



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 both FCA and PRA websites at:

<https://www.handbook.fca.org.uk/handbook/SUP/10A/Annex4.html>

<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.

## Short Form A – Large non-directive insurers only<sup>1</sup>

### 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

7 March 2016

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

Name of *firm*<sup>†</sup>  
(as entered in 2.01)

Firm reference number<sup>†</sup>  
(as entered in 2.02)

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 [www.fca.org.uk](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  
E-mail [PRA-  
ApprovedPersons@bankofengland.co.uk](mailto:PRA-ApprovedPersons@bankofengland.co.uk)  
Website [www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)

<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## Personal identification details

## Section 1

1.01 a	Candidate Individual Reference Number (IRN) <sup>†</sup>	
b	OR name of previous regulatory body <sup>†</sup>	
c	AND previous reference number (if applicable) <sup>†</sup>	
1.02	Title (e.g. Mr, Mrs, Ms, etc) <sup>†</sup>	
1.03	Surname <sup>†</sup>	
1.04	ALL forenames <sup>†</sup>	
1.05	Name commonly known by <sup>†</sup>	
1.06	Date of birth (dd/mm/yyyy) <sup>†</sup>	
1.07	National Insurance number <sup>†</sup>	
1.08	Previous name <sup>†</sup>	
1.09	Date of name change <sup>†</sup>	
1.10 a	Nationality <sup>†</sup>	
b	Passport number (if National Insurance number not available) <sup>†</sup>	
1.11	Place of birth <sup>†</sup>	

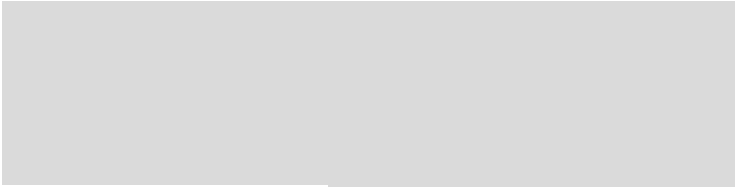


I have supplied further information related to this page in Section 6<sup>†</sup>



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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

**1.12 a** Private address<sup>†</sup> 

**b** Postcode<sup>†</sup> 

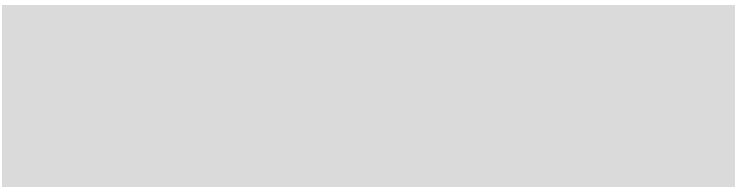
**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  To **PRESENT** 


(If address has changed in the last three years, please provide addresses for the previous three years.)


**1.13 a** Previous address 1<sup>†</sup> 

**b** Postcode<sup>†</sup> 

**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  To 

**1.14 a** Previous address 2<sup>†</sup> 

**b** Postcode<sup>†</sup> 

**c** Dates resident at this address (mm/yyyy)<sup>†</sup> From  To 

**1.15** Phone number 



I have supplied further information related to this page in Section 6<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## Firm identification details

## Section 2

2.01	Name of <i>firm</i> making the application	
2.02	Firm Reference Number (FRN)	
2.03 a	Who should the <i>FCA/PRA</i> contact at the <i>firm</i> 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<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## New arrangements and controlled functions

## Section 3

**3.01** 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)

**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	<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"/>	
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"/>	

<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
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 10	Compliance Oversight function	<input type="checkbox"/>	
CF 5	Director of unincorporated association function	<input type="checkbox"/>	
CF 6	Small friendly society 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"/>	

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<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

**3.04 Complete this section only if the application is on behalf of more than one firm.**

List all firms within the group (including the firm entered in 2.01) for which the candidate 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</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 6<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## Employment History

## Section 4

This section has 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.



## Fitness and Propriety

## Section 5

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 request 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 – Fitness and Propriety)

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<sup>†</sup>

YES  NO

**5.05.5** Has / Have a reference or references been obtained from current and 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 efforts to obtain a reference from any previous employer of the candidate during the last 6 years (see SYSC 22 and Large Non-Solvency II Firms - Fitness and Propriety 2 in the PRA Rulebook). Employer has an extended meaning for these purposes.*

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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## Supplementary information for SIMF and SIF functions

## Section 6

6.00

- 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

<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions

## Declarations and signatures

## Section 7

### 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.

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 their 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 Responsibilities 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.

Where applicable, 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 the Financial Services and Markets Act 2000 (Service of Notice) Regulations (SI 2001/1420)) to serve any notices on the *candidate*.

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*.

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 the *PRA Rulebook*: Large Non-Solvency II Firms – 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 *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the Applicant and/or the *candidate*.

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

**7.01** Name of *candidate* / *approved person* (where applicable)

**7.02** Signature

Date

<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* 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 *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.

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 their powers under FSMA (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).

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 Applicant and/or the *candidate*.

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 requested the fullest information that it is lawfully able to obtain about the *candidate* under Part V of the Police Act 1997 and any related subordinate legislation of the *UK* or any part of the *UK*, and (where available) has given due consideration to that information in determining that *candidate* to be fit and proper.

In making this application the Applicant believes on the basis of due and diligent enquiry and, where applicable, by reference to the criteria in *FIT* in the *FCA Handbook* and/or the Fitness and Propriety sections in the *PRA Rulebook* that the *candidate* is a fit and proper person to perform the controlled function(s) listed in section 3.

The Applicant 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 *candidate* 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 the *PRA Rulebook: Large Non-Solvency II Firms – Conduct Standards*.

The Applicant confirms 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.

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 Applicant:

**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 Applicant, 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*.

<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions*

7.03	Name of the <i>firm</i> submitting the application <sup>†</sup>	
7.04	Name of <i>person</i> signing on behalf of the <i>firm</i> <sup>†</sup>	
7.05	Job title <sup>†</sup>	
7.06	Signature	
	Date <sup>†</sup>	

<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 Short Form A – Large non-directive insurers only: Application to perform controlled functions