



(for FSA use only)

Annual Questionnaire for Authorised Professional Firms

FSA Handbook Reference: *SUP 16 Annex 9R*

6 July 2007

Name of firm

FSA firm reference number

Accounting Reference Date

The Financial Services Authority
Revenue and Information Management Department
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Canary Wharf
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United Kingdom
Telephone +44 (0) 20 7066 1000
Website <http://www.fsa.gov.uk>

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

Guidance notes

This form should be completed only by *authorised professional firms* as defined in the *Handbook*.

Completing this Form

This form must be submitted to the *FSA* within four months of the *accounting reference date* to which it relates.

The form must be completed in black ink and (if in manuscript) in BLOCK LETTERS.

All dates must be provided in numeric form (e.g. 29/02/2000 for 29 February 2000).

Tick the appropriate box where a yes/no answer is required.

Expressions in the form in italics have the meaning given in the *Glossary to the Handbook* (or, if no meaning is given there, are to be interpreted in accordance with the related expressions defined in the *Glossary*).

Section 1 – Professional regulation

This section must be completed to show which of the *designated professional bodies* the *firm* is regulated by.

Section 2 – Supervision and monitoring data

The questions must be completed for the period ending on the *firm's* latest *accounting reference date*.

Section 3 – Financial resources and reporting

The questions must be completed for the period ending on the *firm's* latest *accounting reference date*.

Section 4 – Supplementary information

This section provides space for additional information which could not be included elsewhere in the form.

If there is still insufficient space, please use a separate sheet or sheets, marked with the *firm's* name and FSA firm reference number. Additional information must be securely attached to the rest of the form and you must indicate in question 4.02 the number of additional sheets attached.

See *SUP* 16.3 for method of submission.

1.01 Legal status

Indicate whether the *firm* is:

- a an individual who is entitled to practise a profession regulated by a *designated professional body* and in doing so is subject to its rules; or
- b a *person* (not being an individual) which is managed and controlled by one or more individuals each of whom is entitled to practise a profession regulated by a *designated professional body* and in doing so is subject to the rules of the *designated professional body*.

YES NO

YES NO

1.02 Designated Professional Body

To which of the following *designated professional bodies* is the *firm* subject?

PLEASE TICK ALL APPROPRIATE BOXES

The Association of Chartered Certified Accountants	<input type="checkbox"/>
The Institute of Actuaries	<input type="checkbox"/>
The Institute of Chartered Accountants in England & Wales	<input type="checkbox"/>
The Institute of Chartered Accountants in Ireland	<input type="checkbox"/>
The Institute of Chartered Accountants of Scotland	<input type="checkbox"/>
The Law Society of England & Wales	<input type="checkbox"/>
The Law Society Scotland	<input type="checkbox"/>
The Law Society of Northern Ireland	<input type="checkbox"/>
The Council for Licensed Conveyancers	<input type="checkbox"/>
The Royal Institution of Chartered Surveyors	<input type="checkbox"/>

→ I have supplied further information related to this Section in 4.01

YES NO

2.01 Business – general information

a What was the total income (excluding VAT) from all the business activities (including *regulated activities*) of the *firm* during the latest and previous periods?

Please state length of period if not 12 months

Latest period £	Previous period £

b Does the *firm* have any *appointed representatives*?

If YES, how many?

(Give figure as at the date of this questionnaire)

YES NO

2.02 Income from mainstream regulated activities

a What was the total income from the *firm's* mainstream *regulated activities* during the latest and previous periods? (Income excludes commission rebated to *clients* (as defined for *PROF*) or used to enhance policies)

Latest period £	Previous period £

b During the period, please indicate the proportion of this income generated from:
(An estimate to the nearest 10% is sufficient)

	Percentage	
i) Investment management activities		(see 3.08)
ii) Corporate finance activities		
iii) <i>Retail investment activities</i>		
iv) <i>Home finance mediation activities</i>		
v) <i>Insurance mediation activities</i>		
vi) Other		
TOTAL	100%	

c Did the *firm* during the period:

(i) Handle *client money* ?
(i.e. money held in the course of *designated investment business, home finance mediation activity or insurance mediation activity*)

YES NO

(ii) Handle *custody assets*?
(i.e. assets held in the course of *designated investment business*)

YES NO

2.03 Execution-only transactions

How many transactions during the period in the course of mainstream *regulated activities* were *execution-only* transactions?

PLEASE TICK APPROPRIATE BOX

(i) Are any of them associated with a complaint against the *firm* about poor *advice on investments*?

If YES, how many?

None

1 – 10

> 10

2.04 Life policies

Were any *life policies*, including *pension policies* arranged by the *firm* **surrendered** or **cancelled** in the period?

YES NO

If YES

(i) How many?

(ii) Are any of them associated with a complaint against the *firm*, about the *advice* provided?

If YES, how many?

YES NO

2.05 Indemnity commission

Was the *firm* asked to repay or did it repay **indemnity commission** during the period?

YES NO

If YES

(i) On how many cases?

(ii) Do these requests for repayment represent more than 5 per cent of the *firm's commission* income received on indemnity terms during the period?

YES NO

2.06 Material Changes

Since the *accounting reference date*, have there been, or will there be, changes in the way the *firm* carries on its *regulated activities* or other business, which may have a material effect on the type and volume of such work?

YES NO

If YES, please explain the main changes and their expected effects.

(e.g. New branch or department, new computer systems, employment of staff with relevant expertise, merger of businesses, hiving off of business area)

2.07 Record Keeping

a Has the *firm* maintained **accounting and other records** in accordance with the *Handbook*?

YES NO

If NO, please explain

b Has the *firm* maintained records to enable the *FSA* to verify the calculations prepared to support the financial declarations made in this questionnaire?

YES NO

If NO, please explain

2.08 Professional indemnity insurance

- a** Are the terms of the *firm's* professional indemnity insurance policy compliant with the requirements set out in the *Handbook*? (The professional indemnity insurance requirements for *authorised professional firms* are set out in *MIPRU* 3 and *IPRU(INV)* 2 and 13.)

If NO, please explain.

YES NO

b Does the policy exclude any type of business or activity that has been carried on by the *firm* in the past, or that is currently carried on by the *firm* or that will be carried on by the *firm* during the time for which the policy is in force?

YES NO

3.01 Material change in total income

a Was there any material change in the *firm's* total income (from all activities) during the period as compared with the previous period?

YES NO

If YES, please give details

For the purposes of this question 'material' is regarded as 25% of total income at the end of the accounting period, but will depend also on the size and nature of the *firm's* business.

Details should include the actual change in the figures to show the impact and the reasons for the change, which might include opening a new branch/office, gain/loss of sources of business, downsizing/merger.

b Has the *firm* made a profit after tax for the period?

YES NO

If NO, please explain how the loss has occurred.

3.02 Net assets and liabilities

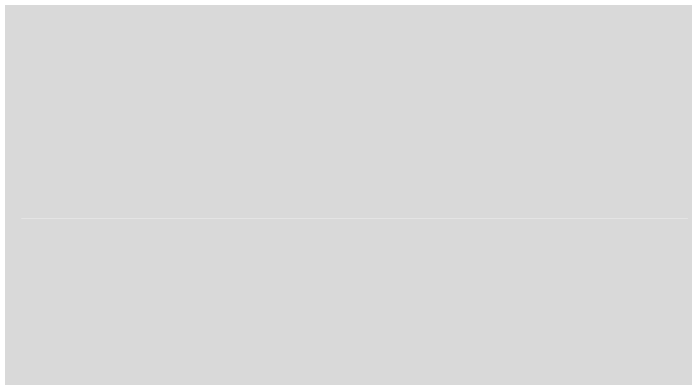
a If the *firm* has produced accounts with a balance sheet as at the *firm's* latest *accounting reference date*, please state the *firm's* total:

(i) net assets, or

(ii) net liabilities

	Latest Accounting Reference Date	Previous Accounting Reference Date

- b** If the *firm* has net liabilities, please explain how the *firm* has met its liabilities and will continue to meet them as they fall due in future.



3.03 Bank position

a Please state the *firm's* net bank position at the *firm's* latest *accounting reference date*

(i) net credit balance (£), or

(ii) net overdrawn balance (£)

b Overdraft facility (£)

c Overdraft review date

d Details of security for the overdraft

3.04 Other borrowings

Please state whether the *firm* has any other borrowings.

YES NO

If YES, please give details

3.05 Bank overdraft

If the above bank balance is overdrawn by more than the overdraft limit, please provide details of the current position and explain how the *firm* has met and will continue to meet its liabilities as they fall due.

3.06 Contingent liabilities

Are there outstanding legal proceedings or County Court Judgements or Decrees (Scotland) against the *firm* or its principals or any other contingent liabilities that may affect the *firm's* ability to meet its liabilities as they fall due in the future?

YES NO

If YES, please give details

3.07 Solvency

Have the *partners/directors* of the *firm* carried out appropriate procedures to enable them to satisfy themselves that the *firm* is able to meet its liabilities as they fall due until the end of the current accounting period (or twelve months from the last *accounting reference date*, if later)?

(Supporting papers should be retained. The *FSA* may at any time require a *firm* to produce evidence to demonstrate that it can meet this requirement.)

YES NO

3.08 Investment management

Did the *firm* act as an *investment manager* during the period?

YES NO

If YES, please provide the following information:

- a** If this includes **discretionary** management, what type of services has the *firm* provided during the period?

(e.g. *Managing investments for private customers/intermediate customers/non-UK customers, trustee activities, ISA management*)

- b** Funds under **discretionary** management:

- (i) At the start of the accounting period
- (ii) At the end of the accounting period
- (iii) At latest practicable date

	Date	£
(i) At the start of the accounting period		
(ii) At the end of the accounting period		
(iii) At latest practicable date		

c Funds under **non-discretionary** management:

At latest practicable date

Date	£

d **Total funds** under management :
(exclude '*custody* only' funds)

At latest practicable date

Date	£

4.01 Please use this space to provide any additional information relating to the previous sections.

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. Please include the name of the *firm* and the FSA firm reference number.

Question	Information

4.02 How many additional sheets are being submitted?

Declaration

THIS DECLARATION MUST BE COMPLETED BY ALL FIRMS

I/ we confirm that the *firm* is, and continues to be, an *authorised professional firm*.

I/ we declare that the *firm* is able to meet its liabilities as they fall due until the end of the current accounting period (or twelve months from the last *accounting reference date*, if later).

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). 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.

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

Name of *firm*

FSA firm reference number

Name of first signatory*

Position of first signatory

Signature of first signatory

Date

Name of second signatory*

Position of second signatory

Signature of second signatory

Date

*The declaration must be signed as follows:

- (i) If the *firm* is a sole practitioner, by that person;
- (ii) If the *firm* is a *partnership* (or *limited liability partnership*), by two *partners* (or designated members);
- (iii) If the *firm* is a *company*, by two *directors*. If the company has only one *director*, by the *director* and the Company Secretary.