

Appendix 5 – Draft forms



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FCA/PRA use only)

The FCA and PRA have 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 both FCA and PRA websites at:

<https://handbook.fca.org.uk/handbook/SUP/10A/Annex4>

<http://www.bankofengland.co.uk/PRA>

Both the applicant and the *candidate* will be treated by the FCA and PRA as having taken these notes into consideration when completing this form.

Long Form A – Solvency II firms only¹

Application to perform controlled functions

FCA Handbook Reference: SUP 10A Annex 4D

PRA Rulebook Reference: Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications

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

Name of applicant firm[†]
(as entered in 2.01)

Applicant firm reference number[†]
(as entered in 2.02)

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>
Registered as a Limited Company in England and Wales No
1920623. Registered Office as above

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA
Registered as a Limited Company in England and Wales No
07854923. Registered Office: 8 Lothbury Road, London,
EC2R 7HH

¹ Please see the FCA Handbook *Glossary* for the definition of *Solvency II firm*, and for the PRA see the definition included in *PRA Rulebook: Solvency II firms: Insurance- Senior Insurance Management Functions Chapter 1 (Applications and Definitions)*

Personal identification details

Section 1

1.01 a	Candidate 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 †	
1.12	Phone number	



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

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.79G in the FCA Handbook or in 'Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications' in the PRA Rulebook
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1.13 a Private address

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.)

1.14 a Previous address 1[†]

b Postcode[†]

c Dates resident at this address (mm/yyyy)[†] From / To /

1.15 a Previous address 2[†]

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

Firm identification details

Section 2

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

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.7.9G in the FCA Handbook or in 'Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications' in the *PRA Rulebook*
 Long Form A –Solvency II firms
 Application to perform controlled functions

New arrangements and controlled functions

Section 3

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

<i>a</i>	<i>Employee</i>	<input type="checkbox"/>
<hr/>		
<i>b</i>	<i>Group employee</i>	<input type="checkbox"/>
	Name of group	
<hr/>		
<i>c</i>	Contract for services	<input type="checkbox"/>
<hr/>		
<i>d</i>	<i>Partner</i>	<input type="checkbox"/>
<hr/>		
<i>e</i>	Other	<input type="checkbox"/>
	Give details	
<hr/>		

Proposed date of appointment

Length of appointment (if applicable)

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 **3.04**

Function	Description of a controlled function	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer		
SIMF 2	Chief Finance function		
SIMF 4	Chief Risk officer		
SIMF 5	Head of Internal Audit		
SIMF 7	Group Entity Senior Manager		
SIMF 9	Chairman		
SIMF 10	Chair of the Risk Committee		
SIMF 11	Chair of the Audit Committee		
SIMF 12	Chair of the Remuneration Committee		
SIMF 14	Senior Independent Director		
SIMF 19	Head of Third Country Branch function		
<u>SIMF 19A</u>	<u>Head of Firm without permission to effect contracts of insurance function</u>		
SIMF 20	Chief Actuary		
SIMF21	With-Profits Actuary		
SIMF22	Underwriting function		
SIMF23	Underwriting Risk Oversight Officer (Lloyd's)		
CF 1	Director		
CF 2a	Chair of the Nominations Committee		
CF 2b	Chair of the With-Profits Committee		
CF 5	Director of unincorporated association function		
CF 10	Compliance Oversight		
CF 10a	CASS Operational Oversight		
CF 11	Money Laundering Reporting		
CF 28	Systems and Controls		
CF 29	Significant Management		
CF 30	Customer Function		
CF 51	Actuarial conduct function (third country)		

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Long Form A –Solvency II firms
Application to perform controlled functions

September 2016 ~~August 2015~~

3.03 Job title

Insurance mediation

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

YES

NO

((Note: Yes can only be selected if the individual is applying for a governing function (other than *controlled functions* CF2a and CF2b) (MIPRU 2.2.2)



**I have supplied further
information
related to this page in Section 6[†]**

YES

NO

3.04 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.[†]

	Firm Reference Number	Name of firm	Controlled function	Job title	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /

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

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Employment history in the last 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	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"><i>a</i></td> <td style="width: 80%;">Employed</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Self-employed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Not employed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Full-time education</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Employed	<input type="checkbox"/>	<i>b</i>	Self-employed	<input type="checkbox"/>	<i>c</i>	Not employed	<input type="checkbox"/>	<i>d</i>	Full-time education	<input type="checkbox"/>						
<i>a</i>	Employed	<input type="checkbox"/>																					
<i>b</i>	Self-employed	<input type="checkbox"/>																					
<i>c</i>	Not employed	<input type="checkbox"/>																					
<i>d</i>	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 and country																			
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:	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"><i>a</i></td> <td style="width: 80%;">Resignation</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>b</i></td> <td>Redundancy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>c</i></td> <td>Retirement</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>d</i></td> <td>Termination/dismissal</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>e</i></td> <td>End of contract</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>f</i></td> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				<i>a</i>	Resignation	<input type="checkbox"/>	<i>b</i>	Redundancy	<input type="checkbox"/>	<i>c</i>	Retirement	<input type="checkbox"/>	<i>d</i>	Termination/dismissal	<input type="checkbox"/>	<i>e</i>	End of contract	<input type="checkbox"/>	<i>f</i>	Other	<input type="checkbox"/>
<i>a</i>	Resignation	<input type="checkbox"/>																					
<i>b</i>	Redundancy	<input type="checkbox"/>																					
<i>c</i>	Retirement	<input type="checkbox"/>																					
<i>d</i>	Termination/dismissal	<input type="checkbox"/>																					
<i>e</i>	End of contract	<input type="checkbox"/>																					
<i>f</i>	Other	<input type="checkbox"/>																					
	Specify																						

4.02 Employment details (2) †

a	Period (mm/yyyy)	From		/		To		/	
b	Nature of employment	<i>a</i>	Employed				<input type="checkbox"/>		
		<i>b</i>	Self-employed				<input type="checkbox"/>		
		<i>c</i>	Not employed				<input type="checkbox"/>		
		<i>d</i>	Full-time education				<input type="checkbox"/>		
	If <i>c</i> or <i>d</i> 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 and country			
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:	<i>a</i>	Resignation				<input type="checkbox"/>		
		<i>b</i>	Redundancy				<input type="checkbox"/>		
		<i>c</i>	Retirement				<input type="checkbox"/>		
		<i>d</i>	Termination/dismissal				<input type="checkbox"/>		
		<i>e</i>	End of contract				<input type="checkbox"/>		
		<i>f</i>	Other				<input type="checkbox"/>		
	Specify								

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

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 Long Form A –Solvency II firms
 Application to perform controlled functions

Fitness and Propriety

Section 5

5.01 Criminal Proceedings

When answering the questions in this section the ~~candidate~~ candidate should include matters whether in the UK or overseas. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, if the *candidate* is subject to the law of England and Wales, the ~~candidate~~ candidate must disclose spent convictions and cautions (other than a protected conviction or caution). By virtue of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 and the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, if the ~~candidate~~ candidate is subject to the law of Scotland or Northern Ireland, the *candidate* must disclose spent convictions (other than a protected conviction).

For the avoidance of doubt, references to the legislation above are references to the legislation as amended

5.01.1a	<p>Has the <i>candidate</i> ever been convicted of any criminal offence (whether spent or not and whether or not in the <i>United Kingdom</i>):</p> <p>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</p> <p>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></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
b	<p>Is the <i>candidate</i> currently the subject of any criminal proceedings, whether in the UK or elsewhere?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
c	<p>Has the <i>candidate</i> ever been given a caution in relation to any criminal offence?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
5.01.2	<p>Has the <i>candidate</i> any convictions for any offences other than those in 5.01.1 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
5.01.3	<p>Is the <i>candidate</i> the subject of any ongoing criminal investigation?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
5.01.4	<p>Has the <i>candidate</i> ever been ordered to produce documents pursuant to any ongoing criminal investigation or been the subject of a search (with or without a warrant) pursuant to any ongoing criminal investigation?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>



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

YES NO

5.01.5 Has any *firm* at which the *candidate* holds or has held a position of influence ever:
 (Please check the guidance notes for the meaning of ‘position of influence’ in the context of the questions in this part of the form.)

- | | | | |
|----------|--|------------------------------|-----------------------------|
| a | Been convicted of any criminal offence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b | Been summonsed, charged with or otherwise investigated or prosecuted for any criminal offence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c | Been the subject of any criminal proceeding which has not resulted in a conviction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d | Been ordered to produce documents in relation to any criminal investigation or been the subject of a search (with or without a warrant) in relation to any criminal investigation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

In answering question 5.01.5, you should include all matters even when the summons, charge, prosecution or investigation did not result in a conviction, and, in respect of 5.01.5d, even where the ~~*firm*~~ was not the subject of the investigation. However, ~~*firms*~~ are not required to disclose details of any specific individuals who were subject to historic (as opposed to ongoing) criminal investigations, prosecutions, summons or other historic criminal proceedings.

➔ I have supplied further information related to this page in Section 6[†] YES NO

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 Application to perform controlled functions

5.02 Civil Proceedings

5.02.1 Has the *candidate* **ever** been the subject of a judgment debt or award against the *candidate*? YES NO

Please give a full explanation of the events in question
The candidate should include all County Court Judgment(s) (CCJs) made against the *candidate*, whether satisfied or not); and
 i) the sum and date of all judgment debts, awards or CCJs (whether satisfied or not); and
 ii) the total number of all judgment debts, awards or CCJs ordered.

5.02.2 Has the *candidate* ever been party to any civil proceedings which resulted in any order against the *candidate* (other than a judgment debt or award referred to in 5.02.1 above)? (The candidate should include, for example, injunctions and employment tribunal proceedings.) YES NO

5.02.3 Is the *candidate* aware of:

a Any proceedings that have begun, or anyone's intention to begin proceedings against the *candidate*, for a CCJ or another judgment debt? YES NO

b More than one set of proceedings, or anyone's intention to begin more than one set of proceedings, that may lead to a CCJ or other judgment debt? YES NO

c Anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from the *candidate*? YES NO

5.02.4 Does the *candidate* have any **current** judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part? YES NO

5.02.5 Has the *candidate* **ever** failed to satisfy any such judgment debts (including CCJs) made under a court order still outstanding, whether in full or part, within one year of the order being made? YES NO

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

5.02.6 Has the *candidate* ever:

a Filed for the *candidate*'s own bankruptcy or had a bankruptcy petition served on the *candidate*? YES NO

b Been adjudged bankrupt? YES NO

c Been the subject of a bankruptcy restrictions order (including an interim bankruptcy restrictions order) or offered a bankruptcy restrictions undertaking? YES NO

d Made any arrangements with the *candidate*'s creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)? YES NO

e Had assets sequestrated? YES NO

f Been involved in any proceedings relating to the above matters even if such proceedings did not result in the making of any kind of order against the *candidate* or result in any kind of agreement with the *candidate*? YES NO

5.02.7 Does the *candidate*, or any undertaking under their management, have any outstanding financial obligations arising from *regulated activities*, which have been carried out in the past? (whether or not in the UK or overseas)? YES NO

5.02.8 Has the *candidate* ever been adjudged by a court or tribunal (whether criminal, civil or administrative) for any fraud, misfeasance, negligence, wrongful trading or other misconduct? YES NO

5.02.9 Is the *candidate* currently:

a Party to any civil proceedings? (including those covered in 5.02.3~~7~~ above) YES NO

b Aware of anybody's intention to begin civil proceedings against the *candidate*? (The *candidate* should include any ongoing disputes whether or not such dispute is likely to result in any order against the *candidate*.) YES NO

5.02.10 Has any firm at which the *candidate* holds or has held a position of influence ever been:

a Adjudged by a court civilly liable for any fraud, misfeasance, wrongful trading or other misconduct? YES NO

b The subject of a judgment debt or award against the firm? (The *candidate* should include all CCJs made against the firm, whether satisfied or not). YES NO

c Party to any other civil proceedings which resulted in an order against the firm other than in relation to matters covered in 5.02.10a and 5.02.10b above? YES NO



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

YES NO

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5.02.11 Is any firm at which the *candidate* currently holds or has held, within the last 12 months from the date of the submission of this form, a position of influence currently:

a a party to civil proceedings?

YES NO

b aware of anyone's intention to begin civil proceedings against them?

YES NO

5.02.12 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 their involvement, or within one year of such an involvement, been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?

YES NO



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

YES

NO

5.03 Business and Employment Matters

5.03.1 Has the *candidate* ever been:

a Disqualified from acting as a director or similar position (one where the *candidate* acts in a management capacity or conducts the affairs of any company, partnership or unincorporated association)? YES NO

b The subject of any proceedings of a disciplinary nature (whether or not the proceedings resulted in any finding against the *candidate*)? YES NO

c The subject of any investigation which has led or might lead to disciplinary proceedings? YES NO

d Notified of any potential proceedings of a disciplinary nature against the *candidate*? YES NO

e The subject of an investigation into allegations of misconduct or malpractice in connection with any business activity? (this question covers internal investigation by an authorised *firm*, as well as investigation by a regulatory body, at any time.) YES NO

5.03.2 Has the *candidate* ever been refused entry to, or been dismissed, suspended or requested to resign from, any professional, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated? YES NO

5.03.3 Does the *candidate* have any material written complaints made against the *candidate* by the *candidate*'s clients or former clients in the last five years which the *candidate* has accepted, or which are awaiting determination, or have been upheld – by an ombudsman or complaints scheme? YES NO

5.03.4 Has the *candidate* ever participated in an arbitration proceedings board? YES NO

 **I have supplied further information related to this page in Section 6[†]** YES NO

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5.04 Regulatory Matters

5.04.1 In relation to activities regulated by the *FCA* and/or *PRA* or any other regulatory body (see note section 5), has:

- The *candidate*, or
- Any company, partnership or unincorporated associate of which the *candidate* is or has been a controller, director, senior manager, partner or company secretary, during the *candidate's* association with the entity and for a period of three years after the *candidate* ceased to be associated with it, ever –

a	Been refused, had revoked, restricted, been suspended from or terminated, any licence, authorisations, registration, notification, membership or any 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 interventional action by any such body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c	Received a warning (whether public or private) that such disciplinary or interventional action may be taken against the <i>candidate</i> or the <i>firm</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d	Been the subject of an investigation by any regulatory body, whether or not such an investigation resulted in a finding against the <i>candidate</i> or the <i>firm</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e	Been required or requested to produce documents or any other information to any regulatory body in connection with such an investigation (whether against the <i>firm</i> or otherwise)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f	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"/>
g	Ceased operating or resigned whilst under investigation by any such body or been required to cease operating or resign by any regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h	Decided, after making an application for any licence, authorisation, registration, notification, membership or any permission granted by any such body, not to proceed with it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i	Been the subject of any civil action related to any regulated activity which has resulted in a finding by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
j	Provided payment services or distributed or redeemed e-money on behalf of a regulated <i>firm</i> <i>firm</i> or itself under any contractual agreement where that agreement was terminated by the regulated <i>firm</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
k	Been convicted of any criminal offence, censured, disciplined or publicly criticised by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body (other than as indicated in this group of questions).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
l	Been on a board of directors in an operating undertaking that has not been granted a release from liability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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

YES NO

5.04.2 In relation to activities regulated by the *FCA/PRA* or any other regulatory body, has the *candidate* or any *firm* at which the *candidate* holds or has held a position of influence at any time during and within one year of the *candidate's* association with the *firm* ever:

- | | | | |
|----------|---|------------------------------|-----------------------------|
| a | Been found to have carried on activities for which authorisation or registration by the <i>FCA/PRA</i> or any other regulatory body is required without the requisite authorisations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b | Been investigated for the possible carrying on of activities requiring authorisation or registration by the <i>FCA/PRA</i> or any other regulatory body without the requisite authorisation whether or not such investigation resulted in a finding against the <i>candidate</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c | Been found to have performed a <i>controlled function</i> (or an equivalent function requiring approval by the <i>FCA/PRA</i> or any other regulatory body) without the requisite approval? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d | Been investigated for the possible performance of a <i>controlled function</i> (or an equivalent function requiring approval by the <i>FCA/PRA</i> or any other regulatory body) without the requisite approval, whether or not such investigation resulted in a finding against the <i>candidate</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e | Been found to have failed to comply with an obligation under the Electronic Money Regulations 2011 or Payment Services Regulations 2009 to notify the <i>FCA/PRA</i> of the identity of a person acting in a position of influence over its electronic money or payment services business? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f | Been the subject of disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order under section 56 FSMA FSMA or received a warning notice proposing that such a direction or order be made, or received a private warning? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.79G in the FCA Handbook or in 'Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications' in the PRA Rulebook

5.05 Other Matters

5.05.1 Is the *candidate*, in the role to which the application relates, aware of:

any business interests, employment obligations, or any other circumstance which may conflict with the performance of the *controlled functions* for which approval is now being sought?

YES NO

Does the ~~*candidate*~~ *candidate* have, or know of, any:

5.05.2 Qualifying ownership¹ or any other form of substantial influence in the *firm* or ~~*group*~~ *group*, or any other companies

If yes, please provide:

1. Company name and registration number
2. Nature and scope of the operations
3. The registered office of the company
4. Possession in percentage

YES NO

a Close relatives with ownership shares in the *firm* or ~~*group*~~ *group*

YES NO

b Close relatives with any other financial relations in the *firm* or ~~*group*~~ *group*

YES NO

c Any other commitments that may give rise to a conflict of interest

YES NO

If 'yes' to any of the above, please provide explanations of the circumstances and how the individual intends to mitigate this

5.05.3 Are the *candidate* or the *firm* aware of any other information relevant to this notification that we might reasonably expect from the *candidate*?

YES NO

5.05.4 Has the *firm* undertaken a criminal records check in accordance with the requirements of the *PRA*?

Please note that a *firm* is required to *request* the fullest information that it is lawfully able to obtain about the *candidate* under Part V of the Police Act 1997 (Certificates of Criminal Records, etc) and related subordinated legislation of the *UK* or any part of the *UK* before making the application. (*PRA Rulebook: Insurance – Fitness and Propriety*)

YES NO

If yes, please enter date the check was undertaken

Date (dd/mm/yy):

Note: if date is more than 3 months prior to current date or 3 months prior to date of application submission or the check has not been undertaken, please provide details why in section 6.

5.05.5 Has / Have a reference or references been obtained from current and previous employer(s) in accordance with the requirements of the *PRA*

YES NO

¹ As defined in Article 13(21) of the Solvency II Directive, qualifying ownership is 'direct or indirect holding in an undertaking which represent 10% or more of the capital or of the voting rights or which makes it possible to exercise a significant influence over the management of that undertaking'.



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

YES

NO

or FCA?

If No, please provide details why the reference or references has/have not been obtained.

Please note that a firm is required to take reasonable steps to obtain appropriate references from any current or previous employer of the candidate during the last 6 years (see SYSC 22 and Insurance-Fitness and Propriety 2.5 in the PRA Rulebook). 'Employer' has an extended meaning for these purposes.

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.79G in the [FCA Handbook](#) or in 'Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications' in the [PRA Rulebook](#)

Supplementary information for SIMF and SIF functions**Section 6**

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.
- Please provide full details of
 - why the *candidate* is competent and capable to carry out the ~~controlled function(s)~~ **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).
- Provide a copy of the *candidate's*:-
 - Scope of Responsibilities with this form. This is not required for *candidates* for *controlled function* CF30 only.
 - Roles description
 - Curriculum Vitae (C.V.)
 - Place in the Applicant's organisational chart
- 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 of the PRA Rulebook*.)**
- 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

Declarations and signatures**Section 7****Declaration of *Candidate***

It is a criminal offence, knowingly or recklessly, to give the *FCA* and/or *PRA* information that is materially false, misleading or deceptive (see sections 398 and 400 Financial Services and Markets Act 2000). Even if you believe or know that information has been provided to the *FCA* and/or *PRA* before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the *FCA* and/or *PRA* will itself identify such information during the assessment of this application.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the ~~candidate~~ candidate and/or lead to the *FCA* and/or *PRA* exercising its powers (including but not limited to taking disciplinary/ Enforcement action). You must notify the *FCA* and/or *PRA* immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the *FCA* and/or *PRA* is reasonably likely to consider the information material).

The ~~candidate~~ candidate confirms that the information provided in this application is accurate and complete to the best of his/her knowledge and that he or she has read the notes to this form. The ~~candidate~~ candidate will notify the *FCA* and/or *PRA* immediately if there is a material change to the information provided.

The ~~candidate~~ candidate confirms that the attached Scope of Responsibilities¹ accurately reflects the aspects of the affairs of the *firm* which it is intended that the ~~candidate~~ candidate will be responsible for managing. The ~~candidate~~ candidate confirms that they have accepted all the responsibilities set out in this Scope of Responsibilities.

The ~~candidate~~ candidate authorises the *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate to identify and verify information that it considers relevant to the assessment of this application.

The ~~candidate~~ candidate acknowledges and agrees that these checks may include credit reference checks or information pertaining to fitness and propriety, and is aware that the results of these enquiries may be disclosed to the employer/Applicant.

Where applicable, the ~~candidate~~ candidate agrees that he or she may be required to apply for a search to be made as to whether any criminal records are held in relation to him or her and to obtain a certificate (where such certificate can be obtained) and to disclose the result of that search to the *firm* submitting this application.

The ~~candidate~~ candidate agrees that the *FCA* and/or *PRA* may use the address specified for the ~~candidate~~ candidate in this Form as the proper address for service in the United Kingdom as defined in Financial Services and Markets Act 2000 (Service of Notice) Regulations (SI 2001/1420) to serve any notices on the ~~candidate~~ candidate.

For the purposes of complying with the Data Protection Act 1998, the personal information provided in this Form will be used by the *FCA* and *PRA* 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 ~~candidate~~ candidate.

The ~~candidate~~ candidate confirms that he or she understands the regulatory responsibilities of the proposed role as set out in the rules of conduct in the *FCA*'s *COCON* and/or *PRA Rulebook: Solvency II firms: Insurance- Conduct Standards (as applicable)*.

The ~~candidate~~ candidate is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the form is ultimately the responsibility of those who sign the application.

¹ This is not applicable for *candidates* for *controlled function* CF30 only.

In addition to other regulatory responsibilities, ~~firms~~ firms, and ~~approved persons~~ approved persons have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the Applicant and/or the ~~candidate~~ candidate.

Tick here to confirm you have read and understood this declaration: ∞

7.01 Name of ~~candidate~~ candidate / approved person (where applicable)†

7.02 Signature

Date

Declaration of Firm

It is a criminal offence, knowingly or recklessly, to give the *FCA* and/or *PRA* information that is materially false, misleading or deceptive (see sections 398 and 400 Financial Services and Markets Act). Even if you believe or know that information has been provided to the *FCA* and/or *PRA* before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the *FCA* and/or *PRA* will itself identify such information during the assessment of this application.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the ~~candidate~~ candidate and/or lead to the *FCA* and/or *PRA* exercising its powers under ~~FSMA~~ FSMA (including but not limited to taking disciplinary/ Enforcement action). You must notify the *FCA* and/or *PRA* immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the *FCA* and/or *PRA* is reasonably likely to consider the information material).

In addition to other regulatory responsibilities, ~~firms~~ firms, and ~~approved persons~~ approved persons have a responsibility to disclose to the *FCA* and/or *PRA*, matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the Applicant and/or the ~~candidate~~ candidate.

The Applicant confirms that the information provided in this application is accurate and complete to the best of its knowledge and that it has read the notes to this form. The Applicant will notify the *FCA* and/or *PRA* immediately if there is a material change to the information provided.

The Applicant authorises the *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate to identify and verify information that it considers relevant to the assessment of this application.

Where applicable, the Applicant confirms that it has obtained the fullest information that it is lawfully able to obtain about the ~~candidate~~ candidate under Part V of the Police Act 1997 and any related subordinated legislation of the UK or any part of the UK, and (where available) has given due consideration to that information in determining that ~~candidate~~ candidate to be fit and proper.

In making this application the Applicant believes on the basis of due and diligent enquiry and, where applicable, by reference to the criteria in FIT in the ~~FCA Handbook~~ FCA Handbook and/or the Fitness and Propriety sections in the ~~PRA Rulebook~~ PRA Rulebook that the ~~candidate~~ candidate is a fit and proper person to perform the ~~controlled function~~ controlled function(s) listed in section 3.

The Applicant also believes, on the basis of due and diligent enquiry, that the ~~candidate~~ candidate is competent to fulfil the duties required in the performance of such function(s).

The Applicant confirms that it has complied with its obligations under Equality and Diversity legislation when selecting the Individual to perform the function(s) applied for.

The Applicant confirms that it has made the ~~candidate~~ candidate aware of their regulatory responsibilities as set out in the rules of conduct in the *FCA*'s ~~COCON~~ COCON and/or *PRA* ~~Rulebook~~ Rulebook: Insurance- Conduct Standards (as applicable).

The Applicant confirms that the Scope of Responsibilities¹ submitted with this form accurately reflects the aspects of the affairs of the Firm Firm which it is intended that the ~~candidate~~ candidate will be responsible for managing.

The Applicant is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the Form is ultimately the responsibility of those who sign the application.

¹ This is not applicable for *candidates* for *controlled function* CF30 only.

In signing this form on behalf of the Applicant:

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.

I confirm that I have authority to make this application and provide the declarations given by the Applicant, and sign this Form, on behalf of the ~~firm~~ *firm* identified in section 2.01 and/or each *firm* identified in section 3.04. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those *firms* at the same time as submitting the Form to the *FCA* and/or *PRA*.

7.03 Name of the *firm* submitting the application †

7.04 Name of ~~person~~ person signing on behalf of the Applicant †

7.05 Job title †

7.06 Signature*

Date †



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FCA/PRA use only)

The FCA and PRA have produced notes which will assist both the applicant and the ~~candidate~~ *candidate* in answering the questions in this form. Please read these notes, which are available on both FCA and PRA websites at:

<http://media.fshandbook.info/FS/html/FCA/SUP/10A/Annex4>

<http://www.bankofengland.co.uk/PRA>

Both the applicant and the ~~candidate~~ *candidate* will be treated by the FCA and PRA as having taken these notes into consideration when completing this form.

Short Form A – Solvency II firms only⁵

Application to perform controlled functions

FCA Handbook Reference: SUP 10A Annex 4D

PRA Rulebook Reference: Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications

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

Name of applicant firm[†]
(as entered in 2.01)

Applicant firm reference number[†]
(as entered in 2.02)

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>
Registered as a Limited Company in England and Wales No 1920623. Registered Office as above

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
E-mail PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA
Registered as a Limited Company in England and Wales No 07854923. Registered Office: 8 Lothbury Road, London, EC2R 7HH

⁵ Please see the FCA Handbook Glossary for the definition of Solvency II firm, and for the PRA see the definition included in PRA Rulebook: Solvency II firms: Insurance- Senior Insurance Management Functions Chapter 1 (Applications and Definitions)

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.7.9G in the FCA Handbook or in Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the PRA Rulebook

Personal identification details

Section 1

1.01 a	<i>Candidate</i> 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[†]

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[†]

b Postcode[†]

c Dates resident at this address (mm/yyyy)[†]

	From	/		To	/
--	-------------	---	--	-----------	---

1.14 a Previous address 2[†]

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

Firm identification details

Section 2

2.01 Name of *firm* making the application

2.02 Firm Reference Number (FRN)

2.03 a Who should the *FCA/PRA* contact at the *firm* 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

Arrangements and controlled functions

Section 3

3.01 Nature of the arrangement between the candidate and the applicant.	<i>a</i> Employee <input type="checkbox"/>
	<i>b</i> Group employee <input type="checkbox"/>
	Name of group [Redacted]
	<i>c</i> Contract for services <input type="checkbox"/>
	<i>d</i> Partner <input type="checkbox"/>
	<i>e</i> Other <input type="checkbox"/>
Give details [Redacted]	

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 **3.04**

Function	Description of a controlled function	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer		
SIMF 2	Chief Finance function		
SIMF 4	Chief Risk officer		
SIMF 5	Head of Internal Audit		
SIMF 7	Group Entity Senior Manager		
SIMF 9	Chairman		
SIMF 10	Chair of the Risk Committee		
SIMF 11	Chair of the Audit Committee		
SIMF 12	Chair of the Remuneration Committee		
SIMF 14	Senior Independent Director		
SIMF 19	Head of Third Country Branch function		
<u>SIMF 19A</u>	<u>Head of Firm without permission to effect contracts of insurance function</u>		
SIMF 20	Chief Actuary		
SIMF21	With-Profits Actuary		
SIMF22	Underwriting function		
SIMF23	Underwriting Risk Oversight Officer (Lloyd's)		
CF 1	Director		
CF 2a	Chair of the Nominations Committee		
CF 2b	Chair of the With-Profits Committee		
CF 5	Director of unincorporated association function		
CF 10	Compliance Oversight		
CF 10a	CASS Operational Oversight		
CF 11	Money Laundering Reporting		
CF 28	Systems and Controls		
CF 29	Significant Management		
CF 30	Customer Function		
CF 51	Actuarial conduct function (third country)		

3.03 Job title

Insurance mediation

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

YES NO

Note: Yes can only be selected if the individual is applying for a governing function (other than *controlled functions* CF2a and CF2b) (MIPRU 2.2.2)



**I have supplied further
information
related to this page in Section 6[†]**

YES

NO

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.7.9G in the *FCA Handbook* or in Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*

3.04 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.[†]

	Firm Reference Number	Name of firm	Controlled function	Job title	Effective date
a					/ /
b					/ /
c					/ /
d					/ /
e					/ /

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

Employment History

Section 4

This section has been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the *FCA* and/or *PRA* of the revised detail.

Fitness and Propriety

Section 5

Parts 5.01 to 5.05.3 of this section have been removed. However if there has been a change to the detail in this section since your last approval, you must submit a Long Form A as opposed to a Short Form A informing the FCA and/or PRA of the revised detail.

5.05.4 Has the *firm* undertaken a criminal records check in accordance with the requirements of the *PRA*?

Please note that a *firm* is required to request ~~obtain~~ the fullest information that it is lawfully able to obtain about the *candidate* under Part V of the Police Act 1997 (Certificates of Criminal Records, etc) and related subordinated legislation of the *UK* or any part of the *UK* before making the application. (Applications and Notifications in the *PRA Rulebook*)

If yes, please enter date the check was undertaken
Date (dd/mm/yy):

Note: if date is more than 3 months prior to current date or 3 months prior to date of application submission or the check has not been undertaken, please provide details why in section 6.

YES NO

→ I have supplied further information related to this page in Section 6[†] YES NO

5.05.5 Has / Have a reference or references been obtained from current and previous employer(s) in accordance with the requirements of the *PRA* or *FCA*?

If No, please provide details why the reference or references has/have not been obtained.

Please note that a firm is required to use reasonable efforts to obtain a reference from any previous employer of the candidate during the last 6 years (see SYSC 22 and Insurance - Fitness and Propriety 2.5 in the PRA Rulebook). 'Employer' has an extended meaning for these purposes.

YES NO

Supplementary information for SIMF and SIF functions Section 6

- 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.
 - Please provide full details of
 - why the ~~candidate~~ candidate is competent and capable to carry out the ~~controlled function(s)~~ controlled function(s) applied for.
 - why the appointment complements the ~~firm's~~ 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).
 - Provide a copy of the ~~candidate's~~ candidate's:-
 - Scope of Responsibilities with this form. This is not required for *candidates* for *controlled function* CF30 only.
 - Roles description
 - Curriculum vitae (C.V.)
 - Place in the applicant's organisational chart
 - 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

Declarations and signatures

Section 7

Declaration of *Candidate*

It is a criminal offence, knowingly or recklessly, to give the appropriate regulator information that is materially false, misleading or deceptive (see sections 398 and 400 Financial Services and Markets Act 2000). Even if you believe or know that information has been provided to the appropriate regulator before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the appropriate regulator will itself identify such information during the assessment of this application. If there is any doubt about the relevance of information, it should be included.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the *candidate* and/or lead to the appropriate regulator exercising its powers (including but not limited to taking disciplinary/ Enforcement action). You must notify the appropriate regulator immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the appropriate regulator is reasonably likely to consider the information material).

The *candidate* confirms that the information provided in this application is accurate and complete to the best of his/her knowledge and that he or she has read the notes to this form. The *candidate* will notify the appropriate regulator immediately if there is a material change to the information provided.

The *candidate* confirms that the attached Scope of Responsibilities⁶ accurately reflects the aspects of the affairs of the ~~firm~~ *firm* which it is intended that the *candidate* will be responsible for managing. The *candidate* confirms that they have accepted all the responsibilities set out in this Scope of Responsibilities.

The *candidate* authorises the appropriate regulator to make such enquiries and seek such further information as it thinks appropriate to identify and verify information that it considers relevant to the assessment of this application.

The *candidate* acknowledges and agrees that these checks may include credit reference checks or information pertaining to fitness and propriety, and is aware that the results of these enquiries may be disclosed to the employer/Applicant.

The *candidate* agrees that he or she may be required to apply for a search to be made as to whether any criminal records are held in relation to him or her and to obtain a certificate (where such certificate can be obtained) and to disclose the result of that search to the ~~firm~~ *firm* submitting this application.

The *candidate* agrees that the *FCA* and/or *PRA* may use the address specified for the *candidate* in this Form as the proper address for service in the United Kingdom as defined in Financial Services and Markets Act 2000 (Service of Notice) Regulations (SI 2001/1420) to serve any notices on that signatory.

For the purposes of complying with the Data Protection Act 1998, the personal information provided in this Form will be used by the *FCA* and *PRA* to discharge their 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~~ *candidate*.

The *candidate* confirms that he or she understands the regulatory responsibilities of my proposed role as set out in the rules of conduct in the *FCA's COCON* and/or *PRA Rulebook: Solvency II firms: Insurance-Conduct Standards* (as applicable).

The *candidate* is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the Form is ultimately the responsibility of those who sign the application.

In addition to other regulatory responsibilities, ~~firms~~ *firms*, and ~~approved persons~~ *approved persons* have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the appropriate regulator of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the ~~firm~~ *firm* and/or individuals.

⁶ This is not applicable to *candidates* for *controlled function* CF30 only.

Tick here to confirm you have read and understood this declaration: ∞

7.01 Candidate's full name†

7.02 Signature

Date

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7.4R- 15.7.9G in the *FCA Handbook* or in Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*

Declaration of Firm Firm

It is a criminal offence, knowingly or recklessly, to give the appropriate regulator information that is materially false, misleading or deceptive (see sections 398 and 400 Financial Services and Markets Act). Even if you believe or know that information has been provided to the appropriate regulator before (whether as part of another application or otherwise) or is in the public domain, you must nonetheless disclose it clearly and fully in this form and as part of this application – you should not assume that the appropriate regulator will itself identify such information during the assessment of this application. If there is any doubt about the relevance of information, it should be included.

There will be a delay in processing the application if information is inaccurate or incomplete, and it may call into question the suitability of the ~~candidate applicant~~ and/or lead to the appropriate regulator exercising its powers (including but not limited to taking disciplinary/ Enforcement action). You must notify the appropriate regulator immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the appropriate regulator is reasonably likely to consider the information material).

In addition to other regulatory responsibilities, ~~firms-firms~~, and ~~approved persons~~ approved persons have a responsibility to disclose to the appropriate regulator, matters of which it would reasonably expect to be notified. Failure to notify the appropriate regulator of such information may lead to the appropriate regulator taking disciplinary or other action against the ~~firm~~ firm and/or individuals.

The Applicant confirms that the information provided in this application is accurate and complete to the best of its knowledge and that it has read the notes to this form. The Applicant will notify the appropriate regulator immediately if there is a material change to the information provided.

The Applicant authorises the appropriate regulator to make such enquiries and seek such further information as it thinks appropriate to identify and verify information that it considers relevant to the assessment of this application.

Where applicable, ~~Where required under Section 5~~, the Applicant confirms that it has obtained the fullest information that it is lawfully able to obtain about the Individual under Part V of the Police Act 1997 and any related subordinated legislation of the UK or any part of the UK, and has given due consideration to that information in determining that Individual to be fit and proper.

In making this application the *firm* believes on the basis of due and diligent enquiry and, where applicable, by reference to the criteria in FIT that the *candidate* is a fit and proper person to perform the ~~controlled function(s)~~ controlled function(s) listed in section 3. The ~~firm~~ firm also believes, on the basis of due and diligent enquiry, that the ~~candidate~~ candidate is competent to fulfil the duties required in the performance of such function(s).

The Applicant confirms that it has complied with its obligations under Equality and Diversity legislation when selecting the Individual to perform the function(s) applied for.

The Applicant confirms that it has made the *candidate* aware of their regulatory responsibilities as set out in the rules of conduct in the *FCA's COCON* and/or *PRA Rulebook: Insurance Conduct Standards* (as applicable).

The Applicant confirms that the Scope of Responsibilities⁷ submitted with this form accurately reflects the aspects of the affairs of the ~~Firm~~ Firm which it is intended that the ~~Candidate~~ Candidate will be responsible for managing.

The Applicant is aware that, while advice may be sought from a third party (e.g. legal advice), responsibility for the accuracy of information, as well as the disclosure of relevant information, on the Form is ultimately the responsibility of those who sign the application.

In signing this form on behalf of the ~~firm~~ firm:

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.

I confirm that I have authority to make this application and provide the declarations given by the ~~firm~~ firm, and sign this Form, on behalf of the ~~firm~~ firm identified in section 2.01 and/or each *firm* identified in section 3.04. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those *firms* at the same time as submitting the Form to the *FCA* and/or *PRA*.

⁷This is not applicable to *candidates* for *controlled function* CF30 only.

7.03 Name of the *firm* submitting the application†

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

7.05 Job title †

7.06 Signature*

Date †



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Application number
(for FCA/PRA use only)

The FCA and PRA have produced notes which will assist both the applicant and the ~~candidate~~ candidate in answering the questions in this form. Please read these notes, which are available on the FCA and PRA's websites at <http://fshandbook.info/FS/html/FCA/SUP/10A/Annex8> www.bankofengland.co.uk/PRA.

Both the applicant and the ~~candidate~~ candidate will be treated by the FCA and PRA as having taken these notes into consideration when completing this form.

Form E

Internal transfer of an approved person (for Solvency II firms only⁸)

FCA Handbook Reference: SUP 10A Annex 8D

PRA Rulebook Reference: Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications

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

Name of *firm*[†]
(as entered in 2.01)

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail iva@fca.org.uk
Website <http://www.fca.org.uk>
Registered as a Limited Company in England and Wales No 1920623. Registered Office as above

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA
Registered as a Limited Company in England and Wales No 07854923. Registered Office: 8 Lothbury Road, London, EC2R 7HH

⁸ Please see the FCA Handbook Glossary for the definition of Solvency II firm, and for the PRA see the firms included in PRA Rulebook: Solvency II firms: Insurance- Senior Insurance Management Functions Chapter 1 (Applications and Definitions)

Personal identification details

Section 1

1.01	Candidate Candidate—Individual Reference Number (IRN) †	
1.02	Title (e.g. Mr, Mrs, Ms, etc) †	
1.03	Surname †	
1.04	ALL forenames †	
1.05	Date of birth †	/ /
1.06	National Insurance number †	

Firm identification details

Section 2

2.01	Name of <i>firm</i>	
2.02	Firm Firm Reference Number (FRN)	
2.03 a	Who should the <i>FCA/PRA</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 5 YES NO

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4R-15.7.9G of the *FCA Handbook* or in “Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*

Controlled functions to cease **Section 3**

3.01 List all *controlled functions* which the ~~approved person~~ *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

	FRN†	Name of <i>firm</i> †	<i>Controlled function</i> †	Effective date†
a				//
b				//
c				//
d				//
e				//

➔ I have supplied further information related to this page in Section 5 YES NO

New arrangement and controlled functions

Section 4

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

a *Employee*

b *Group employee*

Name of group

c Contract for services

d *Partner*

e Other

Give details

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4R-15.7.9G of the *FCA Handbook* or in “Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*
 Form E – Internal transfer of an approved person (for Solvency II firms)

4.02 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 4.04

Function	Description of a controlled function	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer		
SIMF 2	Chief Finance function		
SIMF 4	Chief Risk officer		
SIMF 5	Head of Internal Audit		
SIMF 7	Group Entity Senior Manager		
SIMF 9	Chairman		
SIMF 10	Chair of the Risk Committee		
SIMF 11	Chair of the Audit Committee		
SIMF 12	Chair of the Remuneration Committee		
SIMF 14	Senior Independent Director		
SIMF 19	Head of Third Country Branch function		
<u>SIMF 19A</u>	<u>Head of Firm without permission to effect contracts of insurance function</u>		
SIMF 20	Chief Actuary		
SIMF21	With-Profits Actuary		
SIMF22	Underwriting function		
SIMF23	Underwriting Risk Oversight Officer (Lloyd's)		
CF 1	Director		
CF 2a	Chair of the Nominations Committee		
CF 2b	Chair of the With-Profits Committee		
CF 10	Compliance Oversight		
CF 10a	CASS Operational Oversight		
CF 11	Money Laundering Reporting		
CF 28	Systems and Controls		
CF 29	Significant Management		
CF 30	Customer Function		
CF 51	Actuarial conduct function (third country)		

4.03 Job title

Insurance mediation

Will the *candidate* be responsible for Insurance mediation at the ~~firm~~ *firm*? YES NO

((Note: Yes can only be selected if the individual is applying for a governing function (other than *controlled functions* CF2a and CF2b) (MIPRU 2.2.2)

4.04 List all *firms* within the *group* (including the *firm* entered in 2.01) for which the applicant requires approval and the requested *controlled function* for that *firm*.[†]

	Firm Reference Number	Name of firm	Controlled function	Job title (mandatory)	Effective date
a					//
b					//
c					//
d					//
e					//

4.05 Has / Have a reference or references been obtained from current and previous employer(s) in accordance with the requirements of the *PRA* or *FCA*?

If No, please provide details why the reference or references has/have not been obtained.

YES NO

Please note that a firm is required to take reasonable steps to obtain appropriate references from any current or previous employer of the candidate during the last 6 years (see SYSC 22 and Insurance-Fitness and Propriety 2.5 in the PRA Rulebook). 'Employer' has an extended meaning for these purposes.

→ I have supplied further information related to this page in Section 5 YES NO

[†] The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4R-15.7.9G of the *FCA Handbook* or in "Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*

Supplementary information Section 5

- 5.00**
- If there is any other information the *candidate* or the *firm* considers to be relevant to the application, it must be included here.
 - 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~~ 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).
 - Provide a copy of the ~~candidate's~~ candidate's:
 - Scope of Responsibilities with this form. This is not required for *candidates* for *controlled function* CF30 only.
 - Role(s) description
 - Curriculum Vitae (C.V.)
 - Place in the applicant's organisational chart

Question	Information

Declarations and signatures**Section 6****Declaration of Candidate**

Knowingly or recklessly giving the *FCA* and/or *PRA* 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 *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In addition to other regulatory responsibilities, firms, senior managers and other approved persons have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the firm and/or individuals.

For the purposes of complying with the Data Protection Act 1998, the personal information provided in this Form will be used by the *FCA* and *PRA* to discharge their 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 *candidate applicant*.

With reference to the above, the *FCA* and/or *PRA* 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 *FCA* and/or *PRA* to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. *Candidates* may be required to apply for a criminal records search to be made as to whether any criminal records are held in relation to them and to obtain a certificate (where such certificate can be obtained) and to disclose the result of that search 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. I confirm that the attached Scope of Responsibilities⁹ accurately reflects the aspects of the affairs of the *firm* which it is intended that I will be responsible for managing. I confirm that I have accepted all the responsibilities set out in this Scope of Responsibilities.

c) I confirm that I understand the regulatory responsibilities of my proposed role as set out in the rules of conduct in the *FCA*'s Conduct Rules (*COCON*) and/or *PRA Rulebook: Solvency II firms: Insurance- Conduct Standards* (as applicable).

Tick here to confirm you have read and understood this declaration: ∞

6.01 *Candidate's* full name†

6.02 Signature

Date

⁹ This is not applicable to candidates for controlled function CF30 only.

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4R-15.7.9G of the *FCA Handbook* or in "Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications in the *PRA Rulebook*
Form E – Internal transfer of an approved person (for Solvency II firms)

Declaration of Firm

Knowingly or recklessly giving the *FCA* and/or *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). *SUP* 15.6.1R and *SUP* 15.6.4R of the *FCA Handbook* and Notification 6 of the *PRA Rulebook* require an *authorised person* to take reasonable steps to ensure the accuracy and completeness of information given to the *FCA* and/or *PRA* and to notify the *FCA* and/or *PRA* immediately if materially inaccurate information has been provided.

In addition to other regulatory responsibilities, firms, senior managers and other approved persons have a responsibility to disclose to the *FCA* and/or *PRA* matters of which it would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the firm and/or individuals.

It should not be assumed that information is known to the *FCA* and/or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* and/or *PRA* 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 and, where applicable, by reference to the criteria in FIT that the ~~candidate~~ *candidate* is a fit and proper person to perform the controlled function(s) listed in section 3. The ~~firm~~ *firm* also believes, on the basis of due and diligent enquiry, that the ~~candidate~~ *candidate* is competent to fulfil the duties required in the performance of such function(s).

IF UNDERTAKING ANY NON MiFID BUSINESS FOR WHICH THE FIRM HAS NOT PREVIOUSLY APPLIED FOR AUTHORISATION, PLEASE ALSO COMPLETE THE FOLLOWING

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). YES NO

Where applicable, the *firm* confirms that it has had sight of a criminal records certificate prepared within the past 3 months in relation to the Individual and has given due consideration to the information contained in that certificate in determining that Individual to be fit and proper. Alternatively, where a certificate is not obtained the *firm* has provided an explanation in section 5.

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 provide the declarations given by the *firm*, and sign this Form, on behalf of the *firm* identified in section 2.01 and/or each firm identified in section 4.04. I also confirm that a copy of this Form, as submitted to the *FCA* and/or *PRA*, will be sent to each of those firms at the same time as submitting the Form to the *FCA* and/or *PRA*.
- c) I confirm the *candidate* has been made aware of the regulatory responsibilities of the proposed role as set out in the rules of conduct in the *FCA*'s Conduct Rules (*COCOM*) and/or *PRA Rulebook: Insurance- Conduct Standards* (as applicable).
- d) I confirm that that the Scope of Responsibility submitted with this form accurately reflects the aspects of the affairs of the *firm* which it is intended that the *candidate* will be responsible for managing.¹⁰

6.03 Name of the *firm* submitting the application †

6.04 Name of ~~person~~ *person* signing on behalf of the *firm* †

6.05 Job title †

6.06 Signature

Date †

¹⁰ This is not applicable to ~~candidate~~ *candidates* for controlled function CF30 only.



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Application number or IRN
(for FCA/PRA use only)

Solvency II Firms¹¹: Scope of Responsibilities

For ~~candidates~~ candidates for approval, this form **must** be submitted as an attachment to a Form A application or a Form E application
PRA Rulebook Reference: Solvency II firms: Senior Insurance Managers Regime - Applications and Notifications

Please note: this form does NOT need to be completed for ~~candidates~~ candidates for *controlled function* CF30 only.

Name of ~~individual~~ individual[†]
(to be completed by *firm*)

Name of *firm*[†]
(as entered in 2.01)

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail iva@fca.org.uk
Website http://www.fca.org.uk

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA

¹¹ Please see the *FCA Handbook Glossary* for the definition of *Solvency II firm*, and for the *PRA* see the firms included in *PRA Rulebook*: Solvency II firms: Insurance- Senior Insurance Management Functions Chapter 1 (Applications and Definitions)

Personal identifications details

Section 1

1.01 Individual Reference Number (IRN) †

1.02 Title
(e.g. Mr, Mrs, Ms, etc) †

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth †

1.06 National Insurance number †

Firm identification details

Section 2

2.01 Name of *firm*

2.02 ~~Firm~~ Firm Reference Number (FRN)

2.03 a Who should the *FCA/PRA* contact at the *firm* in relation to this scope of responsibilities?

b Position

c Telephone

d Fax

e E-mail



I have supplied further information related to this page in Section 4 YES NO

Controlled Functions

Section 3

A Scope of Responsibilities should be drafted to clearly show the responsibilities that the individual candidate is to perform as part of their *controlled function* and other relevant responsibilities and how they fit in with the *firm's* overall governance and management arrangements.

A Scope of Responsibilities should be drafted in such a way as to be practical and useable by regulators. The *FCA* and the *PRA* consider that this would be achieved by succinct, clear descriptions of each responsibility which avoid unnecessary detail. Firms have the opportunity to provide details of each responsibility allocated to an individual using the free text boxes in this form, however, the *PRA* and *FCA* would not usually expect the description of each responsibility to exceed 300 words.

A Scope of Responsibilities must be a self-contained document. There should be one document per *Senior Insurance Management Function (SIMF)* holder or *Significant Influence Function (SIF)* holder per firm. Where an individual performs a senior insurance manager or significant influence function on behalf of more than one firm within a group, one Scope of Responsibilities is required for each firm. Any supplementary information may be provided in section 4 (or if submitting electronically, in a **single** attachment). A Scope of Responsibilities must not cross-refer to or include other documents, attachments or links.

If the appropriate regulator considers that the Scope of Responsibilities is not sufficiently clear to be practical and useable, it could be challenged as part of a candidate's application for approval, or in ongoing supervision.

Details of the individual's responsibilities should be set out in sections 3.2 and 3.3, as appropriate:

- Section 3.2 covers those responsibilities required by regulators to be allocated to one or more controlled functions.
- Section 3.3 covers anything else, not otherwise included, for which an individual candidate is to be responsible.

3.1 Effective date and relevant Controlled Functions

3.1.1 Please state the effective date of this scope of responsibilities: / /

3.1.2 List all *SIMFs* and *SIFs* which the individual approved person is to perform and the effective date the *person* commenced or will commence the performance of the functions. Please include those *FCA* functions that are included in a *PRA controlled function* under *PRA Rulebook: Solvency II firms: Insurance- Senior Insurance Management Functions Chapter 2*.

Function	Description of a controlled function <u>controlled function</u>	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer*		
SIMF 2	Chief Finance function*		
SIMF 4	Chief Risk officer*		
SIMF 5	Head of Internal Audit*		
SIMF 7	Group Entity Senior Manager		
SIMF 9	Chairman*		
SIMF 10	Chair of the Risk Committee*		
SIMF 11	Chair of the Audit Committee*		
SIMF 12	Chair of the Remuneration Committee*		
SIMF 14	Senior Independent Director*		
SIMF 19	Head of Third Country Branch function		
SIMF 19A	Head of Firm without permission to effect contracts of insurance function		
SIMF 20	Chief Actuary*		
SIMF21	With-Profits Actuary*		
SIMF22	Underwriting function		
SIMF23	Underwriting Risk Oversight Officer (Lloyd's)		

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4- 15.7.9G of the *FCA Handbook* and/or Senior Insurance Managers Regime – Applications and Notifications of the *PRA Rulebook* as applicable Solvency II firms – Scope of responsibilities September 2016/August 2015

CF 1	Director		
CF 2a	Chair of the Nominations Committee*		
CF 2b	Chair of the With-Profits Committee		
CF 10	Compliance Oversight*		
CF 10a	CASS Operational Oversight		
CF 11	Money Laundering Reporting*		
CF 28	Systems and Controls		
CF 29	Significant Management		
CF 51	Actuarial conduct function (third country)		

Please note that for those roles asterisked above, this scope of responsibilities is considered to automatically include the existing legal and regulatory obligations for these roles. For example, certain specific responsibilities of a director are set out in company law. Such responsibilities do not need to be recorded in this statement, but any additional responsibilities should be recorded in the sections below.

3.2 PRA Prescribed Responsibilities

This section deals with those responsibilities required by *PRA* rules to be allocated to one or more controlled functions.

If the responsibilities that the *candidate* or a ~~person~~ *person* performing ~~SIMFs~~ *SIMFs* or ~~SIFs~~ *SIFs* is to carry out as described in the scope of responsibilities go beyond those set out in this section, those additional responsibilities should not reduce or alter the scope of the prescribed requirements set out in this section.

3.2.1 Please indicate below which of the responsibilities listed are/will be allocated to this individual. Where responsibilities are shared (for example, a responsibility may be shared as part of a job share or where departing and incoming controlled functions work together temporarily as part of a handover), please provide details.

If the individual has not been allocated a prescribed responsibility in this list, please go to section 3.3.

Ref	Prescribed Responsibilities	Tick if applicable
1	Ensuring that the firm <i>firm</i> has complied with the obligation to ensure that every <i>person</i> who performs a <i>key function</i> is fit and proper	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
2	Leading the development of the <i>firm's</i> culture by the <i>governing body</i> as a whole	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
3	Overseeing the adoption of the <i>firm's</i> culture in its day-to-day management	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
4	Production and integrity of the <i>firm's</i> financial information and regulatory reporting	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
5	Management of the allocation and maintenance of the <i>firm's</i> capital and liquidity	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
6	Development and maintenance of the <i>firm's</i> business model by the governing	

	body <u>governing body</u>	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
7	Performance of the <i>firm's</i> Own Risk and Solvency Assessment (ORSA) (<u>ORSA</u>)	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
8	Policies and procedures for the induction, training and professional development for all members of the <i>firm's</i> governing body <u>governing body</u>	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
9	Policies and procedures for the induction, training and professional development for all the <i>firm's</i> key function holders <u>key function holders</u> (other than members of the <i>firm's</i> governing body <u>governing body</u>)	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
10	Oversight of the independence, autonomy and effectiveness of the whistleblowing policies and procedures, including those for the protection of staff raising concerns	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	
11	Oversight of the <i>firm's</i> remuneration policies and practices	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4:	



I have supplied further information related to this page in Section 4

YES

NO

3.2.2 If necessary, please provide additional information about each prescribed responsibility, including:

- A breakdown of the different components and tasks which the responsibility encompasses; and

- If applicable, details of any sharing arrangements including, if known, the name(s), IRN(s) and/or job title(s) of the individual(s) you are sharing this prescribed responsibility with. The responsibility should be recorded in the same way in the scope of responsibilities documents for each individual.

Additional information must be relevant, succinct and not dilute or undermine the prescribed responsibility.

Ref	Prescribed Responsibility	Further Relevant Details

3.3 Other Responsibilities

3.3.1 Please set out below anything else, not otherwise included in this statement, for which a ~~candidate~~ candidate or ~~SIMF~~ SIMF or ~~SIF~~ SIF is to be responsible as part of their FCA and/or PRA ~~controlled function(s)~~ controlled function(s) or ~~key function(s)~~ key function(s) role.

For a firm that is not significant, which outsources its internal audit function to an external third party service provider (that is, a service provider outside the firm or the firm's group), this should include the allocation, where applicable, of the responsibility for the provision of an effective internal audit function, and oversight of the performance of that function [see Insurance – Allocation of Responsibilities 3.3]

For a firm without permission to effect contracts of insurance, this should include the allocation, where applicable, of each of the following responsibilities that are set out in Insurance – Allocation of Responsibilities 3.2

- Providing governing body with business plan and management information
- Management of financial resources
- Ensuring governing body is kept informed of legal & regulatory obligations
- Oversight of systems & controls, and risk management policies and procedures

Responsibility		Yes/ No
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> If 'yes' please provide further details in section 4:	
	Is this responsibility divided with another <i>SIMF</i> or <i>SIF</i> (i.e. are you responsible for part of this responsibility rather than all of it)? If 'yes' please provide further details in section 4:	
Please provide a description of your responsibilities:		

I have supplied further information related to this page in Section 4
 YES NO

Supplementary Information

Section 4

4.1 Is there any other information the ~~individual~~ individual or the firm considers to be relevant?

YES NO

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

4.2 How many additional sheets are being submitted?

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4- 15.7.9G of the *FCA Handbook* and/or Senior Insurance Managers Regime – Applications and Notifications of the *PRA Rulebook* as applicable
 Solvency II firms – Scope of responsibilities
 September 2016/August 2015

Declarations and signatures**Section 5****Declaration by Individual***

The individual confirms that this Scope of Responsibilities form accurately reflects the aspects of the affairs of the *firm* which it is intended that the individual will be responsible for managing. The individual confirms that they have accepted all the responsibilities set out in this Scope of Responsibilities.

Tick here to confirm you have read and understood this declaration: _____

5.01 Individual's full name

5.02 Signature *

Date

Declaration by Firm*

The *Firm* confirms that this Scope of Responsibilities form accurately reflects the aspects of the affairs of the *Firm* which it is intended that the individual will be responsible for managing.

In signing this form on behalf of the *firm*:

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.

I confirm that I have authority to make this application and provide the declarations given by the *firm*, and sign this Form, on behalf of the *firm* identified in section 2.01.

5.03 Name of the *firm* submitting the scope of responsibilities

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

5.05 Job title

5.06 Signature *

Date

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

* The above declaration appears on a paper form submission only. That declaration does not appear on an electronic form submission.



Application number or IRN
(for FCA/PRA use only)

Large non-directive insurers¹²: Scope of Responsibilities

For *candidates* for approval, this form **must** be submitted as an attachment to a Form A application or a Form E application

PRA Rulebook Reference: Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications

Please note: this form does NOT need to be completed for *candidates* for *controlled function* CF30 only.

Name of ~~individual~~ individual[†]
(to be completed by *firm*)

Name of *firm*[†]
(as entered in 2.01)

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail iva@fca.org.uk
Website www.fca.org.uk
Registered as a Limited Company in England and
Wales No 1920623. Registered Office as above

Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA
United Kingdom
Telephone +44 (0) 203 461 7000
Email PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA
Registered as a Limited Company in England and Wales
No 07854923. Registered Office: 8 Lothbury Road,
London, EC2R 7HH

¹² Please see the definition of *large non-directive insurer* in PRA Rulebook: Glossary

Personal identifications details

Section 1

1.01 Individual Reference Number (IRN) †

1.02 Title
(e.g. Mr, Mrs, Ms, etc) †

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth
(dd/mm/yyyy) †

1.06 National Insurance number †

Firm identification details

Section 2

2.01 Name of *firm*

2.02 ~~Firm~~ Firm Reference Number (FRN)

2.03 a Who should the *FCA/PRA* contact at the *firm* in relation to this scope of responsibilities?

b Position

c Telephone

d Fax

e E-mail



I have supplied further
information
related to this page in Section 4 †

YES NO

Controlled Functions

Section 3

A Scope of Responsibilities should be drafted to clearly show the responsibilities that the individual candidate is to perform as part of their *controlled function* and other relevant responsibilities and how they fit in with the *firm's* overall governance and management arrangements.

A Scope of Responsibilities should be drafted in such a way as to be practical and useable by regulators. The *FCA* and the *PRA* consider that this would be achieved by succinct, clear descriptions of each responsibility which avoid unnecessary detail. Firms have the opportunity to provide details of each responsibility allocated to an individual using the free text boxes in this form, however, the *PRA* and *FCA* would not usually expect the description of each responsibility to exceed 300 words.

A Scope of Responsibilities must be a self-contained document. There should be one document per *Senior Insurance Management Function (SIMF)* holder or *Significant Influence Function (SIF)* holder per firm. Where an individual performs a SIMF or SIF on behalf of more than one firm within a group, one Scope of Responsibilities is required for each firm. Any supplementary information may be provided in section 4 (or if submitting electronically, in a **single** attachment). A Scope of Responsibilities must not cross refer to or include other documents, attachments or links.

If the appropriate regulator considers that the Scope of Responsibilities is not sufficiently clear to be practical and usable, it could be challenged as part of a *candidate's* application for approval, or in ongoing supervision.

Details of the individual's responsibilities should be set out in sections 3.2 and 3.3, as appropriate:

- Section 3.2 covers those responsibilities required by regulators to be allocated to one or more controlled functions.
- Section 3.3 covers anything else, not otherwise included, for which an individual candidate is to be responsible.

3.1 Effective date and relevant Controlled Functions

3.1.1 Please state the effective date of this Scope of Responsibilities (dd/mm/yyyy):

3.1.2 List all *SIMFs* and *SIFs* which the individual approved person is to perform and the effective date the *person* commenced or will commence the performance of the functions. Please include those *FCA* functions that are included in a *PRA controlled function* under *PRA Rulebook: Large Non-Solvency II Firms: Senior Insurance Management Functions*.

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer*		
SIMF 2	Chief Finance function*		
SIMF 4	Chief Risk officer*		
SIMF 5	Head of Internal Audit*		
SIMF 7	Group Entity Senior Insurance Manager		
SIMF 9	Chairman*		
SIMF 10	Chair of the Risk Committee*		
SIMF 11	Chair of the Audit Committee*		
SIMF 12	Chair of the Remuneration Committee*		

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4- 15.7.9G of the *FCA Handbook* and/or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the *PRA Rulebook* as applicable

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 14	Senior Independent Director*		
SIMF 20	Chief Actuary*		
SIMF21	With-Profits Actuary*		
SIMF22	Chief Underwriting Officer function		
CF 1	Director		
CF 2a	Chair of the Nomination Committee*		
CF 2b	Chair of the With-Profits Committee		
CF 5	Director of unincorporated association function		
CF 6	Small friendly society function		
CF 10	Compliance Oversight function*		
CF 10a	CASS Operational Oversight function		
CF 11	Money Laundering Reporting function*		
CF 29	Significant Management function		

Please note that for those roles asterisked above, this scope of responsibilities is considered to automatically include the existing legal and regulatory obligations for these roles. For example, certain specific responsibilities of a director are set out in company law. Such responsibilities do not need to be recorded in this statement, but any additional responsibilities should be recorded in the sections below.

3.2 PRA Prescribed Responsibilities

This section deals with those responsibilities required by PRA rules to be allocated to one or more controlled functions.

If the responsibilities that the *candidate* or a ~~person~~ *person* performing ~~SIMFs~~ *SIMFs* or ~~SIFs~~ *SIFs* is to carry out as described in the scope of responsibilities go beyond those set out in this section, those additional responsibilities should not reduce or alter the scope of the prescribed requirements set out in this section.

3.2.1 Please indicate below which of the responsibilities listed are/will be allocated to this individual. Where responsibilities are shared (for example, a responsibility may be shared as part of a job share or where departing and incoming controlled functions work together temporarily as part of a handover), please provide details.

If the individual has not been allocated a prescribed responsibility in this list, please go to section 3.3.

Ref	Prescribed Responsibilities	Tick if applicable
1	Ensuring that the firm <i>firm</i> has complied with the obligation to ensure that every person <i>person</i> who performs a <i>key function</i> is fit and proper	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
2	Leading the development of the <i>firm's</i> culture by the <i>governing body</i> as a whole	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
3	Overseeing the adoption of the <i>firm's</i> culture in its day-to-day management	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
4	Production and integrity of the <i>firm's</i> financial information and regulatory reporting	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
5	Management of the allocation and maintenance of the <i>firm's</i> capital and liquidity	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
6	Development and maintenance of the <i>firm's</i> business model by the governing body <i>governing body</i>	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
7	Performance of the <i>firm's</i> Own Risk and Solvency Assessment (<i>ORSA</i>)	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
8	Policies and procedures for the induction, training and professional development for all members of the <i>firm's governing body</i>	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
9	Policies and procedures for the induction, training and professional development for all the <i>firm's key function holders</i> <i>key function holders</i> (other than members of the <i>firm's governing body</i> <i>governing body</i>)	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	

† The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP15.7.4- 15.7.9G of the FCA Handbook and/or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook as applicable

Ref	Prescribed Responsibilities	Tick if applicable
10	Oversight of the independence, autonomy and effectiveness of the whistleblowing policies and procedures, including those for the protection of staff raising concerns	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	
11	Oversight of the <i>firm's</i> remuneration policies and practices	
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> ? If 'yes' please provide further details in section 4.	


I have supplied further information related to this page in Section 4[†]
 YES NO

3.2.2 If necessary, please provide additional information about each prescribed responsibility, including:

- a breakdown of the different components and tasks which the responsibility encompasses; and
- if applicable, details of any sharing arrangements including, if known, the name(s), IRN(s) and/or job title(s) of the individual(s) you are sharing this prescribed responsibility with. The responsibility should be recorded in the same way in the scope of responsibilities documents for each individual.

Additional information must be relevant, succinct and not dilute or undermine the prescribed responsibility.

Ref	Prescribed Responsibility	Further Relevant Details

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3.3 Other Responsibilities

3.3.1 Please set out below anything else, not otherwise included in this statement, for which a *candidate* or ~~SIMF~~-*SIMF* or ~~SIF~~ *SIF* is to be responsible as part of their *FCA* and/or *PRA* ~~controlled function(s)~~ controlled function(s) or ~~key function(s)~~ key function(s) role.

For a firm which outsources its internal audit function to an external third party service provider (that is, a service provider outside the firm or the firm's group), this should include the allocation, where applicable, of the responsibility for the provision of an effective internal audit function, and oversight of the performance of that function [see Large Non-Solvency II firms - Allocation of Responsibilities 3.2]

Responsibility		Yes/ No
	Is this responsibility shared with another <i>SIMF</i> or <i>SIF</i> If 'yes' please provide further details in section 4:	
	Is this responsibility divided with another <i>SIMF</i> or <i>SIF</i> i.e. are you responsible for part of this responsibility rather than all of it? If 'yes' please provide further details in section 4:	
Please provide a description of your responsibilities:		

→ I have supplied further information related to this page in Section 4[†] YES NO

4.1 Is there any other information the ~~individual~~ individual or the *firm* considers to be relevant?

YES NO

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

4.2 How many additional sheets are being submitted?

Declaration by Individual*

The individual confirms that this Scope of Responsibilities form accurately reflects the aspects of the affairs of the *firm* which it is intended that the individual will be responsible for managing. The individual confirms that they have accepted all the responsibilities set out in this Scope of Responsibilities.

Tick here to confirm you have read and understood this declaration: _____

5.01 Individual's full name

5.02 Signature *

Date

Declaration by Firm*

The *Firm* confirms that this Scope of Responsibilities form accurately reflects the aspects of the affairs of the *Firm* which it is intended that the individual will be responsible for managing.

In signing this form on behalf of the *firm*:

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.

I confirm that I have authority to make this application and provide the declarations given by the *firm*, and sign this Form, on behalf of the *firm* identified in section 2.01.

5.03 Name of the *firm* submitting the scope of responsibilities

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

5.05 Job title

5.06 Signature *

Date

* The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

* The above declaration appears on a paper form submission only. That declaration does not appear on an electronic form submission.