Chapter 16

Reporting requirements

FSA

NAME OF RETURN (To be put on each return by FSA)

Return Reference Number (To be put on each return by FSA)

<div style="background:black;color:white;text-align:center;">

This return is date critical.

</div>

To be Completed by Firm	
Firm's Name	
Firm's Reference Number	

To be completed by FSA	
Date and Time of Receipt	
Entry Receipt Number	
Name & Initials of Person Receiving it	
Division Passed To	