



Branch Notification Form

Firm Name:

Firm Reference Number (FRN):

Legal Entity Identifier (LEI):

Purpose of this form

- You should complete this form if you are a *UK firm* that wishes to exercise a passport right to establish your first *establishment* in a particular *EEA State*.
- You should also use this form if you are a *UK firm* that wishes to notify us – the *PRA* – of changes to the details of your current *branch*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to establish a *branch* in another *EEA State* subject to the conditions of a relevant *Single Market Directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take their own legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

The PRA gives further information on the passporting process on its website www.bankofengland.co.uk. The FCA gives guidance on passporting in Chapter 13 of its Supervision manual which can be found on the [FCA website](#). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission.

Filling in the form

1. Please complete this form either electronically or print off and complete by hand. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 8.
2. All firms should answer sections 1, 2 and 7. Sections 3-6 refer to specific directives and only relevant sections should be completed. Please answer all questions in the sections relevant to you.
3. The completed form should be sent to the PRA either by post or via email. If you have any difficulties please contact the PRA's Firm Enquiries Team on 0203 461 7000

The Prudential Regulation Authority
20 Moorgate London EC2R 6DA
Telephone: +44(0)20 3461 7000
Website: www.bankofengland.co.uk
E-mail: pra-passporting@bankofengland.co.uk



1. Contact details

1.1. Details of the person we will contact about this application

Firm reference number	
Title	
Contact name	
Address Line 1	
Address Line 2	
Postcode	
Country	
Telephone number	
Fax number	
Email address	



2. Details about the branch

2.1 Do you wish to notify us that you are establishing a Branch for the first time:

Yes

No

2.2 Do you wish to make changes to the details of an existing Branch?

Yes

No

2.3 Please indicate the *EEA State* in which you wish to establish a *branch* or the *EEA State* in which the *Branch* you wish to make a change to is situated.

EEA State	
-----------	--

2.4 Please provide the address in the *EEA State* in which the *branch* will be established or is currently established and from which we can get information about the business.

Address:	
Telephone number:	Fax number:

2.5 Please list the names of all managers of the branch (including main agents in respect of insurance applications).

For change of Branch manager details please list names of all new managers.

Title	Forenames	Surname

Note to Question 2.5

For a new Branch manager or changes to a Branch manager a CV should be included with the notification

2.6 Tell us the proposed date for the business to start at the branch.

Date	dd/mm/yy
------	----------

2.7 Is there any other information that you wish to provide in relation to the branch?

--



3. Insurance Distribution Directive (IDD)

3.1 Please confirm that the *UK firm* wishes to passport under the IDD by ticking the box below

The <i>firm</i> intends to carry on <i>insurance distribution</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	
---	--

3.2 Intermediary's details

Name

Address

Registration number (if applicable)

3.3 Please indicate the firm's category of intermediary

Insurance intermediary	
Ancillary insurance intermediary	
Reinsurance intermediary	

3.4 If this form is in respect of one or more Appointed Representative(s) of the firm then please list below the name(s) and firm reference number(s) of those Appointed Representatives:

Firm Reference Number	
Name of Company	
Registration number (if applicable)	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
County	
Town	
Postcode/ZIP	
EEA State	
Phone Number (incl STD code)	
Email Address	
Mobile Number	
Fax Number	
Category of intermediary	Insurance intermediary Ancillary insurance intermediary Reinsurance intermediary

3.5 Please give the name of any insurer or reinsurer represented



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

3.6 Please list the relevant classes of insurance in relation to which insurance distribution is carried on (if applicable) (see annexes i and II of *Solvency II Directive*)



4. Solvency II Directive – Long-Term Insurance Business

Note to question 4.1

For the purpose of this form, 'authorised agent' means an agent or employee of the insurance undertaking who has authority (a) to bind the insurance undertaking in its relations with third parties and (b) to represent the insurance undertaking in its relations with overseas regulators and courts in the EEA State of the branch.

- 4.1 Please provide the name of the *UK firm's* authorised agent. If the application is submitted by the *Society*, please confirm that the authorised agent has power to accept services of proceedings on behalf of the underwriters at the *Society*.

Name of agent:

If applicable, confirmation that agent has power to accept service of proceedings on behalf of the underwriters at the *Society's*

- 4.2 Please tick the appropriate boxes to show the classes of business to be provided.

Classes of Business		
I.	Life and Annuity	
II.	Marriage and Birth	
III.	Linked Long Term	
IV.	Permanent Health	
V.	Tontines	
VI.	Capital redemption	
VII.	Pension Fund Management	
VIII.	Collective Insurance	
IX.	Social Insurance	

- 4.3 Please give details of the nature of the commitments to be covered in the *EEA State* concerned.



4.4 Please give details of the structural organisation of the branch (you may wish to attach an organisation chart).

4.5 Please give details of the guiding principles for reinsurance of business carried on, or to be carried on, in the *EEA State* concerned. This should include the *firm's* maximum retention per risk or event after all reinsurance is ceded.



4.6 Please confirm you have attached the following.

I. Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	
II. Estimates of the resources available to cover the costs detailed in (i) above.	Attached	
III. For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	
IV. For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned (this information should be provided on both optimistic and pessimistic bases, for each type of contract or treaty): a) The number of contracts or treaties expected to be issued; b) The total premium income, both gross and net of reinsurance ceded; and c) The total sums assured or the total amounts payable each year by way of annuity.		
	Attached	
	Attached	
	Attached	
V. For each of the first three years following the establishment of the <i>branch</i> , the details described below with regards to the business carried on in the <i>EEA State</i> concerned: a) a statement setting out, on both optimistic and pessimistic bases, detailed estimates of income and expenditure for direct business, reinsurance acceptances and reinsurances cessions; and b) a statement of estimates relating to the financial resources intended to cover underwriting liabilities.		
	Attached	
	Attached	
VI. Particulars of any associations that exist or are proposed to exist between: a) The directors and controllers of the <i>UK firm</i> ; and b) Any person who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.		
	Attached	
	Attached	
VII. The names of the principal reinsurers of business to be carried out in the <i>EEA State</i> concerned.	Attached	
VIII. The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of those sources	Attached	



Note to Question 4.6 XIII. If the undertaking belongs to a cross-border group, provide the information stipulated by EIOPA-BoS-17/014 Decision on the collaboration of the insurance supervision authorities 3.1.1.2.c.

IX. Copies or drafts of:	a) Any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	
	b) Any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	
	c) Any agreement which the <i>UK firm</i> will enter into with persons (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	
X. The technical bases that the actuary appointed in accordance with <i>SUP 4.3.1R</i> proposes to use for each class of business to be carried on in the <i>EEA State</i> concerned, including the bases needed for calculating premium rates and mathematical reserves.	Attached		
XI. A statement by the actuary so appointed as to whether they:	a) Consider that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and	Attached	
	b) Agree with the information provided under sections 5.5 and 5.6 v (a) and (b).	Attached	
XII. The technical bases used to calculate the statements and estimates referred to in sections 5.6 iv and v.	Attached		
XIII If the undertaking belongs to a cross-border group, the name of the group supervisor; a group structure chart; and the last reported group solvency position.	Attached		



5. Solvency II Directive – General Insurance Business

5.1 Please provide the name of the *UK firm's* authorised agent. If the application is submitted by the *Society*, please confirm that the authorised agent has power to accept services of proceedings on behalf of the underwriters at the *Society*.

Name of agent:
If applicable, confirmation that agent has power to accept services of proceedings on behalf of the underwriters at the <i>Society</i> .

5.2 Please tick the appropriate boxes to show the classes of business to be carried out from the *branch*.

Classes of Business		
1.	Accident	
2.	Sickness	
3.	Land Vehicles	
4.	Railway Rolling Stock	
5.	Aircraft	
6.	Ships	
7.	Goods in Transit	
8.	Fire and Natural Forces	
9.	Damage to Property	
10.	Motor Vehicle Liability (refer to note 5.3.1)	
11.	Aircraft Liability	
12.	Liability for Ships	
13.	General Liability	
14.	Credit	
15.	Suretyship	
16.	Miscellaneous Financial Loss	
17.	Legal Expenses (refer to note 5.3.3)	
18.	Assistance	



5.3 Please give details of the nature of the risks to be covered in the *EEA State(s) concerned*.

Note to Question 5.3

i. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned at question 5.3.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*.

ii If the *firm* covers (or intends to cover) **health insurance**, please provide technical bases used, or to be used, for calculating premiums in respect of such risks in question 5.3.

iii If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 5.3 the option chosen from those described in Article 200 of the Solvency II Directive.

The relevant policyholder guarantee fund in the Home Member State is the Financial Services Compensation Scheme (FSCS). (Details can be found at www.fscs.org.uk.)

5.4 Please give details of the structural organisation of the *branch* (*UK firms* may wish to attach an organisation chart).

5.5 Please give details of the guiding principles as to reinsurance of business carried on, or to be carried on, in the *EEA State* concerned, including the *firm's* maximum retention per risk or event after all reinsurance ceded.



5.6 Please confirm you have attached the following.

Note to Question 5.6 xi. If the undertaking belongs to a cross-border group, provide the information stipulated by EIOPA-BoS-17/014 Decision on the collaboration of the insurance supervision authorities 3.1.1.2.c.

i.	Estimates of the costs of installing administrative services and the organisation for securing business in the <i>EEA State</i> concerned.	Attached	
ii.	Estimates of the resources available to cover the costs detailed in (i) above.	Attached	
iii.	If contracts of a kind falling within paragraph 18 of Schedule 1 to the <i>Regulated Activities Order</i> (Assistance) are, or are to be, effected or carried out, the resources available for providing assistance.	Attached	
iv.	For each of the first three years following the establishment of the <i>branch</i> , estimates of the <i>firm's</i> margin of solvency and the margin of solvency required and the method of calculation.	Attached	
v.	For each of the first three years following the establishment of the branch, give details described below about the business carried on in the <i>EEA State</i> concerned:		
		a) Estimates relating to expenses of management (other than cost of installation) and, in particular, those relating to current general expenses and commissions;	Attached
		b) Estimates relating to premiums or contributions (both gross and net of all reinsurance ceded) and to claims (after all reinsurance recoveries); and	Attached
		c) Estimates relating to the financial resources intended to cover underwriting liabilities.	Attached
vi.	Particulars of any associations that exist or are proposed to exist between:		
		a) The directors and controllers of the <i>UK firm</i> ; and	Attached
		b) Any person who will act as an insurance broker, agent, loss adjuster or reinsurer for the <i>UK firm</i> in the <i>EEA State</i> concerned.	Attached
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	



viii. Copies or drafts of :			
	a) Any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	
	b) Any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	
	c) Any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	
ix. Copies or drafts of :			
	a) Any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned;	Attached	
	b) Any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and	Attached	
	c) Any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.	Attached	
x.	Copies or drafts of any agreements which the <i>UK firm</i> will have with main agents in the <i>EEA State</i> concerned.	Attached	
xi.	If the undertaking belongs to a cross-border group, the name of the group supervisor; a group structure chart; and the last reported group solvency position.	Attached	



6. Solvency II Directive – Reinsurance

6.1 Please confirm the type(s) of reinsurance activity to be carried out by the branch under the Solvency II Directive by ticking one of the boxes below.

Life reinsurance business	
Non-life reinsurance business	

6.2 Please provide the name and powers of the authorised agent. Please note that the authorised agent should be located at the same address of the branch.



7. Declaration

Knowingly or recklessly giving the FCA and or the 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). The Notifications Part of the PRA Rulebook and the FCA's 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/PRA and to notify the FCA/PRA immediately if materially inaccurate information has been provided.

If any information is inaccurate or incomplete this application may take longer to be processed.

Failure to notify the PRA immediately of any significant change to the information provided may result in a serious delay in the application process.

Data Protection

The FCA and Bank of England process personal data in line with the requirements of The General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018. For further information about the way we use the personal data collected in this form, please read our privacy notices available on our websites:

- FCA : <https://www.fca.org.uk/data-protection>.
- Bank of England: <https://www.bankofengland.co.uk/prudential-regulation/authorisations>.

I confirm that a permanent copy of this application, signed by the firm will be retained for an appropriate period, for inspection at the FCA's/PRA's request.

I am authorised to make this application for authorisation on behalf of the applicant firm named on the front of this form.

I have attached the relevant documents where requested or where marked as 'to follow' I have them fully ready and I have taken all reasonable steps to ensure they are correct.

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

I authorise the FCA and/or PRA to make such enquires and to seek such further information as it thinks appropriate to verify the information given on this form.

I understand that the FCA and/or PRA may require the applicant firm to provide further information or documents at any time after I have sent this application.

Name	
Position	
IRN (if applicable)	
Signature	
Date	