



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY

Cross Border Services 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 provide cross border services in another EEA State.
- You may also use this form if you are a UK firm that wishes to notify the PRA of changes to the details of its current cross border services

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into the territory of another *EEA State* subject to the conditions of one of the *Single Market Directives* (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 legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

The PRA gives more information on the passporting process on its website: www.bankofengland.co.uk. The FCA gives guidance on this in Chapter 13 of the Supervision manual (*SUP*). 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, 3 and 8. Sections 4-7 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	
Fax number	
Email address	



2. Notification details

2.1 Are you looking to:

- Add a new passport
- Change/amend an existing passport
- Cancel an existing passport



3. Details of the services to be provided

3.1 Please indicate the *EEA State(s)* into which services are to be provided.

Note to question 3.1
UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an EEA State include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Republic of Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Croatia	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

3.2 If the *firm* intends to provide services into more than one EEA State, will these services vary for each State? Yes

No

3.3 Tell us the proposed date for the business to start.

Date	dd/mm/yy
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3.4 Are there any timing factors that the PRA should consider when processing the notification?



4. Solvency II Directive– Long-Term Insurance Business

4.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 3.2 was ‘Yes’ please complete a separate matrix for each *EEA State*).

Note to question 4.1
If you are adding additional activities to an existing passport tick the new activity/activities that are required.

If you are removing activities from an existing passport tick the activity/activities you wish to remove.

EEA State		
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.	Pensions Fund Management	<input type="checkbox"/>
VIII.	Collective Insurance	<input type="checkbox"/>
IX.	Social Insurance	<input type="checkbox"/>

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



5. Solvency II Directive – General Insurance Business

5.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 3.2 was 'Yes', please complete on a separate matrix for each *EEA State*).

EEA State:

Note to question 5.1

If you are looking to add classes of business to an existing passport tick the class/classes of business you wish to add only

If you are looking to remove classes of business tick the class/classes of business you wish to remove

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 (refer to note 5.2.1)	<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 (refer to note 5.2.3)	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>



5.2

You must provide details of the nature of the risks to be covered in the *EEA State(s)* concerned.

Note to question 5.2

1. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide the following additional information in this section (if required by the *EEA State* concerned as part of the *consent* notice):

The name and address of the claims representative; and

Details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned.

Note: 'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*. 'Claims representative' has the meaning given to it in the *EEA Passport Rights Regulations*.

2. 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 this section.

3. If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 4.2 the option chosen from those described in Article 200 of the Solvency II Directive.

Empty response box for providing details of risks.



6. Insurance Mediation Directive (IMD)

6.1 You must 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 EEA State(s) identified in section 3 by providing <i>cross border services</i> .	<input type="checkbox"/>
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6.2 If this form is in respect of one or more Appointed Representative(s) of the firm then please list below the name(s) and firm reference number(s) of those Appointed Representatives:

Firm Reference Number	
Name of Company	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
County	
Town	
Postcode/ZIP	
EEA State	
Phone Number (incl STD code)	
Email Address	
Mobile Number	
Fax Number	



7. Declaration

Warning

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.

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

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.

Declaration

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 sure 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	



Annex 1 – Tied Agent Notification Form

This form should be used to notify the PRA when a *UK firm* intends to use a *tied agent established* in the territory of another *EEA state*.

Tied Agent Details	
1. Name of Tied Agent	
2. Address of Tied Agent	
3. Trading name(s) of Tied Agent, if different to name given in question 1 above	
4. Telephone number of Tied Agent	
5. Fax number of Tied Agent	
6. Email of Tied Agent	
7. Website of Tied Agent	
8. Legal Status of Tied Agent	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other, please specify below
9. Date of commencement of agreement with your firm	