



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FCA/PRA use only)

Grandfathering Notification Form (Form K)

Solvency II firms only¹

FCA Handbook Reference: SUP TP7

PRA Rulebook Reference: PRA Rulebook: Solvency II firms: Senior Insurance Managers Regime - Transitional Provisions

Please note: for Solvency II firms 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: Solvency II firms: Senior Insurance Managers Regime – Transitional Provisions) 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 <http://www.fca.org.uk>
Registered as a Limited Company in England and Wales
No 1920623. Registered Office as above

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

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

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 tables in FCA rule SUP TP 7.2.3R or in column 2 in the Table of Equivalent Functions for Grandfathering in *PRA Rulebook: 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)

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: Solvency II firms: Senior Insurance Managers Regime – Transitional Provisions*) 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.

As further information is not being requested in relation to the CF1 function where a person is currently approved to perform PRA CF 1 (director function) and will be performing the post-implementation FCA CF 1 (director) function and not any of the PRA SIMF functions, then this form is notification by your firm that that person will perform the FCA CF 1 function post implementation unless the firm submits a Form C (see FCA Handbook SUP 7.3.3D(5)). The declaration at the end of the form is therefore a declaration by the firm to that effect.

IRN	Name of individual
Current <i>Controlled Function</i>	Proposed <i>Controlled Function(s)</i>

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: 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
<i>Controlled Function</i> applied for	Proposed <i>Controlled Function(s)</i>

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

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: Solvency II firms: Senior Insurance Managers Regime – Transitional Provisions*) as *FCA* grandfathering will automatically convert the *PRA CF1* to an *FCA CF1*.

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

2.03 If there are one or more individuals currently approved to perform PRA *controlled function* CF2 who will remain at the firm in the capacity of a *non-executive director* following commencement date, and such individuals are not listed above in section 2.01, please list them below

IRN	Name of individual

2.04 If you have submitted any applications for approval of individuals to PRA *controlled function* CF2 under the approved persons regime that are currently subject to determination by the *FCA* and/or *PRA*, who will remain at the firm in the capacity of a *non-executive director* following commencement date, and such individuals are not listed above in section 2.02, please list them below.

IRN	Name of individual

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 (COCOM)* and/or the *PRA Rulebook: Solvency II firms: Insurance – Conduct Standards* (as applicable).

This form is the applicant’s notification that any *person* currently performing *PRA CF1* (director function) will continue to perform *FCA CF1* (director function) post-implementation **unless**:

- (1) the applicant has notified in this form that the *person* will be performing a new *PRA Senior Insurance Manager Function*; or
- (2) the applicant has submitted a Form C for that *person* in relation to the *PRA CF1* function.

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