

# Chapter 16

## Reporting requirements

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## SUP 16 Ann 12G: Reports from trustees of AUTs and depositaries of ICVCs (see SUP 16.6.9G)

### 1 Table

#### 1. Trustees of AUTs

- (1) Form 1 at the end of this annex provides a suggested format for the submission of the reports.
- (2) The quarterly report should be completed each year as at 31 March, 30 June, 30 September, and 31 December.
- (3) The report should be signed by an *approved person* who has responsibility for the *firm's trustee* area.
- (4) A *firm* should refer to *CIS* 4, 7, 15 and Appendix *CIS* before completing this report.

#### 2. Depositaries of ICVCs

- (1) Form 2 at the end of this annex provides a suggested format for the submission of the reports.
- (2) The quarterly report should be completed each year as at 31 March, 30 June, 30 September, and 31 December.
- (3) The report should be signed by an *approved person* who has responsibility for the *firm's depositary* area.
- (4) A *firm* should refer to *CIS* 4, 7 and Appendix *CIS* before completing this report.

**Form 1**

Quarterly Return of Notifiable Breaches – Authorised Unit Trusts

1. Pricing Errors

Manager	Did status of manager change in quarter? (Note)	No. of pricing errors of 0.5% and above	No. of pricing errors below 0.5%, where trustee does not consider manager's controls to be adequate	No. of authorised unit trusts in operation
Note = From "controls adequate" to "controls inadequate" (or vice versa). Where the manager's status changed, the report should state the date of that change and the number of reportable breaches of CIS 4 and 15 before and after that change of status.				

2. Negative Boxes

Manager	Did status of manager change in quarter? (Note 1)	No. of negative boxes where CIS 4.3.12R and CIS 15.3.12R have not been applied. (Note 2)	No. of authorised unit trusts in operation
Note 1 = From "controls adequate" to "controls inadequate" (or vice versa). Where the manager's status changed, the report should state the date of that change and the number of reportable breaches of CIS 4 and 15 before and after that change of status.			
Note 2 = The application of CIS 4.3.12R and CIS 15.3.12R relates to the correction of an error by the manager with the trustee's agreement in accordance with CIS 4.3.12R and CIS 15.3.12R.			

The statistical information above has been provided to the FSA in accordance with SUP 16.6.8R(1).

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. SUP 16.3.11R requires an *authorised person* to submit reports containing all the information required. 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.

See SUP 16.3 for method of submission.

I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.

Signed

Name

Position

Date

**Form 2**

Quarterly Return of Notifiable Breaches – Investment Companies with Variable Capital

**1. Pricing Errors**

Authorised Corporate Director (ACD)	Did status of ACD change in quarter? (Note)	No. of pricing errors of 0.5% and above	No. of pricing errors below 0.5%, where depositary does not consider ACD's controls to be adequate	1. No. of Investment Companies with Variable Capital in operation

Note = From “controls adequate” to “controls inadequate” (or vice versa). Where the ACD’s status changed, the report should state the date of that change and the number of reportable breaches of CIS 4 before and after that change of status.

**2. Negative Boxes**

Authorised Corporate Director (ACD)	Did status of ACD change in quarter? (Note 1)	No. of negative boxes where CIS 4.3.12R has not been applied. (Note 2)	2. No. of Investment Companies with Variable Capital in operation

Note 1 = From “controls adequate” to “controls inadequate” (or vice versa). Where the ACD’s status changed, the report should state the date of that change and the number of reportable breaches under CIS 4 before and after that change of status.

Note 2 = The application of CIS 4.3.12R relates to the correction of an error by the ACD with the depositary’s agreement in accordance with CIS 4.3.12R.

The statistical information above has been provided to the FSA in accordance with SUP 16.6.8R(2).

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. SUP 16.3.11R requires an *authorised person* to submit reports containing all the information required. 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.

See SUP 16.3 for method of submission.

I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.

Signed

Name

Position

Date