



Application number
(for FSA use only)

The FSA has 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 the FSA's website at http://www.fsa.gov.uk/pubs/forms/imap_forma_notes.doc. Both the applicant and the candidate will be treated by the FSA as having taken these notes into consideration when completing their answers to the questions in this form.

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

Application to perform controlled functions under the approved persons regime

FSA Handbook Reference: SUP 10 Annex 4D

1 May 2011

Name of *candidate*
(to be completed by applicant firm)

Name of *firm*
(as entered in 2.01)

Firm reference number
(as entered in 2.02)

The Financial Services Authority

Authorisations Division

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

1.01	a	Candidate FSA 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

[Redacted address field]

b

Postcode

c Dates resident at this address (mm/yyyy)

From

/

To

PRESENT

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

1.13 a Previous address 1

[Redacted address field]

b

Postcode

c Dates resident at this address (mm/yyyy)

From

/

To

/

1.14 a Previous address 2

[Redacted address field]

b

Postcode

c Dates resident at this address (mm/yyyy)

From

/

To

/



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

YES

NO

2.01	Name of <i>firm</i> making the application	
2.02	FSA Firm Reference Number (FRN)	
2.03 a	Who should the <i>FSA</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

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

a *Employee*

b *Group employee*

Name of group

c *Contract for services*

d *Partner/Sole trader*

e *Appointed representative/tied agent – customer function*

AR firm name and reference number

f *Appointed representative/tied agent – governing function*

AR firm name and reference number

g *Other*

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

a **Significant influence functions**

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"/>

Significant influence functions continued

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 Function	<input type="checkbox"/>
CF 12	Actuarial Function	<input type="checkbox"/>
CF 12A	With-profits actuary function	<input type="checkbox"/>
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 **Customer function**

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

3.04

Job title (mandatory for *controlled function 28 & 29*)

Please refer to notes on the requirements for submitting a CV

Insurance mediation

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

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

YES NO



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

YES

NO

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.

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



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

YES

NO

Employment history for past 5 years

Section 4

N.B.: ALL gaps must be accounted for

4.01 Employment details (1)

a	Period (mm/yyyy)	From	/	To	
b	Nature of employment	a	Employed	<input type="checkbox"/>	
		b	Self-employed	<input type="checkbox"/>	
		c	Not employed	<input type="checkbox"/>	
		d	Full-time education	<input type="checkbox"/>	
	If c or d is ticked, please give details				
c	Name of employer				
d	Nature of business				
e	Previous / other names of employer				
f	Last known address of employer				
g	Is/was employer regulated by a regulatory body?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
				Name of regulatory body	
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
				If yes, of which <i>firm</i> ?	
i	Position held				
j	Responsibilities				
k	Reason for leaving:	a	Resignation	<input type="checkbox"/>	
		b	Redundancy	<input type="checkbox"/>	
		c	Retirement	<input type="checkbox"/>	
		d	Termination/dismissal	<input type="checkbox"/>	
		e	End of contract	<input type="checkbox"/>	
		f	Other	<input type="checkbox"/>	
	Specify				



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

YES

NO

4.02 Employment details (2)

a	Period (mm/yyyy)	From	/	To	/
b	Nature of employment	a	Employed	<input type="checkbox"/>	
		b	Self-employed	<input type="checkbox"/>	
		c	Not employed	<input type="checkbox"/>	
		d	Full-time education	<input type="checkbox"/>	
	If c or d is ticked, please give details				
c	Name of employer				
d	Nature of business				
e	Previous / other names of employer				
f	Last known address of employer				
g	Is/was employer regulated by a regulatory body?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
				Name of regulatory body	
h	Is/was employer an <i>appointed representative/tied agent</i> ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
				If yes, of which <i>firm</i> ?	
i	Position held				
j	Responsibilities				
k	Reason for leaving:	a	Resignation	<input type="checkbox"/>	
		b	Redundancy	<input type="checkbox"/>	
		c	Retirement	<input type="checkbox"/>	
		d	Termination/dismissal	<input type="checkbox"/>	
		e	End of contract	<input type="checkbox"/>	
		f	Other	<input type="checkbox"/>	
	Specify				



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

YES

NO

5.01 a	Has the <i>candidate</i> ever been convicted of any offence (whether spent or not and whether or not in the <i>United Kingdom</i>):	i. involving fraud, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty; or ii. relating to <i>companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations or insider dealing.</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	Is the <i>candidate</i> the subject of any current criminal proceedings?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	Has the <i>candidate</i> ever been given a caution in relation to any criminal offence?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.02	Has the <i>candidate</i> any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 5.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.03 a	Has the candidate, ever had a County Court Judgment ("CCJ") or other judgement debt, whether satisfied or not and whether discharged or not (whether or not in the United Kingdom)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Has the <i>candidate</i> had:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	i. more than 2 CCJs or judgment debts?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	ii. more than £1,000 in total of CCJs or judgment debts?			
b	Is the candidate aware of:			
	i. any proceedings that have begun, or anybody's intention to begin proceedings against the candidate for a CCJ or other judgment debt?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	ii. more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment debt?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	iii. anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the <i>candidate</i> ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.04	Does the candidate have any current judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.05	Has the <i>candidate</i> ever failed to satisfy any such judgment debts within one year of the making of the order?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.06 a	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of any bankruptcy proceedings, or proceedings for the sequestration of the <i>candidate's</i> estate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b	Has the <i>candidate</i> ever entered or is in the process of entering into an agreement in favour of the <i>candidate's</i> creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed) ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>



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

5.07	Does the <i>candidate</i> have any outstanding financial obligations arising from <i>regulated activities</i> , which the <i>candidate</i> has carried on in the past (whether or not in the <i>United Kingdom</i> or overseas)? (In the case of <i>advisers</i> , this will include any outstanding liabilities arising from commissions paid for the sale of <i>packaged products</i> that have lapsed.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.08	Has the <i>candidate</i> ever been found guilty of carrying on any unauthorised <i>regulated activities</i> or been investigated for the possible carrying on of unauthorised <i>regulated activities</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.09	Is the <i>candidate</i> , or has the <i>candidate</i> ever been, the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.10	Has the <i>candidate</i> ever , (whether or not in the <i>United Kingdom</i>) –	
a	been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c	been disqualified from acting as a <i>director</i> of a <i>company</i> or from acting in a management capacity or conducting the affairs of any <i>company</i> , <i>partnership</i> or unincorporated association?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d	been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.11	In relation to activities regulated by the <i>FSA</i> or any other regulatory body (see note section 5), has:	
	i. the <i>candidate</i> or	
	ii. any company, partnership or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner or company secretary, during the candidate's association with that entity and for a period of three years after the candidate ceased to be associated with it, ever –	
a	been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b	been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c	resigned whilst under investigation by, or been required to resign from, any such body?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d	decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e	been the subject of any civil action which has resulted in a finding against the <i>candidate</i> or it by a court?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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

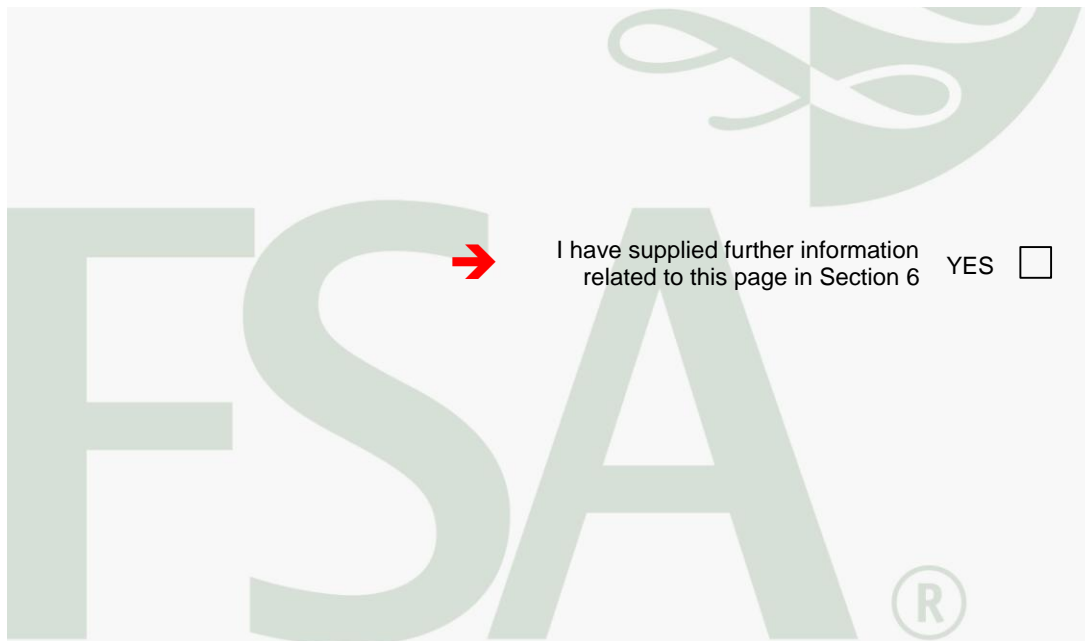
YES NO

5.12 Has any *company, partnership, or unincorporated association of which the candidate is or has been a controller, director, senior manager, partner, or company secretary, in the United Kingdom or elsewhere, at any time during the candidate's involvement or within one year of such an involvement –*

- | | | | |
|----------|---|------------------------------|-----------------------------|
| a | been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b | been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c | been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d | been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the <i>Takeover Panel</i> or any governmental or statutory authority or any other regulatory body (other than as already indicated under 5.11(b) above)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

5.13 Is the *candidate* aware of any business interests, employment obligations, or any other situations which may conflict with the performance of the *controlled functions* for which approval is now sought?

YES NO



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>Please indicate how many additional sheets are being submitted</p>

Declaration of *Candidate*

Knowingly or recklessly giving the *FSA* 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 *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.

For the purposes of complying with the Data Protection Act, the personal information provided in this Form will be used by the *FSA* 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 *FSA* 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 *FSA* 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://fsahandbook.info/FSA/html/handbook/APER>)

7.01 *Candidate's* full name

7.02 Signature

Date / /



Declaration of Firm

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. *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.

In making this application the *firm* believes on the basis of due and diligent enquiry that the *candidate* is a fit and proper person to perform the *controlled function(s)* listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required 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 *FSA*, will be sent to each of those *firms* at the same time as submitting the Form to the *FSA*.

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://fsahandbook.info/FSA/html/handbook/APER>)

7.03 Name of the *firm* submitting the application

7.04 Name of *person* signing on behalf of the *firm*

7.05 Job title

7.06 Signature

Date / /