



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

Branch Notification Form

Firm Name:

Firm Reference Number (FRN):

Purpose of this form

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

Important information you should read before completing this form

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

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

Filling in the form

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

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



1. Contact details

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

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



2. Details about the branch

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

Yes

No

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

Yes

No

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

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

Address:	
Telephone number:	Fax number:

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

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

Title	Forenames	Surname

Note to Question 2.5

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

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

Date	dd/mm/yy
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2.7 Is there any other information that you wish to provide in relation to the branch?

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3. Insurance Mediation Directive (IMD)

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

The <i>firm</i> intends to carry on <i>insurance mediation</i> in the <i>EEA State</i> identified in section 2 by establishing a <i>branch</i> .	<input type="checkbox"/>
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4. Solvency II Directive – Long-Term Insurance Business

Note to question 5.1

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

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

Name of agent:
If applicable, confirmation that agent has power to accept service of proceedings on behalf of the underwriters at the <i>Society's</i> <input type="checkbox"/>

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

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

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



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

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



4.6 Please confirm you have attached the following.

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



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



5. Solvency II Directive – General Insurance Business

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

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

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

Classes of Business		
1.	Accident	<input type="checkbox"/>
2.	Sickness	<input type="checkbox"/>
3.	Land Vehicles	<input type="checkbox"/>
4.	Railway Rolling Stock	<input type="checkbox"/>
5.	Aircraft	<input type="checkbox"/>
6.	Ships	<input type="checkbox"/>
7.	Goods in Transit	<input type="checkbox"/>
8.	Fire and Natural Forces	<input type="checkbox"/>
9.	Damage to Property	<input type="checkbox"/>
10.	Motor Vehicle Liability	<input type="checkbox"/>
11.	Aircraft Liability	<input type="checkbox"/>
12.	Liability for Ships	<input type="checkbox"/>
13.	General Liability	<input type="checkbox"/>
14.	Credit	<input type="checkbox"/>
15.	Suretyship	<input type="checkbox"/>
16.	Miscellaneous Financial Loss	<input type="checkbox"/>
17.	Legal Expenses	<input type="checkbox"/>
18.	Assistance	<input type="checkbox"/>



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

Note to Question 6.3

i. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned at question 6.3.

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

ii If the *firm* covers (or intends to cover) **health insurance**, please provide technical bases used, or to be used, for calculating premiums in respect of such risks in question 6.3.

iii If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 6.3 the option chosen from those described in Article 200 of the Solvency II Directive.

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

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



5.6 Please confirm you have attached the following.

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



viii. The sources of business in the <i>EEA State</i> concerned (for example, insurance brokers, agents, own employees or direct selling) with the approximate percentage expected from each of these sources.	Attached	<input type="checkbox"/>
ix. Copies or drafts of : a) Any separate reinsurance treaties covering business to be written in the <i>EEA State</i> concerned; b) Any standard agreements which the <i>UK firm</i> will enter into with brokers or agents in the <i>EEA State</i> concerned; and c) Any agreements which the <i>UK firm</i> will enter into with <i>persons</i> (other than employees of the <i>UK firm</i>) who will manage the business to be carried on in the <i>EEA State</i> concerned.		
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
	Attached	<input type="checkbox"/>
x. Copies or drafts of any agreements which the <i>UK firm</i> will have with main agents in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>



6. Solvency II Directive – Reinsurance

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

Life reinsurance business	<input type="checkbox"/>
Non-life reinsurance business	<input type="checkbox"/>

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



7. Declaration

Knowingly or recklessly giving the FCA and or the PRA information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). The Notifications Part of the PRA Rulebook and the FCA's SUP 15.6.1R and SUP 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FCA/PRA and to notify the FCA/PRA immediately if materially inaccurate information has been provided.

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

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

Data Protection

For the purpose of complying with the Data Protection Act 1998, the personal information in this Form may be used by the FCA/PRA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation and will not be disclosed for any other purpose without the permission of the applicant.

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

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

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

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

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

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

Name	
Position	
IRN (if applicable)	
Signature	
Date	