



Application number  
(for FCA/PRA use only)

The FCA and PRA have produced notes which will assist both the applicant and the candidate in answering the questions in this form. Please read these notes, which are available on both FCA and PRA websites at:

- <http://fshandbook.info/FS/html/FCA/SUP/10A/Annex4>
- <http://www.bankofengland.co.uk/PRA>

Both the applicant and the candidate will be treated by the FCA and PRA as having taken these notes into consideration when completing their answers to the questions in this form.

## Short Form A – UK and Overseas Firms (not Incoming EEA)

### Application to perform controlled functions under the approved persons regime

FCA Handbook Reference: SUP 10A Annex 4D

PRA Handbook Reference: SUP 10B Annex 4D

1 April 2013

Name of *candidate*<sup>†</sup>  
(to be completed by applicant firm)

Name of *firm*<sup>†</sup>  
(as entered in 2.01)

*Firm* reference number<sup>†</sup>  
(as entered in 2.02)

Financial Conduct Authority  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
United Kingdom  
Telephone +44 (0) 300 500 0597  
Facsimile +44 (0) 207 066 0017  
E-mail [iva@fca.org.uk](mailto:iva@fca.org.uk)  
Website <http://www.fca.org.uk>

Prudential Regulation Authority  
20 Moorgate  
London  
EC2R 6DA  
United Kingdom  
Telephone +44 (0) 203 461 7000  
E-mail [PRA.firmenquiries@bankofengland.co.uk](mailto:PRA.firmenquiries@bankofengland.co.uk)  
Website [www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

1.01	a	<i>Candidate</i> Individual Reference Number (IRN) †	
	b	OR name of previous regulatory body †	
	c	AND previous reference number (if applicable) †	
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 (dd/mm/yyyy) †	
1.07		National Insurance number †	
1.08		Previous name †	
1.09		Date of name change †	
1.10	a	Nationality †	
	b	Passport number (if National Insurance number not available) †	
1.11		Place of birth †	


**I have supplied further information related to this page in Section 6 †**
YES 
NO

1.12	a	Private address †	
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† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

**b** Postcode<sup>†</sup>

**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  /  To

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

**1.13 a** Previous address 1<sup>†</sup>

**b** Postcode<sup>†</sup>

**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  To

**1.14 a** Previous address 2<sup>†</sup>

**b** Postcode<sup>†</sup>

**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  To

➔ I have supplied further information related to this page in Section 6<sup>†</sup> YES  NO

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

2.01	Name of <i>firm</i> making the application	
2.02	Firm Reference Number (FRN)	
2.03 a	Who should the <i>FCA/PRA</i> contact at the <i>firm</i> in relation to this application?	
b	Position	
c	Telephone	
d	Fax	
e	E-mail	

➔ I have supplied further information related to this page in Section 6 YES  NO

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

**3.01** Nature of the arrangement between the candidate and the applicant.

<i>a</i>	Employee	<input type="checkbox"/>
<i>b</i>	Group employee	<input type="checkbox"/>
	Name of group	
<i>c</i>	Contract for services	<input type="checkbox"/>
<i>d</i>	Partner/Sole trader	<input type="checkbox"/>
<i>e</i>	Appointed representative/tied agent – customer function	<input type="checkbox"/>
	AR firm name and reference number	
<i>f</i>	Appointed representative/tied agent – governing function	<input type="checkbox"/>
	AR firm name and reference number	
<i>g</i>	Other	<input type="checkbox"/>
	Give details	

**3.02** For applications from a single firm, please tick the boxes that correspond to the controlled functions to be performed.  
 If the controlled functions are to be performed for more than one firm, please go to question 3.05

<b>a</b>	<b>Significant influence functions</b>	CF 1 Director function	<input type="checkbox"/>
		CF 2 Non-executive director function	<input type="checkbox"/>
		CF 3 Chief executive function	<input type="checkbox"/>
		CF 4 Partner function	<input type="checkbox"/>
		CF 5 Director of an unincorporated association function	<input type="checkbox"/>
		CF 6 Small friendly society function	<input type="checkbox"/>
	<b>Significant influence functions continued</b>	CF 8 Apportionment and oversight function <i>(this function is not applicable to all firms please refer to Notes for Completing Form A)</i>	<input type="checkbox"/>
		CF 10 Compliance oversight function	<input type="checkbox"/>
		CF 10a CASS operational oversight function	<input type="checkbox"/>
		CF 11 Money laundering reporting function	<input type="checkbox"/>
		CF 12 Actuarial function	<input type="checkbox"/>
		CF 12A With-profits actuary function	<input type="checkbox"/>
<b>b</b>	<b>significant influence functions continued</b>	CF 12B Lloyd's Actuary function	<input type="checkbox"/>
		CF 28 System and controls function	<input type="checkbox"/>
		CF 29 Significant management function	<input type="checkbox"/>
<b>c</b>	<b>Customer function</b>	CF 40 Benchmark submission function	<input type="checkbox"/>
		CF 50 Benchmark administration function	<input type="checkbox"/>
		CF 30 Customer function	<input type="checkbox"/>

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

YES

NO

**3.03** Effective date of *controlled functions* indicated above<sup>†</sup>

[Greyed out response area]

**3.04** Job title (mandatory for *controlled function* 28 & 29)<sup>†</sup>

Please refer to notes on the requirements for submitting a CV

**Insurance mediation**

Will the candidate be responsible for Insurance mediation at the firm?

YES  NO

(Note: Yes can only be selected if the individual is applying for (CF1, 3-8 or 29)

[Greyed out response area]



I have supplied further information related to this page in Section 6<sup>†</sup>

YES

NO

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

**3.05 Complete this section only if the application is on behalf of more than one firm.**

List all *firms* within the *group* (including the *firm* entered in 2.01) for which the *candidate* requires approval and the requested *controlled function* for that *firm*.<sup>†</sup>

	<b>Firm Reference Number</b>	<b>Name of firm</b>	<b>Controlled function</b>	<b>Job title</b> (mandatory for controlled function 28 & 29)	<b>Effective date</b>
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					



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

YES

NO

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long form A as opposed to a Short Form A informing the *FCA* and/or *PRA* of the revised detail.

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This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the *FCA* and/or *PRA* of the revised detail.

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- 6.00
- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
  - If this application relates to a Significant influence controlled function then please provide full details of
    - why the candidate is competent and capable to carry out the controlled function(s) applied for.
    - why the appointment complements the firm's business strategy, activity and market in which it operates.
    - how the appointment was agreed including details of any discussions at governing body level (where applicable).
  - Please also include here any additional information indicated in previous sections of the Form.
  - **Please include a list of all directorships currently or previously held by the *candidate* in the past 10 years (where *director* has the meaning given in the *Glossary*.)**
  - If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.
  - **Full details must be provided here if there were any issues that could affect the Fitness and Propriety of the individual that arose when leaving an employer listed in section 4 or if any question has been answered 'yes' in section 5.**

Question	Information
	<p style="text-align: center;">Please indicate how many additional sheets are being submitted</p>

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

**Declaration of Candidate**

Knowingly or recklessly giving the *FCA* and/or *PRA* 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 *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

For the purposes of complying with the Data Protection Act, the personal information provided in this Form will be used by the *FCA* and/or *PRA* to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation, and will not be disclosed for any other purpose without the permission of the applicant.

With reference to the above, the *FCA* and/or *PRA* may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check.

In signing the form below:

**a) I authorise the *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. Individual candidates may be required to apply to the Criminal Records Bureau for a search to be made as to whether any criminal records are held in relation to them and to disclose the result of that search to us. I also understand that the results of these checks may be disclosed to the firm submitting this application.**

**b) 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.**

**c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons**

(<http://fshandbook.info/fs/html/handbook/APER>)

(<http://www.bankofengland.co.uk/PRA>)

7.01 Candidate's full name<sup>†</sup>

7.02 Signature<sup>\*</sup>

Date<sup>†</sup>

\* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

## Declaration of Firm

Knowingly or recklessly giving the *FCA* and/or *PRA* 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 *FCA* and/or *PRA* and to notify the *FCA* and/or *PRA* immediately if materially inaccurate information has been provided.

*APER* 4.4.7E provides that, where an *approved person* is responsible for reporting matters to the *FCA* and/or *PRA*, failure to inform the *FCA* and/or *PRA* 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 *FCA* and/or *PRA*.

It should not be assumed that information is known to the *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* 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 enquiries made to date that the *candidate* is a fit and proper *person* to perform the *controlled function(s)* listed in section 3.**

**Believes, on the basis of due and diligent enquiry, that the *candidate* is competent (including having achieved the relevant qualifications) to fulfil the duties required in the performance of such *function(s)*.**

**In signing this form on behalf of the firm:**

**a) 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.**

**b) I confirm that I have authority to make this application, and sign this Form, on behalf of each *firm* identified in section 3.05. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those *firms* at the same time as submitting the Form to the *FCA* and/or *PRA*.**

**c) I confirm the candidate has been made aware of the regulatory responsibilities of the proposed role as set out in the Statements of Principle and Code of Practice for Approved Persons**

**(<http://fshandbook.info/fs/html/handbook/APER>)**

**(<http://www.bankofengland.co.uk/PRA>)**

7.03 Name of the *firm* submitting the application<sup>†</sup>

7.04 Name of *person* signing on behalf of the *firm*<sup>†</sup>

7.05 Job title<sup>†</sup>

7.06 Signature<sup>\*</sup>

Date<sup>†</sup>

\* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in *SUP* 15.7