



BANK OF ENGLAND  
PRUDENTIAL REGULATION  
AUTHORITY



Application number  
(for FCA/PRA use only)

The FCA and PRA have produced notes which will assist both the applicant and the *candidate* in answering the questions in this form. Please read these notes, which are available on the FCA and PRA's websites at

<https://www.handbook.fca.org.uk/handbook/SUP/10A/Annex8.html>  
[www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA).

Both the applicant and the *candidate* will be treated by the FCA and PRA as having taken these notes into consideration when completing this form.

## Form E

### Internal transfer of an approved person (for large non-directive insurers only<sup>1</sup>)

FCA Handbook Reference: SUP 10A Annex 8D

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

Name of *candidate*<sup>†</sup>  
(to be completed by applicant *firm*)

Name of *firm*<sup>†</sup>  
(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](mailto: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](mailto:PRA-ApprovedPersons@bankofengland.co.uk)  
Website [www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)

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

<sup>†</sup> 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)

**Personal identification 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 †

1.06 National Insurance number †

1.07 Phone 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 application?

b Position

c Telephone

d Fax

e E-mail



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

YES

NO

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**Controlled functions to cease** **Section 3**

**3.01** List all *controlled functions* which the approved person is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

	FRN <sup>†</sup>	Name of <i>firm</i> <sup>†</sup>	<i>Controlled function</i> <sup>†</sup>	Effective date <sup>†</sup>
a				
b				
c				
d				
e				

➔ I have supplied further information related to this page in Section 7<sup>†</sup> YES  NO

<sup>†</sup> 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)

**New arrangements and controlled functions**

**Section 4**

**4.01** Nature of the arrangement between the candidate and the applicant.

a Employee

---

b Group employee

Name of group

---

c Contract for services

---

d Partner

---

e Other

Give details

Proposed date of appointment

Length of appointment (if 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 1	Chief Executive officer	<input type="checkbox"/>	
SIMF 2	Chief Finance function	<input type="checkbox"/>	
SIMF 4	Chief Risk officer	<input type="checkbox"/>	
SIMF 5	Head of Internal Audit	<input type="checkbox"/>	
SIMF 7	Group Entity Senior Insurance Manager	<input type="checkbox"/>	
SIMF 9	Chairman	<input type="checkbox"/>	
SIMF 10	Chair of the Risk Committee	<input type="checkbox"/>	
SIMF 11	Chair of the Audit Committee	<input type="checkbox"/>	

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Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 12	Chair of the Remuneration Committee	<input type="checkbox"/>	
SIMF 14	Senior Independent Director	<input type="checkbox"/>	
SIMF 20	Chief Actuary	<input type="checkbox"/>	
SIMF21	With-profits Actuary	<input type="checkbox"/>	
SIMF22	Chief Underwriting Officer function	<input type="checkbox"/>	
CF 1	Director	<input type="checkbox"/>	
CF 2a	Chair of the Nomination Committee	<input type="checkbox"/>	
CF 2b	Chair of the With-Profits Committee	<input type="checkbox"/>	
CF 5	Director of unincorporated association function	<input type="checkbox"/>	
CF 6	Small friendly society function	<input type="checkbox"/>	
CF 10	Compliance Oversight function	<input type="checkbox"/>	
CF 10a	CASS Operational Oversight function	<input type="checkbox"/>	
CF 11	Money Laundering Reporting function	<input type="checkbox"/>	
CF 29	Significant Management function	<input type="checkbox"/>	
CF 30	Customer Function	<input type="checkbox"/>	

4.03 Job title

**Insurance distribution**

Will the *candidate* be responsible for Insurance distribution 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))

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**4.04** List all *firms* within the *group* (including the *firm* entered in 2.01) for which the applicant requires approval and the requested *controlled function* for that *firm*.<sup>†</sup>

	<b>Firm Reference Number</b>	<b>Name of firm</b>	<b>Controlled function</b>	<b>Job title (mandatory)</b>	<b>Effective date</b>
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					



I have supplied further information related to this page in Section 5<sup>†</sup> YES  NO

**4.05**

Has / Have a reference or references been obtained from current or previous employer(s) in accordance with the requirements of the *PRA* or *FCA*?

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

*Please note that a firm is required to use reasonable steps to obtain an appropriate reference from any current or previous employer of the candidate during the last 6 years (see SYSC 22 and Fitness and Propriety 2 in the PRA Rulebook). Employer has an extended meaning for these purposes.*

YES  NO



I have supplied further information related to this page in Section 6 YES  NO

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- 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 *candidate*.

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 Responsibilities<sup>2</sup> 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 (*COCON*) 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<sup>†</sup>

6.02 Signature<sup>\*</sup>

Date<sup>†</sup>

<sup>2</sup> This is not applicable to *candidates* for *controlled function* CF30 only.

<sup>\*</sup> The above question(s) appears on a paper form submission only. That question does not appear on an electronic form submission.

<sup>†</sup> 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)



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.<sup>3</sup>

6.03 Name of the *firm* submitting the application<sup>†</sup>

6.04 Name of person signing on behalf of the *firm*<sup>†</sup>

6.05 Job title<sup>†</sup>

6.06 Signature<sup>\*</sup>

Date<sup>†</sup>

<sup>3</sup> This is not applicable to *candidates* for *controlled function* CF30 only.

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