



The Senior Insurance Managers Regime: implementation proposals for non-Solvency II firms – CP26/15

Appendix 5 – Proposed forms for implementing the SIMR

This appendix contains the proposed forms to be completed by NDFs when submitting an application for an individual to be approved for a SIMF (Forms A, E and the Scope of Responsibilities form), or for an individual to be grandfathered (Form K).

NDFs with assets of £25M or less [small non-directive insurers]

Grandfathering Notification Form K

Long Form A¹

Short Form A¹

Scope of Responsibilities form

Form E¹

NDFs with assets of more than £25M [large non-directive insurers]

Grandfathering Notification Form K

Long Form A¹

Short Form A¹

Scope of Responsibilities form

Form E¹

¹ This appendix includes only those pages of the form that are proposed to be updated. The remaining pages of the form would remain unchanged, and are not shown here.



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Application number
(for FCA/PRA use only)

Grandfathering Notification Form (Form K) Small non-directive insurers only¹

FCA Handbook Reference: SUP TP8

PRA Rulebook Reference: Non-Solvency II Firms – Senior Insurance Managers Regime – Transitional Provisions

Please note: this form does NOT need to be completed for approved persons who are currently only performing an FCA *controlled function* and it is intended will continue only to hold the same FCA *controlled function* following grandfathering (see SUP TP 8.2.1R). Also, information does NOT need to be provided in relation to CF8.

Name of firm

Firm Reference Number (FRN)

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

¹ See definition of *small non-directive insurer* in the FCA Handbook Glossary and the PRA Rulebook Glossary.

Contact for this notification

1.01 Title	
1.02 First Name	
1.03 Surname	
1.04 Job Title	
1.05 Business address	
1.06 Post code	
1.07 Phone number (including STD code)	
1.08 Email address	
1.09 Mobile No	
1.10 Fax No.	

2.01 Provide details of each *approved* person who will, from 7 March 2016, perform any of the *controlled functions* set out in column 2 of the table in FCA rule SUP TP 8.2.3R or in column 2 in the Table of Equivalent Functions for Grandfathering in PRA Rulebook: Non-Solvency II Firms – Senior Insurance Managers Regime – Transitional Provisions.² Also provide details of which of those *controlled functions* are to be carried out by each such *approved person*, or whether the individual will cease to be an *approved person*. **If this is an update to a previous grandfathering notification please complete section 3.**

Individuals currently performing CF1

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN	Name of individual	Becoming PRA SIMF 25	Remaining as CF1 (FCA only regulated)	Will not be performing SIMF 25 or CF1 after commencement

Individuals currently performing CF2

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)	
IRN	Name of individual	Becoming PRA SIMF 25	Will not be performing SIMF 25 after commencement

² Details are not required for approved persons who are currently only performing an FCA *controlled function* and it is intended will continue only to hold the same FCA *controlled function* following grandfathering (see SUP TP 8.2.1R). Also, information does NOT need to be provided in relation to individuals performing CF8.

Individuals currently performing CF3

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN	Name of individual	Becoming PRA SIMF 25	Remaining as CF3 (FCA only regulated)	Will not be performing SIMF 25 or CF3 after commencement

Individuals currently performing CF5

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN	Name of individual	Becoming PRA SIMF 25	Remaining as CF5 (FCA only regulated)	Will not be performing SIMF 25 or CF5 after commencement

Individuals currently performing CF6

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN	Name of individual	Becoming PRA SIMF 25	Remaining as CF6 (FCA only regulated)	Will not be performing SIMF 25 or CF6 after commencement

2.02 If you have submitted any applications for approval of individuals to perform one or more *controlled functions* that are currently subject to determination by the FCA and/or PRA, and any of these individuals who will from 7 March 2016 perform any of the *controlled functions* set out in column 2 of the tables in FCA rule SUP TP 8.2.3R or in column 2 in the Table of Equivalent Functions for Grandfathering in PRA Rulebook: Non-Solvency II Firms – Senior Insurance Managers Regime – Transitional Provisions³, provide details of which of those *controlled functions* are to be carried out by each such *approved person*. Please also notify us if the individual will cease to be an *approved person*. **For the purpose of this section, you should assume that the FCA and/or PRA will approve the application that is subject to determination before the commencement date, and that the individual will therefore be eligible for grandfathering. If this is an update to a previous grandfathering notification please complete section 3.**

Candidates for CF1

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN or application ref	Name of individual	Becoming PRA SIMF 25	Remaining as CF1 (FCA only regulated)	Will not be performing SIMF 25 or CF1 after commencement

Candidates for CF2

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)	
IRN or application ref	Name of individual	Becoming PRA SIMF 25	Will not be performing SIMF 25 after commencement

³ Details are not required in relation to candidates to perform an FCA *controlled function* where it is intended that they will only hold the same FCA *controlled function* following grandfathering. Also, information does NOT need to be provided in relation to candidates for CF8.

Candidates for CF3

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN or application ref	Name of individual	Becoming PRA SIMF 25	Remaining as CF3 (FCA only regulated)	Will not be performing SIMF 25 or CF3 after commencement

Candidates for CF5

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN or application ref	Name of individual	Becoming PRA SIMF 25	Remaining as CF5 (FCA only regulated)	Will not be performing SIMF 25 or CF5 after commencement

Candidates for CF6

Identification details of individual		Intended status of individual from 7 March 2016 (please tick as appropriate)		
IRN or application ref	Name of individual	Becoming PRA SIMF 25	Remaining as CF6 (FCA only regulated)	Will not be performing SIMF 25 or CF6 after commencement

3.01 If you need to update a previous grandfathering notification, please provide details of updates to the firm's Grandfathering Notification Form below.

IRN	Name of individual
<i>Controlled Function</i>	<i>Proposed Controlled Function(s)</i>
Details of change and reasons for such change.	

IRN	Name of individual
<i>Controlled Function</i>	<i>Proposed Controlled Function(s)</i>
Details of change and reasons for such change.	

Declaration

In this declaration, the *firm* making the notification in relation to each individual is referred to as the “**applicant**”. The applicant must ensure that it has the authority of each individual in relation to whom it is making a notification for grandfathering to a *controlled function* to cause the information contained in this form relating to such individual to be submitted, and that it has made each such individual aware of his/her prospective regulatory responsibilities as set out in the *FCA’s Code of Conduct (COCON)* and/or the *PRA Rulebook: Non-Solvency II Firms: Insurance – Conduct Standards* . (as applicable).

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).

The applicant 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).

For the purpose 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. In addition to other regulatory responsibilities, *firms* and *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.

The person signing on behalf of the applicant confirms that:

- he or she has read this declaration in full;
- he or she has confirmed that the information supplied is accurate and complete to the best of the his/her knowledge.

Name of the applicant

Name of *person* signing on behalf of the applicant

Position

Signature

Date†



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Long Form A – small non-directive insurers only⁴

Application to perform controlled functions

FCA Handbook Reference: SUP 10A Annex 4D

PRA Rulebook Reference: Non-Solvency II Firms - Senior Insurance Managers Regime - Application and Notifications

⁴ See definition of *small non-directive insurer* in the FCA Handbook Glossary and the PRA Rulebook Glossary.

[†] 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 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*

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 25	Small Insurer Senior Manager		
SIMF 20	Actuarial Function Holder		
SIMF 21	With-profits Actuary		
CF 1	Director		
CF 3	Chief Executive Officer		
CF 5	Director of unincorporated association		
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		
CF 30	Customer Function		

† 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 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook



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

YES

NO

5.05.3

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

Please note that a *firm* is required to 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. (*PRA* Rulebook: Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications)

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

[†] 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 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook
 Long Form A – small non-directive insurers only: Application to perform controlled functions

6.01

- 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 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.)
 - 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

† 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 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook
 Long Form A – small non-directive insurers only: Application to perform controlled functions

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. 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 *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* are 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 *FCA* and/or *PRA* immediately if there is a material change to the information provided.

The *candidate* confirms that the attached Scope of Responsibilities⁵ accurately reflects the aspects of the affairs of the 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 *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* 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 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.

The *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: Non 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, and 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.

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

7.01 *Candidates* full name †

7.02 Signature†

Date†

⁵ This is not applicable for *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 SUP 15.7 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*

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. 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 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).

In addition to other regulatory responsibilities, firms, and 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.

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 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) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required 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: Non-Solvency II Firms: Insurance – Conduct Standards* (as applicable).

The Applicant confirms that the Scope of Responsibilities⁶ 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.

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:

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 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* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†]

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

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

[†] 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 or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*



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Short Form A – small non-directive insurers only⁷

Application to perform controlled functions

FCA Handbook Reference: SUP 10A Annex 4D

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

⁷ See definition of *small non-directive insurer* in the FCA Handbook Glossary and the PRA Rulebook Glossary.

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

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 25	Small Insurer Senior Manager		
SIMF 20	Actuarial Function Holder		
SIMF 21	With-profits Actuary		
CF 1	Director		
CF 3	Chief Executive Officer		
CF 5	Director of unincorporated association		
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		
CF 30	Customer Function		

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

Parts 5.01 and 5.05.2 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.



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

YES

NO

5.05.3

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

Please note that a *firm* is required to 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. (PRA Rulebook: Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications)

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

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

6.01

- 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 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.)
 - 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

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

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 Responsibilities⁸ accurately reflects the aspects of the affairs of the 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 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.

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: Non Solvency II Firms: Insurance – Conduct Standards*.

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, and 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 and/or individuals.

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

7.01 *Candidates* full name †

7.02 Signature†

Date†

⁸ 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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

Declaration of 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 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, and 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 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 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) listed in section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required 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: Non-Solvency II Firms: Insurance – Conduct Standards (as applicable).

The applicant confirms that the Scope of Responsibilities⁹ 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.

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*:

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 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* signing on behalf of the *firm*†

7.05 Job title†

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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions

7.06 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 SUP15.7 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable.
Short Form A – small non-directive insurers only: Application to perform controlled functions



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

Small non-directive insurers¹⁰: 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

FCA Reference: SUP 10A Annex 4D

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

Please note: this form does NOT need to be completed for individuals who only hold a CF30 function.

Name of *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

¹⁰ See definition in the FCA Handbook Glossary and the PRA Rulebook Glossary of *small non-directive insurer*.

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable
Small non-directive insurers: Scope of Responsibilities

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* 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

† 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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable
Small non-directive insurers: *Scope of Responsibilities*

A Scope of Responsibilities should be drafted to clearly show the responsibilities that the *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 Manager Function (SIMF) 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 a 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 *controlled functions* which the *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 Insurance – Senior Insurance Management Functions 2.6 - 2.7 of the *PRA* Rulebook.

Function	Description of a controlled function	Tick (if applicable)	Effective Date
SIMF 25	Small Insurer Senior Manager		
SIMF 20	Actuarial Function Holder*		
SIMF 21	With-profits Actuary*		
CF 1	Director		
CF 3	Chief Executive Officer*		
CF 5	Director of unincorporated association		
CF 6	Small friendly society function		
CF 10	Compliance Oversight function*		
CF 10a	CASS Operational Oversight function		

† 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 of the *FCA* Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook as applicable

CF 11	Money Laundering Reporting function*		
CF 29	Significant Management function		
CF 30	Customer 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.

† 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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable
Small non-directive insurers: Scope of Responsibilities

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 person performing SIMFs or 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. If the individual has not been allocated a prescribed responsibility, please go to section 3.3.

Ref	Prescribed Responsibilities	Tick if applicable
1	Business plan and management information	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4:	
2	Financial resources	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4:	
3	Legal & regulatory obligations	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4:	
4	Oversight of proportionate systems & controls, and risk management.	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4:	

→ I have supplied further information related to this page in Section 4 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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable
Small non-directive insurers: Scope of Responsibilities

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

[†] 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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable
Small non-directive insurers: Scope of Responsibilities

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 or SIF is to be responsible as part of their *FCA* and/or *PRA* controlled function(s) or key function(s) role.

Responsibility		Yes/ No
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4:	
	Is this responsibility divided with another SIMF or SIF 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

† 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 of the *FCA* Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook as applicable
 Small non-directive insurers: Scope of Responsibilities

4.1 Is there any other information the *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 of the *FCA Handbook* and/or in the *Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook* as applicable
Small non-directive insurers: Scope of Responsibilities



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Form E

Internal transfer of an approved person (small non-directive insurers only¹¹)

FCA Handbook Reference: SUP 10A Annex 8D

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

¹¹ See definition of *small non-directive insurer* in the FCA Handbook Glossary and the PRA Rulebook Glossary.

[†] 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable

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 <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 25	Small Insurer Senior Manager		
SIMF 20	Actuarial Function Holder		
SIMF 21	With-profits Actuary		
CF 1	Director		
CF 3	Chief Executive Officer		
CF 5	Director of unincorporated association		
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		
CF 30	Customer Function		

† 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable

- 5.01
- 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 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.)
 - Organisational chart

Question	Information

† 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 of the FCA Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook as applicable
 Form E – Internal transfer of an approved person: small non-directive insurers only

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 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 Responsibilities¹² 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 (*COCOM*) and/or *PRA* Rulebook: Insurance – Conduct Standards 2.

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

6.01 *Candidates* full name †

6.02 Signature†

Date†

¹² 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 of the *FCA* Handbook and/or in the Non-Solvency II Firms - Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook as applicable
Form E – Internal transfer of an approved person: small non-directive insurers only

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 FIT¹³ that the candidate is a fit and proper person to perform the controlled function(s) listed in section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required 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 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*.
- 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 (COCON) and/or *PRA* Conduct Rules (as applicable).
- d) I confirm that that the Scope of Responsibilities 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.¹⁴

6.03 Name of the *firm* submitting the application†

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

6.05 Job title†

6.06 Signature†

Date†

¹³ The FIT Sourcebook sets out the criteria that the *FCA* and/or *PRA* will consider when assessing the fitness and propriety of a candidate for a controlled function. <https://fshandbook.info/FS/html/FCA/FIT>.

¹⁴ This is not applicable to candidates for controlled function CF30 only.



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Application number
(for FCA/PRA use only)

Grandfathering Notification Form (Form K) Large non-directive insurers only¹

FCA Handbook Reference: SUP TP7

PRA Rulebook Reference: PRA Rulebook: Non Solvency II Firms: Large Non-Solvency II Firms – Senior Insurance Managers Regime – Technical Provisions.

Please note: this form does NOT need to be completed for approved persons who are currently only performing an FCA *controlled function* and it is intended will continue only to hold the same FCA *controlled function* following grandfathering (see SUP TP 7.2.1R). Also, information does NOT need to be provided in relation to the CF1 function where an individual is currently approved to perform *governing function* PRA CF1 and who will after 7 March 2016 perform *governing function* FCA CF1 but not any of the PRA SIMF functions (see PRA Rulebook: Non Solvency II Firms: Large Non-Solvency II Firms – Senior Insurance Management Functions) as FCA grandfathering will automatically convert the PRA CF1 to an FCA CF1. If a firm intends that any individual will not perform any *controlled function* that they would be eligible to take up through grandfathering (including those functions where information is not required to be submitted in this form, as set out above) it should submit a Form C (notice of ceasing to perform *controlled functions*) accordingly.

Name of firm

Firm Reference Number (FRN)

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

¹Please see the definition of *large non-directive insurer* in PRA Rulebook: Glossary

Contact for this notification

1.01 Title	
1.02 First Name	
1.03 Surname	
1.04 Job Title	
1.05 Business address	
1.06 Post code	
1.07 Phone number (including STD code)	
1.08 Email address	
1.09 Mobile No	
1.10 Fax No.	

2.01 Provide details of each *approved* person who will, from 7 March 2016, perform any of the *controlled functions* set out in column 2 of Part 1 of the tables in *FCA rule SUP TP 7.2.3R* or in column 2 in the Table of Equivalent Functions for Grandfathering in *PRA Rulebook: Large Non-Solvency II Firms – Senior Insurance Managers Regime – Transitional Provisions*². Also provide details of which of those *controlled functions* are to be carried out by each such *approved person*. **If this is an update to a previous grandfathering notification please complete section 3.**

IRN	Name of individual
Current Controlled Function	Proposed Controlled Function(s)

IRN	Name of individual
Current Controlled Function	Proposed Controlled Function(s)

IRN	Name of individual
Current Controlled Function	Proposed Controlled Function(s)

²Details are not required for approved persons who are currently only performing an *FCA controlled function* and it is intended will continue only to hold the same *FCA controlled function* following grandfathering (see *SUP TP 7.2.1R*). Also, information does NOT need to be provided in relation to the CF1 function where an individual is currently approved to perform *governing function* PRA CF1 and who will post 7 March 2016 perform *governing function* FCA CF1 but not any of the PRA SIMF functions (see *PRA Rulebook: Large Non-Solvency II Firms: Senior Insurance Management Functions*) as *FCA* grandfathering will automatically convert the PRA CF1 to an FCA CF1. If a firm intends that any individual will not perform any *controlled function* that they would be eligible to take up through grandfathering (including those functions where information is not required to be submitted in this form, as set out above) it should submit a Form C (notice of ceasing to perform *controlled functions*) accordingly.

2.02 If you have submitted any applications for approval of individuals to perform one or more *controlled functions* that are currently subject to determination by the *FCA* and/or *PRA*, and any of these individuals who will from 7 March 2016 perform any of the *controlled functions* set out in column 2 of the tables in *FCA* rule *SUP TP 7.2.3R* or in column 2 in the Table of Equivalent Functions for Grandfathering in *PRA Rulebook: Large Non-Solvency II Firms: Senior Insurance Managers Regime – Transitional Provisions*³, provide details of which of those *controlled functions* are to be carried out by each such *approved person*. **For the purpose of this section, you should assume that the *FCA* and/or *PRA* will approve the application that is subject to determination before the commencement date, and that the individual will therefore be eligible for grandfathering. If this is an update to a previous grandfathering notification please complete section 3.**

IRN [or application ref]	Name of individual
Controlled Function applied for	Proposed Controlled Function(s)

IRN [or application ref]	Name of individual
Controlled Function applied for	Proposed Controlled Function(s)

IRN [or application ref]	Name of individual
Controlled Function applied for	Proposed Controlled Function(s)

³ Details are not required in relation to candidates to perform an *FCA controlled function* where it is intended that they will only hold the same *FCA controlled function* following grandfathering. Also, information does NOT need to be provided in relation to the *CF1* function where a candidate for approval to perform governing function *PRA CF1* who will post 7 March 2016 perform *governing function FCA CF1* but not any of the *PRA SIMF* functions (see *PRA Rulebook: Large Non-Solvency II Firms: Senior Insurance Management Functions*) as *FCA* grandfathering will automatically convert the *PRA CF1* to an *FCA CF1*.

3.00 If you need to update a previous grandfathering notification, please provide details of updates to the *firm's* Grandfathering Notification Form below.

IRN	Name of individual
<i>Controlled Function</i>	<i>Proposed Controlled Function(s)</i>
Details of change and reasons for such change.	

IRN	Name of individual
<i>Controlled Function</i>	<i>Proposed Controlled Function(s)</i>
Details of change and reasons for such change.	

Declaration

In this declaration, the *firm* making the notification in relation to each individual is referred to as the “**applicant**”. The applicant must ensure that it has the authority of each individual in relation to whom it is making a notification for grandfathering to a *controlled function* to cause the information contained in this form relating to such individual to be submitted, and that it has made each such individual aware of his/her prospective regulatory responsibilities as set out in the *FCA’s Code of Conduct (COCON)* and/or the *PRA Rulebook: Large Non-Solvency II Firms – Conduct Standards* (as applicable).

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).

The applicant 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).

For the purpose 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.

In addition to other regulatory responsibilities, *firms* and *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.

The person signing on behalf of the applicant confirms that:

- he or she has read this declaration in full;
- he or she has confirmed that the information supplied is accurate and complete to the best of the his/her knowledge.

Name of the *applicant*

Name of *person* signing on behalf of the *applicant*

Position

Signature

Date



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PRUDENTIAL REGULATION
AUTHORITY



Long Form A – Large non-directive insurers only⁴

Application to perform controlled functions

FCA Handbook Reference: SUP 10A Annex 4D

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

⁴ Please see the definition of large non-directive insurer in *PRA Rulebook*: Glossary

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*

1.12 Phone number

A grey rectangular box used to redact the phone number.

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook
Long Form A – Large non-directive insurers only: Application to perform controlled functions

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)

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook
 Long Form A – Large non-directive insurers only: Application to perform controlled functions

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 <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		
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		
CF 30	Customer Function		

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook

Disclosure Note:

We require firms to disclose all relevant information relating to a *candidate's* fitness and propriety. If there is any doubt about the relevance of the information, the information should be disclosed. The *FCA/PRA* takes non-disclosure very seriously and may consider it to be evidence of dishonesty and/or lack of integrity. In all circumstances, disclosures should be full, frank and unambiguous; if in doubt, disclose. In the event that a *candidate* discloses adverse information to the applicant firm (or the applicant firm knows of adverse information by some other means) the applicant *firm* has a duty to disclose that information candidly to the *FCA/PRA* and explain why the applicant *firm* considers this does not affect the *candidate's* fitness and propriety (this paragraph should be read in conjunction with the information on disclosure in the guidance notes corresponding to this form). Questions 5.03.4 5.04.11 and 5.05.2 – 5.05.4, do not have to be answered for *candidates for controlled function* CF30 only.

5.03 Business and Employment Matters

5.03.4 Has the *candidate* ever participated in an arbitration board?

YES NO



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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook
 Long Form A – Large non-directive insurers only: Application to perform controlled functions

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 –

I Been on a board of directors in an operating undertaking that has not been granted a release from liability?

YES NO



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

YES NO

5.05.2 Does the candidate have, or know of, any:

a

Qualifying ownership⁵ or any other form of substantial influence in the *firm* or 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

b

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

YES NO

c

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

YES NO

d

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 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

YES NO

⁵ 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'.

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook
Long Form A – Large non-directive insurers only: Application to perform controlled functions

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.



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

YES

NO

5.05.5

For PRA functions only: Has / Have a reference or references been obtained from current and previous employer(s) in accordance with the requirements of the PRA as set out in 2.5 in Insurance- Fitness and Propriety

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

Please note that for candidates for PRA controlled functions, a firm is required to take reasonable steps to obtain appropriate references from any current or previous employer of the candidate, or at any organisation at which the candidate is or was a non-executive director during the last 5 years (see Insurance- Fitness and Propriety 2.5 in the PRA Rulebook).

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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook

6.01

- 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* 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.)
 - 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

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the PRA Rulebook
 Long Form A – Large non-directive insurers only: Application to perform controlled functions

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. 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 *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* are 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 *FCA* and/or *PRA* 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 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 *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* 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 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.

The *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: Large Non-Solvency II Firms – 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*, and 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.

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

7.01 *Candidate's full name*[†]

7.02 Signature^{*}

Date[†]

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

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Long Form A – Large non-directive insurers only: Application to perform controlled functions

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. 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 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).

In addition to other regulatory responsibilities, *firms*, and 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.

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 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) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the *candidate* is competent to fulfil the duties required 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: Large Non-Solvency II Firms – 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* which it is intended that the *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*:

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 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* signing on behalf of the *firm*[†]

7.05 Job title[†]

7.06 Signature^{*}

Date[†]

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

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA* Rulebook
Long Form A – Large non-directive insurers only: Application to perform controlled functions



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Short Form A – large non-directive insurers only⁸

Application to perform controlled functions


FCA Handbook Reference: SUP 10A Annex 4D

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

⁸ Please see the definition of *large non-directive insurer* in PRA Rulebook: Glossary

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook

1.12 Phone number

A grey rectangular box used to redact the phone number.

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	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
<hr/>		
<i>c</i>	<i>Contract for services</i>	<input type="checkbox"/>
<hr/>		
<i>d</i>	<i>Partner</i>	<input type="checkbox"/>
<hr/>		
<i>e</i>	<i>Other</i>	<input type="checkbox"/>
	Give details	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
<hr/>		

Proposed date of appointment

Length of appointment (if applicable)

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook
 Short Form A – Large non-directive insurers only: Application to perform controlled functions

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 <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		
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 10	Compliance Oversight function		
CF 5	Director of unincorporated association function		
CF 6	Small friendly society function		
CF 10a	CASS Operational Oversight function		
CF 11	Money Laundering Reporting function		
CF 29	Significant Management function		
CF 30	Customer Function		

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook

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

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

For *PRA* functions only: Has / Have a reference or references been obtained from current and previous employer(s) in accordance with the requirements of the *PRA* as set out in Insurance- Fitness and Propriety 2.5.

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

Please note that for candidates for PRA controlled functions, a firm is required to use reasonable efforts to obtain a reference from any previous employer of the candidate, or any organisation at which the candidate is or was a non-executive director during the last 5 years (see Insurance- Fitness and Propriety 2 in the PRA Rulebook).

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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook
Short Form A – Large non-directive insurers only: Application to perform controlled functions

6.01

- 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 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.)
 - 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

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook
 Short Form A – Large non-directive insurers only: Application to perform controlled functions

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 Responsibilities⁹ accurately reflects the aspects of the affairs of the 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 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.

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: Large Non-Solvency II Firms – 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, and 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 and/or individuals.

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

7.01 *Candidate's full name*[†]

7.02 Signature^{*}

Date[†]

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

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the *PRA Rulebook*
Short Form A – Large non-directive insurers only: Application to perform controlled functions

Declaration of 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 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, and 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 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 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) listed in section 3. The *firm* also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required 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: Large Non-Solvency II Firms – Conduct Standards (as applicable).

The applicant confirms that the Scope of Responsibilities¹⁰ 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.

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*:

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 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* signing on behalf of the *firm*[†]

¹⁰This 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 SUP 15.7.4R- 15.7.9G or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook
Short Form A – Large non-directive insurers only: Application to perform controlled functions

7.05 Job title[†]

7.06 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 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the PRA Rulebook
Short Form A – Large non-directive insurers only: Application to perform controlled functions



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

Large non-directive insurers¹¹: 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*[†]
(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

¹¹ 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* 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

A Scope of Responsibilities should be drafted to clearly show the responsibilities that the *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 a 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 *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*		
SIMF 14	Senior Independent Director*		
SIMF 20	Chief Actuary*		

† 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
 Large non-directive insurers– Scope of responsibilities

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
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 performing SIMFs or 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, please go to section 3.3.

Ref	Prescribed Responsibilities	Tick if applicable
1	Ensuring that the firm has complied with the obligation to ensure that every person who performs a key function is fit and proper	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	
2	Leading the development of the <i>firm's</i> culture by the governing body as a whole	
	Is this responsibility shared with another SIMF or SIF? 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 SIMF or SIF? 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 SIMF or SIF? 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 SIMF or SIF? 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	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	
7	Performance of the <i>firm's</i> Own Risk and Solvency Assessment (ORSA)	
	Is this responsibility shared with another SIMF or SIF? 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	
	Is this responsibility shared with another SIMF or SIF? 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 (other than members of the <i>firm's</i> governing body)	
	Is this responsibility shared with another SIMF or SIF? 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	

Ref	Prescribed Responsibilities	Tick if applicable
	raising concerns	
	Is this responsibility shared with another SIMF or SIF? 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 SIMF or SIF? If 'yes' please provide further details in section 4.	



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

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 SUP15.7.4- 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
Large non-directive insurers– Scope of responsibilities

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

† 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
Large non-directive insurers– Scope of responsibilities

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 or SIF is to be responsible as part of their *FCA* and/or *PRA* controlled function(s) or key function(s) role.

Responsibility		Yes/ No
	Is this responsibility shared with another SIMF or SIF If 'yes' please provide further details in section 4:	
	Is this responsibility divided with another SIMF or SIF 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

[†] 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
 Large non-directive insurers– Scope of responsibilities

4.1 Is there any other information the *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 in the Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications Part of the *PRA Rulebook* as applicable
 Large non-directive insurers– Scope of responsibilities



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Form E

Internal transfer of an approved person (for large non-directive insurers only¹²)

FCA Handbook Reference: SUP 10A Annex 8D

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

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Form E – Internal transfer of an approved person (for large non-directive insurers only)

1.12

Phone number

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Form E – Internal transfer of an approved person (for large non-directive insurers only)

4.01 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"/>
<hr/>		
	Name of group	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
<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	<div style="background-color: #cccccc; width: 100%; height: 15px;"></div>
<hr/>		

Proposed date of appointment

Length of appointment (if applicable)

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
 Form E – Internal transfer of an approved person (for large non-directive insurers only)

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 <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		
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		
CF 30	Customer Function		

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Form E – Internal transfer of an approved person (for large non-directive insurers only)

4.03 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 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 SUP 15.7.4R- 15.7.9G or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Form E – Internal transfer of an approved person (for large non-directive insurers only)

- 5.01**
- 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 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.)
 - Organisational chart

Question	Information

† 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
 Form E – Internal transfer of an approved person (for large non-directive insurers only)

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 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 Responsibilities¹³ 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 (*COCOM*) and/or *PRA Rulebook: Large Non-Solvency II Firms – 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[†]

¹³ This is not applicable to candidates for *controlled function* CF30 only.

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*
Form E – Internal transfer of an approved person (for large non-directive insurers only)

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 is a fit and proper person to perform the controlled function(s) listed in section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required 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: Large Non-Solvency II Firms – 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.¹⁴

6.03 Name of the *firm* submitting the application[†]

6.04 Name of *person* signing on behalf of the *firm*[†]

6.05 Job title[†]

6.06 Signature^{*}

Date[†]

¹⁴ This is not applicable to candidates for *controlled function* CF30 only.

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

[†] 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 or in the Large Non-Solvency II Firms – Senior Insurance Managers Regime - Applications and Notifications Part of the *PRA Rulebook*

Form E – Internal transfer of an approved person (for large non-directive insurers only)