

**Application for Authorisation and Registration  
  
Credit Union Application**

|  |  |
| --- | --- |
| **Full name of applicant** |  |

**Important information you should read before completing this form**

We require all applicant firms to provide the information requested in this form as part of their application for registration as a credit union and authorisation for permission to undertake regulated activities under Part 4A of the Financial Services and Markets Act 2000.

Please keep a copy of this application and the supporting documents that you include with it for your future reference.

The notes that accompany this form will help you complete the questions and they also explain why we require the information we ask you for. .

**Purpose of this application**

We will only authorise a firm if we are satisfied that it meets conditions known as the PRA Threshold Conditions and the FCA Threshold Conditions. The information in this pack is needed to help us to assess whether the applicant firm satisfies the threshold conditions.

You must answer every question on this form and attach the documents that apply to the application option. If a question does not apply then answer, 'Not applicable'.

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: [www.fca.org.uk/privacy](http://www.fca.org.uk/privacy)

• Bank of England: <https://www.bankofengland.co.uk/prudential-regulation/authorisations>

Please note that any personal information provided to us will be used to carry out our statutory functions under FSMA and other relevant legislation and may be disclosed to third parties for that purpose.

**It is important that you provide accurate and complete information and disclose all relevant information. If you do not, it will call into question the applicant firm’s suitability to be authorised, and you may be committing a criminal offence and could face prosecution under section 398 of FSMA regardless of the status of the application.**

**Terms in this form**

In this form we use the following terms:

* 'we', ‘us’ or 'our' refers to the appropriate regulator
* ‘the FCA’ refers to the Financial Conduct Authority
* ‘the PRA' , refers to the Prudential Regulation Authority
* 'the applicant firm' refers to the firm applying for registration and authorisation
* 'you' refers the person(s) signing the form on behalf of the applicant firm
* FSMA’ refers to the Financial Services and Markets Act 2000.
* ‘The Handbooks’ refer to the PRA and FCA Handbooks and
* ‘Threshold Conditions’ refer to PRA and FCA Threshold Conditions.

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**Completing the form**

**1** If you are using your computer to complete the form:

* use the TAB key to move from question to question and press SHIFT TAB to move to the previous question
* print out all the parts of the form you have completed and sign the declaration in the 'declaration' section.

**2** If you are filling in the form by hand:

* use black ink
* write clearly
* sign the declaration in the 'declaration' section.

**3** If you think a question is not relevant to you, answer 'not applicable'.

**4** If you leave a question blank or do not sign the declaration or do not attach the required supporting information without telling us why we will have to treat the application as incomplete. This will increase the time taken to assess your application.

**5** If there is not enough space on the forms, use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

**6** Post the application consisting of:

* this form
* the Registration Appendix supporting documents and
* the application fee

Send to us at:

**The Prudential Regulation Authority  
20 Moorgate  
LONDON  
EC2R 6DA**

**Alternatively, you can email the application to** [**NewFirmAuthorisation@bankofengland.co.uk**](mailto:NewFirmAuthorisation@bankofengland.co.uk)

|  |  |
| --- | --- |
| 1 | Contact details and timings for this application  We need this information in case we need to contact you when assessing this application. |

Contact for this application

**1.1 Contact details of the person we should get in touch with about this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| First names |  | | |
| Surname |  | | |
| Proposed job title |  | | |
| Address |  | | |
|  |
|  |
|  |
| Postcode |  | | |
| Phone number (including STD code) | |  | |
| Mobile number (optional) | |  |
| Email address |  | |

Details of professional advisers

**1.2 Have you used a professional adviser to help with this application?**

No - Continue to Question 1.6

Yes

**1.3 Name of professional adviser's firm.**

|  |
| --- |
|  |

**1.4 Name and contact details of professional adviser.**

|  |  |  |
| --- | --- | --- |
| Title |  | |
| First names |  | |
| Surname |  | |
| Business address |  | |
|  |
|  |
|  |
| Postcode |  | |
| Phone number (including STD code) | |  |
| Mobile number (optional) | |  |
| Email address |  | |

**1.5 Do you want us to copy all correspondence to the professional adviser?**

No

Yes

**1.6 If the application is successful will the applicant firm use a professional adviser (the adviser listed above or another one)?**

No

Yes

**Timings for this application**

1.7 Does the applicant firm have any timing factors that it would like us to consider?

If you would like authorisation by a specific date, we will try to meet your request. If we cannot, we will contact you with the reasons why.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 2 | About the applicant firm  We need to know general information about the applicant firm so we can process this application as efficiently as possible. We also need the applicant firm's details for the Financial Services Register, which is our public record of authorised firms. |

General information

**2.1 Registered office address of applicant firm.**

|  |  |
| --- | --- |
| Registered office address |  |
|  |
|  |
|  |
| Postcode |  |

**2.2 Is the applicant firm's principal place of business the same as the registered office address?**

Yes

No Give details below

|  |  |
| --- | --- |
| Principal place of business address |  |
|  |
|  |
|  |
|  |
| Postcode |  |

**2.3 Does the applicant firm have a website?**

No

Yes  Give address below

Being developed  Give address (if known) and launch date below

|  |
| --- |
|  |

**2.4 Contact person's details for the Financial Services Register.**

This individual must be intending to perform a senior manager function for the applicant firm.

Tick if same as 1.1

|  |  |  |
| --- | --- | --- |
| Title |  | |
| First names |  | |
| Surname |  | |
| Proposed job title |  | |
| Phone number (including STD code) | |  |
| Email address |  | |

Financial year-end

**2.5 Date of the applicant firm's anticipated financial year end (dd/mm).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

Details of auditor / reporting accountant

**2.6 Details of the auditor or reporting accountant.**

|  |  |  |
| --- | --- | --- |
| Firm name of auditor / reporting accountant |  | |
| Contact name |  | |
| Address |  | |
|  |
|  |
| Postcode |  | |
| Phone number (including STD code) | |  |
| Email address |  | |

Other names

**2.7 Does the applicant firm intend to use any trading name(s) as well as the name given on the front of this form?**

No

Yes  Give details below

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| 3 | Regulatory business plan and Financial Resources  We need to know about the business the applicant firm intends to carry on so we can assess (i) the scope of the permission it will need, and (ii) the adequacy of its resources and its suitability. In addition, all authorised firms must meet certain financial resource requirements. We need to be satisfied that the applicant firm will meet these requirements from the date of authorisation and will continue to meet them. |

Regulatory business plan

**3.1 You must attach the applicant firm's regulatory business plan.**

Attached

The business plan must include the key points highlighted in the notes.

**Financial resources**

The applicant firm must be aware that at all times it must:

* meet the minimum requirements for capital prescribed in PRA Credit Union Rulebook Part 8 (<http://www.prarulebook.co.uk/rulebook/Content/Chapter/320147>)
* hold liquid assets of a value equal to or no less than the minimum amounts prescribed in PRA Credit Union Rulebook Part 9 (<http://www.prarulebook.co.uk/rulebook/Content/Chapter/320148> ).

**3.2 You must attach financial projections as part of the regulatory business plan. The projections must demonstrate how the applicant firm will meet regulatory requirements during the first three years, as a minimum.**

Attached

**3.3 You must also attach additional financial projections that detail the worst case scenario if the applicant firm did not achieve the growth rates that are projected in the business plan.**

Attached

**Funding**

**3.4 Has the applicant firm received or applied for funding?**

No Continue to Question 3.7

Yes Give details below of the funding received or applied for.

If funding has been agreed but has not been drawn down, you must still answer the Questions below.

If there is more than one source of funding please advise us in a separate document / sheet.

If you have used additional documents or sheets please indicate how many below.

|  |  |
| --- | --- |
| Number of additional sheets |  |

|  |  |
| --- | --- |
| Name of funding provider(s) |  |

Applied for

Agreed

|  |  |
| --- | --- |
| Amount |  |
| Nature of funding |  |

**3.5 Are there any terms and conditions for this funding?**

No Continue to Question 3.7

Yes You must give details below including when they will be received.

|  |
| --- |
|  |

**3.6 You must attach a letter(s) confirming any funding and terms and conditions.**

|  |  |
| --- | --- |
| Number of letters attached |  |

Insurance against fraud or other dishonesty

3.7 Name of the insurance provider.

|  |
| --- |
|  |

3.8 You must attach evidence of the insurance provider.

Attached

|  |  |
| --- | --- |
| 4 | Scope of permission required  If we grant authorisation, we will issue a Scope of Permission Notice. This notice sets out:  • the regulated activities the applicant firm is authorised to carry on   * for each of those regulated activities, the permitted investment types and the client types   • any limitations that apply to any of those regulated activities.  It is the applicant firm's responsibility to ensure that the scope of permission requested will cover all the activities that it wants to do. |

Permission profile

**4.1 You must confirm that the applicant firm wishes to apply for the pre-selected regulated activity and investment type in the table below. This is what we would expect credit unions to have.**

Yes

|  |  |
| --- | --- |
| **Investment type** | **Regulated activity** |
|  | Accepting deposits |
| Deposits | **** |

If the credit union wishes to undertake general insurance or mortgage activities, you must advise us separately.

**4.2 You must confirm that the applicant firm wishes to apply for the pre-selected customer types in the table below.**

Yes

|  |  |
| --- | --- |
| **Customer type** | **Regulated activity** |
| Retail (investment) | **** |
| Professional | **** |

No  The applicant firm only wishes to apply for retail (investment) customers.

|  |  |
| --- | --- |
| 5 | Personnel  We must be satisfied that the applicant firm has people with adequate knowledge, skills and experience at all levels to ensure that it meets and will continue to meet the Threshold Conditions. |

Responsibilities Map and Organisational structure chart

The applicant firm must demonstrate that there will be a defined management structure with clear reporting lines to the Board. It must provide a responsibilities map setting out which individuals it is proposing hold Senior Manager Functions and where regulatory responsibilities are allocated.

**5.1 You must provide a responsibilities map and an organisational structure chart on a separate sheet of paper.**

Attached

**Senior Manager Functions**

**5.2 List the names of the persons who will perform the following Senior Manager functions. A person may perform more than one Senior Manager function.**

Please use a separate sheet or document if necessary.

If you have used separate sheets or documents please indicate how many below.

|  |  |
| --- | --- |
| Number of additional sheets |  |

| **Senior Manager function** | | **Name of person(s)** |
| --- | --- | --- |
|  |  |  |
| SMF8 | Credit Union Senior Manager |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| SMF17 | Money Laundering Reporting Officer function |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5.3 You must complete a ‘Form A - Application to perform senior managers function’ for each person who will be performing a senior managers function that you have listed in Question 5.2, see** <http://www.bankofengland.co.uk/pra/Documents/authorisations/smr/longforma.pdf>

How many Forms A are being sent with this application?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 6 | IT systems, Policies and Procedures  We must be satisfied that the applicant firm has appropriate systems and controls to meet its regulatory obligations. We also need to be satisfied that the applicant firm has the appropriate  policies and procedures in place to meet its regulatory obligations. |

IT systems

**6.1 Will the applicant firm be using IT systems to help in the running of its business?**

Yes Give the name of the system you will be using below

No Continue to Section 7

|  |
| --- |
|  |

**6.2 Which part of the operations will the systems be used for?**

|  |
| --- |
|  |

**6.3 You must detail below who will have access to the systems and describe the level of access they will have.**

|  |
| --- |
|  |

Policies and Procedures Manual

**6.4 You must attach a copy of the applicant firm's Policies and Procedures manual.**

Please read the notes to ensure that the Policies and Procedures manual includes everything we need.

Attached

**Treating customers fairly**

**6.5 TCF is a key consideration for all new firms. Please tell us how TCF affected how the applicant firm developed its business plan?**

|  |
| --- |
|  |

**6.6 How will the applicant firm’s senior management ensure that TCF is embedded in the culture of the firm and that it can demonstrate that the firm is consistently delivering fair outcomes to consumers?**

|  |
| --- |
|  |

**6.7 What have the management of the applicant firm identified as the key risks in its model that may affect its ability to treat customers fairly?**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 7 | Fees and levies  We require this information so we can calculate the applicant firm's fees. We will also use this information to calculate the levy for the Financial Services Compensation Scheme (FSCS) and, where applicable, the Ombudsman Service and the Financial Guidance levy (FGL). For most fee blocks, this will enable us to calculate fee and levy amounts for your first fee year, and where relevant your second fee year. |

The permission the firm has when it becomes authorised will determine which fee-block(s) and FSCS classes it is allocated to. The fees and levies are based on the tariff data provided in the sections below.

Please refer to the notes that accompany this form before answering the questions in this section.

Please round your answers up to the nearest whole number

Fees – Fee block A.1 – Deposit acceptors

7.1 What is the applicant firm's projected value of deposits (share capital) less its bank deposits (investments + cash at bank)?

|  |  |
| --- | --- |
| Amount | £ |
| Confirm amount in words |  |

Fees – Fee block A.2 – Home finance providers and administrators

7.2 Is the applicant firm requesting to undertake home finance provision? If the applicant firm undertakes home finance provision the data submitted in this section will be used to calculate its FSCS levies for Category 4.2 Home Finance provision.

No Continue to Question 7.4.

Yes How many home finance transactions does the applicant firm estimate it will have at the end of the first year of authorisation?

|  |  |
| --- | --- |
| Amount |  |
| Confirm amount in words |  |

Fees – Fee block A.18 – Home finance providers, advisers and arrangers

7.3 How much annual income does the applicant firm estimate for the first year of its new business in relation to its home finance mediation business only?

|  |  |
| --- | --- |
| Amount | £ |
| Confirm amount in words |  |

Fees – Fee block A.19 – General insurance mediation

7.4 Is the applicant firm requesting to undertake general insurance mediation business?

No

Yes  How much annual income does the applicant firm estimate for the first year of its new business in relation to its non-investment insurance contracts business only?

|  |  |
| --- | --- |
| Amount | £ |
| Confirm amount in words |  |

Financial Services Compensation Scheme (FSCS) levy

The FSCS levy only covers business that could give rise to a protected claim from an eligible claimant. As a result, and where relevant, the data reported regarding FSCS classes can be lower than reported under the appropriate regulators fee-blocks

**FSCS levies – Class A (SA01) – deposit -**

7.5 What is the applicant firm’s estimated amount of protected deposits as at the end of the first year of authorisation?

|  |  |
| --- | --- |
| Amount | £ |
| Confirm number in words |  |

FSCS levies – Category 4.1 – Home finance intermediation

**7.6 How much annual eligible income does the applicant firm estimate it will have for the first year of its new business in relation to its home finance mediation business only?**

|  |  |
| --- | --- |
| Amount | £ |
| Confirm amount in words |  |

FSCS levies – Category 1.1 – General insurance distribution

The Ombudsman Service levy

The Ombudsman service levy for credit unions is currently a flat fee except where the firm carries out consumer credit activities.. The level of the flat fee can be found within the FCA Handbook Fees 5 Annex1R <https://www.handbook.fca.org.uk/handbook/FEES/5/Annex1R.html>

**FOS Levy – Fee Block I20- Credit-related regulated activities**

7.7 How much annual income does the applicant firm estimate for the first year of its new business in relation to its consumer credit business only

|  |  |
| --- | --- |
| Amount | £ |
| Confirm number in words |  |

**The Financial Guidance Levy (FGL)**

Except for where a firm is applying for Consumer Credit Lending activities, no additional data is required for FGL as the levies are worked out using the same activity groups (fee-blocks) and tariff measures as the appropriate regulators’ fees. Information on the level of FGLs can be found with the Handbook Fees 7 Annex 1.

<https://www.handbook.fca.org.uk/handbook/FEES/7A/Annex1.html>

**FGL Levy – Fee Block CC3 – Consumer credit lending**

**7.8 What is the applicants projected value of consumer credit lending at the end of the 12 month period following authorisation?**

**The data submitted here will also be used to calculate the applicant firms FSCS levy for Category 5.2 Consumer Credit provision**

|  |  |
| --- | --- |
| Amount | £ |
| Confirm number in words |  |

|  |  |
| --- | --- |
| 8 | Fee, Checklist and Declaration  This checklist is to ensure you have included everything needed for the application. |

Application fee

**8.1 You must tick below to confirm you have included the fee with your application.**

£1500

You must pay the full application fee by cheque. **It is not refundable** (even if a decision is made to withdraw the application).

How to pay

**1** Make the cheque payable to the Financial Conduct Authority. We cannot accept post-dated cheques.

**2** Write the name of the applicant firm on the back of the cheque.

**3** Write 'Application for authorisation' on the back of the cheque.

**4** Send the cheque with the application pack.

The information we need for this application

8.2 This 'application for authorisation and registration' consists of the following documents; please tick below to confirm the forms you have completed and enclosed.

|  |  |
| --- | --- |
| **Application documents** |  |
|  |  |
|  |  | |  |
| **Compulsory documents** |  |
| Credit Union Application |  Completed |
| Registration Appendix |  Attached |
| A cheque for the application fee in full (see Question 8.1) |  Attached |

Supporting documents you are sending with this application

You must tick below the documents you are sending with this application.

**8.3 List of supporting documents**

**Compulsory supporting documents for this form**

|  |  |  |
| --- | --- | --- |
| **Question** | **Supporting documents** |  |
|  |  |  |
| 3.1 | Regulatory business plan |  Attached |
| 3.1 and 3.2 | Financial projections to include:   * Income and expenditure account * Balance sheets * Capital and liquidity ratios and * Membership figures and assumptions used. |  Attached |
| 5.1 | Organisational structure chart and responsibilities map |  Attached |
| 5.3 | Forms A - Application to perform senior managers functions | Number enclosed   |  |  | | --- | --- | |  |  | |
| 3.3 | Evidence of financial projections, including those for worst case scenario |  Attached |
| 3.6 | Letter(s) confirming funding |  Attached |
| 3.8 | Evidence of insurance provider |  Attached |
| 6.4 | Policies and Procedures manual |  Attached |

**Compulsory supporting documents for the Registration appendix**

|  |  |  |
| --- | --- | --- |
| **Question** | **Supporting documents** |  |
|  |  |  |
| 3a | Two printed copies of the proposed credit union's rules (or one copy where provided electronically), signed by the secretary and 3 members of the credit union. |  Attached |

By signing the form you will certify that these documents have been prepared to an appropriate standard and can be made available for immediate inspection by us.

Please note that we carry out checks to ensure applicant firms are complying with our requirements.

If these documents are not available immediately, it may take longer to assess your application.

**8.4 List of self-certified documents**

Please tick to confirm that the document is created and ready for us to inspect. If the document does not apply to the applicant firm, please tick ‘Not applicable’.

|  |  |  |
| --- | --- | --- |
| **Question** | **Self-certified documents** |  |
| 3.1 | Letters of support from local employers, council etc |  Created and ready to be inspected   Not applicable |
| 3.1 | Letter(s) of support and payroll deduction from employer(s) confirming commitment of 3 years, with 1 year notice of intent to withdraw facility. |  Created and ready to be inspected   Not applicable |
| 3.1 | Evidence of any market research carried out |  Created and ready to be inspected   Not applicable |
| 3.1 | Any agreements or terms of reference agreed with any third party providing compliance or other services to the applicant firm |  Created and ready to be inspected   Will be ready   Not applicable |
| 3.1 | A resolution of the committee of management or equivalent delegating authority to sign on behalf of the applicant. |  Created and ready to be inspected   Not applicable |

Other documents

**8.5 Please list any other documents you have provided.**

|  |
| --- |
|  |
|  |

**8.6 Please provide any comments on supporting documents if necessary.**

|  |
| --- |
|  |

Other information

**8.7 If there is anything else you would like to tell us about this application please give details below.**

|  |
| --- |
|  |

Declaration

It is a criminal offence to – knowingly or recklessly – give us information that is false, misleading or deceptive.

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

**You must notify us immediately of any significant change to the information provided. If you do not, it may take longer to be processed. It could also call into question the applicant firm's suitability to be authorised.**

**D1** I am authorised to make this application for authorisation and registration on behalf of the applicant firm named on the front of this form.

**D2** I attach the documents listed in 8.3 – List of supporting documents – and I have taken all reasonable steps to ensure they are correct.

**D3** I confirm that the documents listed in 8.4 – List of self-certified documents – have been prepared to an appropriate standard and are available for immediate inspection by the PRA and FCA.

**D4** I confirm that the information in this application is accurate and complete to the best of my knowledge and belief.

**D5** I authorise the PRA and FCA to make such enquiries and to seek such further information as it thinks appropriate to verify the information given on this form.

**D6** I understand that the PRA and FCA may require the applicant firm to provide further information or documents at any time after I have sent this application and before the applicant firm has been authorised.

Who must sign the declaration?

This declaration must be signed by the persons who are responsible for making this application on behalf of the applicant firm.

Signature one Signature two

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Position |  |  |  |
| Signature |  |  |  |
| Date | dd/mm/yy |  | dd/mm/yy |