**Bank of England** PRA

**Modification by Consent for a CRR consolidation entity to become an SDDT Consolidation entity**

This form may be used by a CRR consolidation entity that wishes to consent to the modification offered by the PRA in order to become an SDDT consolidation entity.

Where a firm is a member of a consolidation group, this modification is offered on the condition that all UK banks and building societies in the consolidation group consent to become SDDTs and that the CRR consolidation entity consents to become an SDDT consolidation entity. Please submit all necessary consents and certifications.

**Please return this form via email to the Waivers and Permissions Team at the Prudential Regulation Authority (PRA):** Email: [pra-waivers@bankofengland.co.uk](mailto:pra-waivers@bankofengland.co.uk)

Consent and Certification

[NAME OF CRR CONSOLIDATION ENTITY] [FIRM REFERENCE NUMBER] consents to the modification of rule 3.2 of the SDDT Regime – General Application Part of the PRA Rulebook offered by the PRA.

In accordance with rule *3.5* of theSDDT Regime – General Application Part of the PRA Rulebook, [NAME OF CRR CONSOLIDATION ENTITY] certifies that, as of the day of giving this consent, the SDDT consolidation criteria set out in rule 2.2 of the SDDT Regime – General Application Part of the PRA Rulebook are satisfied.

Signature

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| **Data Protection**  Personal information collected in this form will be used by the PRA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant. For more information, please refer to the privacy notice on the [Waivers and Modifications section](https://www.bankofengland.co.uk/prudential-regulation/authorisations/capital-requirements-regulation-permissions) of our website.  **Warning**  Knowingly or recklessly giving the PRA information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of FSMA).  **Declaration**  By submitting this form I confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case. | |
| Name of authorised signatory |  |
| Position of authorised signatory |  |
| Individual Registration Number |  |
| Signature |  |
| Date |  |