"/> |
| (e) Head Office | <input type="checkbox"/> | | |

Please enter the new address details:

2 Address

*

Postcode:

3 Telephone number.

*

4 Fax Number

5 Email address

6 Please enter the date on which the change becomes effective.

/ /

*

7 **Contact Address Details**

- | | | | |
|------------------------|--------------------------|----------------------------------|--------------------------|
| (a) Complaints Address | <input type="checkbox"/> | (b) Principal Compliance Address | <input type="checkbox"/> |
|------------------------|--------------------------|----------------------------------|--------------------------|

Change of Other Address

Section E2

1. Please indicate which of the following this change applies to. If you wish to change the details for more than one of the following please copy this form and record the details for each on separate forms, unless the details are the same.

- | | | | |
|--|--------------------------|------------------------|--------------------------|
| (a) 3 rd Party Administration | <input type="checkbox"/> | (b) Actuary | <input type="checkbox"/> |
| (c) Customer Services | <input type="checkbox"/> | (d) EEA Branch Address | <input type="checkbox"/> |

(e) Firm Association Branch

(f) IVAD Contact Address

(g) Professional Advisor

Please enter the new address details:

2 Address

*

Postcode:

3 Telephone number.

*

4 Fax Number

5 Email address

6 Please enter the date on which the change becomes effective.

*

Change of Accounting Reference Date

Section F

1 Please enter the following details to change your accounting reference date:

(a) Current Accounting Reference Date (dd/mm) *

(b) New Accounting Reference Date (dd/mm) *

2 What accounting periods will result from the change? The new accounting reference date that you have entered could result in several different periods depending on whether you want to extend or reduce your periods and which period is the first period affected.

Although the FSA may accept accounting periods of up to 18 months, SUP 16.3.18G advises firms that accounting periods longer than 15 months may be deemed unacceptable as this may hinder the timely provision of relevant and important information to the FSA. If a firm wishes to have an accounting period of longer than 18 months (sole traders and certain partnerships), the firm must apply to the FSA in writing.

Please detail the start and end dates for the current accounting period and the two following periods below:

(a) Current Period / to / *

(b) Next Period / to / *

(c) Next Period 2 / to / *

Note the change that you have requested will result in a change to your reporting timetable.

3 I confirm the change requested above and that it is correctly represented by the accounting periods listed.

Change of Website Address

Section G

Please enter the new website address:

1 Website (format – www.fsa.gov.uk):

Change Auditor Details

Section H1

Please enter the following details to change your Auditor's details:

1 Firm name *

2 Address

*

Postcode:

3 Telephone number.

*

4 Fax Number

5 Email address

6 Effective date

/ /

*

Change Locum Details **Section H2**

For details of the FSA’s requirements for locum arrangements, see AUTH 3.9.10(2)G.

Please enter the following details to change your Locum’s details:

1 Title

2 Forename(s)

3 Surname

4 Firm name

*

5 Address

*

Postcode:

6 Telephone number.

[Redacted field] *

7 Fax Number

[Redacted field]

8 Email address

[Redacted field]

6 Effective date

[Redacted field] / / *

Warning

Knowingly or recklessly giving the FSA information, which is false or misleading in a material particular, may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the 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 submitting this application form

- I/we confirm that the information contained in this form 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 confirm that, for those questions that do not require supporting evidence, the records which demonstrate the firm's compliance with the rules in relation to the questions will 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 enforcement action.

Date	
Name of first signatory ¹	
Position ² of first signatory	
Individual Reference Number (IRN)	
Signature	
Name of second signatory ¹	
Position ² of second signatory	
Individual Reference Number (IRN)	
Signature	

¹ For a sole trader, the signature of the principal is required.
 For a limited company, the signature of two directors or one director and the company secretary is required.
 For a partnership, the signature of at least one partner is required.

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