

**PRA RULEBOOK: PASSPORTING INSTRUMENT [YEAR]**

**Powers exercised**

- A. The Prudential Regulation Authority (“PRA”) makes this instrument in the exercise of the following powers and related provisions in the Financial Services and Markets Act 2000 (“the Act”):
- (1) section 137G (The PRA’s general rules);
  - (2) section 137T (General supplementary powers);
  - (3) paragraphs 19(10) and 20(4C) of Schedule 3 (EEA Passport Rights) Part III (Exercise of passport rights by UK firms); and
  - (4) paragraph 5 (4) of Schedule 4 (Treaty Rights: Notice to UK regulator)
- B. The rule-making powers referred to above are specified for the purpose of section 138G(2) (Rule-making instrument) of the Act.

**Pre-conditions to making**

- C. In accordance with section 138J of the Act (Consultation by the PRA), the PRA consulted the Financial Conduct Authority. After consulting, the PRA published a draft of proposed rules and had regard to representations made.

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- D. The PRA makes the rules in Annex to this instrument.

**Commencement**

- E. This instrument comes into force on [DATE].

**Citation**

- F. This instrument may be cited as the PRA Rulebook: Passporting Instrument [Year].

**By order of the Board of the Prudential Regulation Authority**  
[DATE]

## Annex A

In this Annex, the text is all new and is not underlined.

Part

# PASSPORTING

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Chapter content

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## 1 APPLICATION AND DEFINITIONS

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1.1 Unless otherwise stated, this Part applies to a *UK firm* that is a *PRA-authorised person*.

1.2 In this Part, the following definitions shall apply:

*Cross border services*

Services provided within the territory of an *EEA State* other than the *United Kingdom* under the freedom to provide services.

*EEA Passport Rights Regulations*

means the Financial Services and Markets Act 2000 (EEA Passport Rights) Regulations 2001.

*EEA right*

includes Article 4 (3) of the Financial Services and Markets Act (2000) (Gibraltar) Order 2001.

*financial institution*

has the meaning in Article 4 (26) of the *CRR*.

*pure reinsurer*

means an *insurer* whose *insurance business* is restricted to reinsurance.

*UK firm*

includes a *financial institution* that fulfils the conditions in Article 34 *CRD*.

## 2 NOTICE OF INTENTION TO ESTABLISH A BRANCH

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2.1 This chapter applies to a *UK firm* other than a *pure reinsurer*.

2.2 A *UK firm* wishing to establish a *branch* within the territory of another *EEA State* for the first time under an *EEA right* derived from a *single market directive* other than the *CRD* must notify the *PRA* of its intention by submitting the form referred to in 10.1 (Branch Notification Form).

2.3 A *UK firm* wishing to establish a *branch* within the territory of another *EEA State* for the first time under an *EEA right* derived from the *CRD* must comply with the information requirements set out in Commission Delegated Regulation (EU) 1151/2014 and notify the *PRA* of its intention by submitting the form in Annex I of Commission Implementing Regulation (EU) 926/2014 and the form referred to in 10.3 (CRD Declaration).

## 3 UK PURE REINSURERS ESTABLISHING A BRANCH

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3.1 This chapter applies to a *pure reinsurer*.

3.2 A *pure reinsurer* establishing a *branch* within the territory of another *EEA state* for the first time under an *EEA right* derived from a *single market directive* must notify the *PRA* by

submitting the form referred to in 10.1 (Branch notification form). Whenever possible, this notification must be made as soon as the information specified in that form is known by the *firm*.

#### 4 NOTICE OF INTENTION TO PROVIDE CROSS BORDER SERVICES

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- 4.1 A *UK firm* intending to provide *cross border services* within the territory of another *EEA State* for the first time under an *EEA right* derived from a *single market directive* other than the *CRD* must notify the *PRA* of its intention by submitting the form referred to in 10.2 (Cross Border Services Notification Form).
- 4.2 A *UK firm* intending to provide *cross border services* within the territory of another *EEA State* for the first time under an *EEA right* derived from the *CRD* must comply with the information requirements set out in Commission Delegated Regulation (EU) 1151/2014 and notify the *PRA* of its intention by submitting the form in Annex V of Commission Implementing Regulation 926/2014 and the form referred to in 10.3 (CRD Declaration).

#### 5 NOTICE OF CHANGE OF DETAILS TO A BRANCH

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- 5.1 A *UK firm* other than a *pure reinsurer* exercising an *EEA right* derived from a *single market directive* other than the *CRD* that is required by the *EEA Passport Rights Regulations* to submit a notice of a change to a *branch* to the *PRA* must notify the *PRA* by submitting the form referred to in 10.1 (Branch Notification Form).
- 5.2 A *pure reinsurer* exercising an *EEA right* to establish a *branch* in another *EEA State* must notify the *PRA* of any change in the information specified in the Branch Notification Form at 10.1. Whenever possible, this notification must be made as soon as the change in information is known by the *firm*.
- 5.3
- (1) A *UK firm* that has exercised an *EEA right* under the *CRD* and established a *branch* in another *EEA State* must comply with the information requirements set out in Commission Delegated Regulation (EU) 1151/2014 and notify the *PRA* of a change to the *branch* by submitting the form in Annex I of Commission Regulation 926/2014 and the form referred to in 10.3 (CRD Declaration) except where the change relates to a planned termination of the operation of the *branch*.
- (2) A *UK firm* that has exercised an *EEA right* under the *CRD* and established a *branch* in another *EEA State* and that plans to terminate the operation of the *branch* must comply with the information requirements set out in Commission Delegated Regulation (EU) 1151/2014 and notify the *PRA* by submitting the form in Annex IV of Commission Implementing Regulation 926/2014 and the form referred to in 10.3 (CRD Declaration).

#### 6 NOTICE OF CHANGE OF DETAILS TO CROSS BORDER SERVICES

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- 6.1 A *UK firm* that is required by the *EEA Passport Rights Regulations* to submit a notice of a change to *cross border services* must notify the *PRA* by submitting the form referred to in 10.2 (Cross Border Services Notification Form).

## 7 FORM AND METHOD OF NOTIFICATION

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- 7.1 This Chapter applies to a *UK firm* other than a *credit union*.
- 7.2 A *UK firm* must submit any notice including a notice of changes under this Part or under the *EEA Passport Rights Regulations* by:
- (1) electronic mail to pra-passporting@bankofengland.co.uk; or
  - (2) post to the *PRA*: The Prudential Regulation Authority, 20 Moorgate, London, EC2R 6DA.0

## 8 RECORD KEEPING

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- 8.1 A *UK firm* which is exercising an *EEA right* must make a record of:
- (1) the services or activities it carries on from a *branch* in, or provides cross-border into, the territory of another *EEA State* under that *EEA right*; and
  - (2) the details relating to those services or activities as set out in the *EEA Passport Rights Regulations* or the Commission Delegated Regulation (EU) 1151/2014 and Commission Implementing Regulation (EU) 926/2014 as applicable.
- 8.2 A *UK firm* passporting under *MiFID* must retain the record under 8.1 for five years from the earlier of the date on which:
- (1) it was superseded by a more up-to-date record; or
  - (2) the *UK firm* ceased to have a *branch* in, or carry on *cross border services* into, the territory of any *EEA State* under an *EEA right*.
- 8.3 A *UK firm* passporting under any *EEA right* other than *MiFID* must retain the record under 8.1 for three years from the earlier of the date on which:
- (1) it was superseded by a more up-to-date record; or
  - (2) the *UK firm* ceased to have a *branch* in, or carry on *cross border services* into, any *EEA State* under an *EEA right*.

## 9 TREATY FIRMS

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- 9.1 The *PRA* directs that a written notice from a *Treaty firm* under paragraph 5 (2) of Schedule 4 to *FSMA* must be:
- (1) addressed to the attention of the authorisations team in the *PRA*; and
  - (2) delivered by one of methods set out in 9.2.
- 9.2 The *PRA* directs that the written notice referred to in 9.1 may be delivered by:
- (1) post to the *PRA*: The Prudential Regulation Authority, 20 Moorgate, London, EC2R 6DA; or
  - (2) leaving the application at the reception of the *PRA* at the address set out in (1).

- 9.3 Each direction in SUP 13A.3.7 of the *PRA Handbook* continues to have effect from the date the relevant direction was given to the date on which the direction in 9.1 and 9.2 has effect.

**10 FORMS**

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- 10.1 The Branch Notification Form can be found here (see Appendix 1a).
- 10.2 The Cross Border Services Notification Form can be found here (see Appendix 1b).
- 10.3 The CRD Declaration can be found here (see Appendix 1c).



BANK OF ENGLAND  
PRUDENTIAL REGULATION  
AUTHORITY

## Branch Notification Form

<p><b>Firm Name:</b></p> <p><b>FRN:</b></p>
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### 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 at [www.bankofengland.co.uk](http://www.bankofengland.co.uk). The FCA give 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 (unless the *UK firm* is a *subsidiary* of a *firm* which is a *credit institution* that meets the criteria set out in the *Capital Requirements Directive*).

### 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 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: <input style="width: 80%;" type="text"/>	Fax number: <input style="width: 80%;" type="text"/>

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 the names of all new managers.

**Note to Question 2.5**  
For a new Branch manager or changes to a Branch manager a CV should be included with the notification.

Title	Forenames	Surname

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

Date	<input style="width: 70%;" type="text" value="dd/mm/yy"/>
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2.5 Is there any other information that you wish to provide in relation to the Branch?

### 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 Markets in Financial Instruments Directive ('MiFID')

4.1

Please tick the appropriate boxes to show the *investment services* your firm will provide, together with the associated instruments.

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 6 for a full description of MiFID Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA state are required to complete Annex 1 at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.

<sup>§</sup>Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

		Tied Agent <sup>§</sup>														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	2	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	3	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	4	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	5	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	6	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	7	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	8	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	9	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								
	10	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>								

**Investment services and activities**

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

**Ancillary services**

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

**Financial Instruments**

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

**4.2 Please give details of the firm's programme of operations. Describe the particular EEA activities your firm will carry on and the structural organisation of the branch<sup>†</sup>**

(This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

Requirement	Response
<p><b><u>1. Corporate strategy</u></b></p> <p><i>a) How will the branch contribute to the strategy of the firm/group?</i></p> <p><i>b) What will the main functions of the branch be?</i></p>	
<p><b><u>2. Commercial Strategy</u></b></p> <p><i>a) Describe the types of customers/counterparties the branch will be dealing with</i></p> <p><i>b) Describe how the firm will obtain and deal with these clients</i></p>	
<p><b><u>3. Organisational structure</u></b></p> <p><i>a) Briefly describe how the branch fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)</i></p> <p><i>b) Set out the organisational structure of the branch, showing both functional and legal reporting lines</i></p> <p><i>c) Which individual will be responsible for the branch operations on a day to day basis?</i></p> <p><i>d) Which individual will be responsible for compliance at the branch?</i></p> <p><i>e) Which individual will be responsible for dealing with complaints in relation to the branch?</i></p> <p><i>f) How will the branch report to the head office?</i></p> <p><i>g) Detail any critical outsourcing arrangements</i></p>	

<p><b>4. Tied Agents</b></p> <p>a) Will the branch use tied agents?</p> <p>b) If the information is available, what is the identity of the tied agents? (Annex 1)</p> <p>c) What investment services and activities will be provided by the tied agent?</p>	
<p><b>5. Systems &amp; Controls</b></p> <p>Provide a brief summary of arrangements for:</p> <p>a) Safeguarding client money and assets</p> <p>b) Compliance with the conduct of business and other obligations that fall under the responsibility of the host state competent authority according to MiFID Article 32(7) and record keeping under Article 13(9)</p> <p>c) Code of Conduct, including personal account dealing</p> <p>d) Anti-money laundering</p> <p>e) Monitoring and control of critical outsourcing agreements (if applicable)</p>	
<p><b>6. Auditor details</b></p> <p>Details of the audit arrangements of the branch (including where applicable, details of the external auditor)</p>	
<p><b>7. Profit &amp; loss forecast</b></p> <p>Attach a forecast statement for profit &amp; loss and cashflow, both over a 12 month period.</p>	

## 5 Consolidated Life Assurance Directive

### **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*.

- 5.1 Please provide the name of the *UK firm's* authorised agent. If the firm is a *member of Lloyd's*, please also confirm that the authorised agent has power to accept service of proceedings on behalf of *Lloyd's*.**

Name of agent

If applicable, confirmation that agent has power to accept service of proceedings on behalf of *Lloyd's*

- 5.2 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"/>

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

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



5.5 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



## 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.	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 reinsurance 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 <i>person</i> 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 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 agreements 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:</p>		
<p>a) he considers that the premium rates that will be used in the <i>EEA State</i> concerned are suitable; and</p>	Attached	<input type="checkbox"/>
<p>b) he agrees with the information provided under sections 5.5 and 5.6 v (a) and (b).</p>	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"/>

## 6 First, Second and Third Non-Life Insurance Directives

**6.1 Please provide the name of UK firm's authorised agent. If the firm is a member of Lloyd's, please confirm that the authorised agent has power to accept service of proceedings on behalf of Lloyd's.**

Name of agent <span style="background-color: grey; color: grey;">          </span>
<p>If applicable, confirmation that agent has power to accept service of proceedings on behalf of Lloyd's</p> <p><input type="checkbox"/></p>

**6.2 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"/>

**6.3 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 the 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 question 6.3, the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

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

**6.5 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.**

## 6.6 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 <i>branch</i> , give the 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 <i>person</i> 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.		
vii.	The names of the principal reinsurers of business to be carried on in the <i>EEA State</i> concerned.	Attached	<input type="checkbox"/>

Continued over

6.6 continued

<p>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.</p>	<p>Attached</p>	<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 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.</p>		
	<p>Attached</p>	<input type="checkbox"/>
	<p>Attached</p>	<input type="checkbox"/>
	<p>Attached</p>	<input type="checkbox"/>
<p>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.</p>	<p>Attached</p>	<input type="checkbox"/>

## 7 Reinsurance Directive

**7.1 Please confirm the type(s) of reinsurance activity to be carried out by the branch under the Reinsurance Directive by ticking one of the boxes below.**

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

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

## 8 Declaration

Knowingly or recklessly giving the FCA and or the PRA information which is false or misleading is 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 requires 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, 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/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 enquiries 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	dd/mm/yy



## Cross Border Services Notification Form

Firm name:

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](http://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.
- 2 The completed form and signed declaration should be sent to the PRA either by post or via email

*The Prudential Regulation Authority*

*20 Moorgate London EC2R 6DA*

**Telephone:** +44(0)20 3461 7000

**Website:** [www.bankofengland.co.uk](http://www.bankofengland.co.uk)

**E-mail:** [pra-passporting@bankofengland.co.uk](mailto:pra-passporting@bankofengland.co.uk)

- 3 If you have any problems you can contact the PRA Firm Enquiries Team on 020 34617000

# 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. 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.

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<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"/>

#### 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).

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
------	----------

3.4 Are there any timing factors that the PRA should consider when processing the notification?

--

## 4 Consolidated Life Directive

- 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 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	Pension 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 First, Second and Third Non-Life Insurance Directives

**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 a separate matrix for each EEA State).**

EEA State:

**Notes 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 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 4.2.1 on next page)	<input checked="" 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 4.2.3 on next page)	<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 section 5.2 (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.

'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 the technical bases used, or to be used, for calculating premiums in respect of such risks in section 4.2.

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 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

## 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 <i>EEA State(s)</i> identified in section 3 by providing <i>cross border services</i> .	
---	--

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 Markets in Financial Instruments Directive ('MiFiD')

**7.1** Please tick the appropriate boxes to show the *investment services* your firm will provide, together with the associated instruments (if the answer to question 2.2 is 'Yes' please complete a separate matrix for each EEA states). Recognised Investment Exchanges should complete only box 7.2

		EEA State														
		Investment services and activities								Ancillary services						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to page 9 for a full description of MiFID Services and activities.

UK Firms that intend to use a Tied Agent established in the territory of another EEA state are required to complete Annex 1 at the end of this form and tick the appropriate boxes below to show the investment services to be provided by the tied Agent.

<sup>5</sup> Please refer to MiFID Article 23(1) for details of the activities that may be provided by a tied agent

**Investment services and activities**

- (1) Reception and transmission of orders in relation to one or more financial instruments
- (2) Execution of orders on behalf of clients
- (3) Dealing on own account
- (4) Portfolio management
- (5) Investment advice
- (6) Underwriting of financial instruments and/or placing of financial instruments on a firm commitment basis
- (7) Placing of financial instruments without a firm commitment basis
- (8) Operation of Multilateral Trading Facilities

**Ancillary services**

- (1) Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management
- (2) Granting credits or loans to an investor to allow him to carry out a transaction in one or more financial instruments, where the firm granting the credit or loan is involved in the transaction
- (3) Advice to undertakings on capital structure, industrial strategy and related matters and advice and services relating to mergers and the purchase of undertakings
- (4) Foreign exchange services where these are connected to the provision of investment services
- (5) Investment research and financial analysis or other forms of general recommendation relating to transactions in financial instruments
- (6) Services related to underwriting
- (7) Investment services and activities as well as ancillary services of the type included under Section A or B of Annex 1 related to the underlying of the derivatives included under Section C – 5, 6, 7 and 10 - where these are connected to the provision of investment or ancillary services

**Financial Instruments**

- (1) Transferable securities
- (2) Money-market instruments
- (3) Units in collective investment undertakings
- (4) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, or other derivatives instruments, financial indices or financial measures which may be settled physically or in cash
- (5) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event)
- (6) Options, futures, swaps, and any other derivative contract relating to commodities that can be physically settled provided that they are traded on a regulated market and/or an MTF
- (7) Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled not otherwise mentioned in C.6 and not being for commercial purposes, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are cleared and settled through recognised clearing houses or are subject to regular margin calls
- (8) Derivative instruments for the transfer of credit risk
- (9) Financial contracts for differences
- (10) Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates, emission allowances or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties (otherwise than by reason of a default or other termination event), as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Section, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market or an MTF, are cleared and settled through recognised clearing houses or are subject to regular margin calls

## 7.2 Please give details of the *firm's* programme of operations, including a description of the particular EEA activities the firm will carry on. †

This summary should be completed in English. In some instances, where requested by the host Member State, we may ask you to provide an additional copy translated into the language of the host Member State, for onward transmission to the Competent Authority of that state).

### Note to

#### Question 7.2

*UK firms* should consider the following points when preparing a programme of operations:

- details about the services to be provided into the other *EEA State(s)*, including a description of the way in which the proposed services will be conducted;
- details of any other business (i.e. non-investment business) which is currently being (or will be) provided into the other *EEA State(s)*;

- a description of the type of *client* or counterpart with whom the services will be conducted; and

- details of the systems of internal controls over the services to be provided into the other *EEA State(s)* that will be used by management in the *UK* to monitor such activities.

*UK firms* requiring specific information about the content and level of detail of information to be provided are encouraged to contact the Passport Notification Unit (contact details are given on page 16).

**Recognised Investment Exchanges should state whether they are providing access arrangements in respects of a**

## 8 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 FCA's SUP 15.6.1R and SUP 15.6.4R and 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, 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/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 enquiries 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	dd/mm/yy

## 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 the name given in question 1 above

4 Telephone number of Tied Agent

5 Fax number of Tied agent

6 E-mail address of Tied Agent

7 Website of Tied Agent

8 Legal Status of Tied Agent

Private Limited Company

Public Limited Company

Partnership

Limited Partnership

Limited Liability

Unincorporated Association

Sole Trader

Other, please specify below

9 Date of commencement of agreement with your firm



## Declaration

This declaration should be signed by a *UK firm* exercising an *EEA right* derived from the *CRD*.

### Warning

Knowingly or recklessly giving the FCA 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 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, 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/PRA to make such enquiries and to seek such further information as it thinks appropriate to verify the information given on this form.

I understand that the FCA/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	dd/mm/yy