



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FCA/PRA use only)

Form E - Internal transfer of a person performing a *controlled function* for dual regulated firms

FCA Handbook Reference: SUP 10C Annex 7D

PRA Rulebook Reference: Senior Managers Regime - Applications and Notifications¹

1 October 2020

Name of *candidate*
(to be completed by applicant *firm*)

Name of *firm*
(as entered in 2.01)

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¹ The relevant section of the *PRA Rulebook* should be referred to depending on which *firm* is applying. For example: CRR firms: Senior Managers Regime - Applications and Notifications; Non – CRR firms: Senior Managers Regime - Applications and Notifications; Solvency II firms: Insurance - Senior Managers Regime – Applications and Notifications; Large Non-Solvency II firms: Insurance - Senior Managers Regime – Applications and Notifications; Non-Solvency II firms: Insurance - Senior Managers Regime – Applications and Notifications

Personal identification details**Section 1**

1.01 Individual Reference Number (IRN)

1.02 Title
(e.g. Mr, Mrs, Ms,)

1.03 Surname

1.04 ALL forenames

1.05 Date of birth

1.06 National Insurance number

1.07 Place of birth

1.08 Phone number

1.09 Email address

Firm identification details**Section 2**2.01 Name of applicant *firm*2.02 *Firm* Reference Number (FRN)2.03 a Who should the *FCA/PRA* contact at the applicant *firm* in relation to this application?

b Position

c Phone number

d E-mail

Please note that the contact at the *firm* cannot be the same person as the *candidate*



I have supplied further information
related to this page in Section 5

YES

☐

NO

☐

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

	FRN	Name of firm	Senior Management function	Effective date
a				
b				
c				
d				
e				



I have supplied further information
related to this page in Section 5

YES ☐

NO ☐

4A.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)

4A.02

For applications from a single *firm*, please tick the boxes that correspond to the *senior management functions* to be performed.

If the *senior management functions* are to be performed for more than one *firm*, please leave the boxes below blank and go to question **4.05**

The table below sets out the full list of *senior management functions* (SMFs). Please refer to the *PRA Rulebook* and *FCA Handbook* for the mandatory SMFs for your *firm*.

Function	Description of a Senior Management Function	UK banks*	UK branches of EEA banks and insurers	UK branches of non-EEA banks	Credit unions	Solvency II firms & large NDFs	Small NDFs	ISPVs	Small firms in run off	UK branches of non-EEA insurers
SMF 1	Chief Executive	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMF 2	Chief Finance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMF 3	Executive Director	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMF 4	Chief Risk	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF 5	Head of Internal Audit	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF 6	Head of Key Business Area	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
SMF 7	Group Entity Senior Manager	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMF 8	Credit Union Senior Manager				<input type="checkbox"/>					
SMF 9	Chair of the Governing Body	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMF10	Chair of the Risk Committee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF11	Chair of the Audit Committee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF12	Chair of the Remuneration Committee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF13	Chair of the Nomination Committee	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
SMF14	Senior Independent Director	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SMF15	Chair of With Profits Committee					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

Function	Description of a Senior Management Function	UK banks*	UK branches of EEA banks and insurers	UK branches of non-EEA banks	Credit unions	Solvency II firms & large NDFs	Small NDFs	ISPVs	Small firms in run off	UK branches of non-EEA insurers
SMF16	Compliance Oversight	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF17	Money Laundering Reporting Officer (MLRO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF18	Other Overall Responsibility	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
SMF19	Head of Third Country Branch/Head of Overseas			<input type="checkbox"/>						<input checked="" type="checkbox"/>
SMF20	Chief Actuary					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF20a	With-Profits Actuary					<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF21	EEA Branch Senior Manager (EBSM)		<input type="checkbox"/>							
SMF22	Other Local Responsibility			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
SMF23	Chief Underwriting Officer					<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF23a	Underwriting Risk Oversight (Lloyd's)					<input type="checkbox"/>				
SMF23b	Conduct Risk Oversight (Lloyd's)					<input type="checkbox"/>				
SMF24	Chief Operations	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMF25	Small Insurer Senior Management Function						<input type="checkbox"/>			
SMF26	Head of Small Run-Off Firm								<input type="checkbox"/>	
SMF27	Partner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

*UK Banks' refers to UK banks, building societies and PRA-designated investment firms

4A.03 Job title

4A.04 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 a non-executive director function))

4A.05 Mortgage Credit Directive

Will the candidate be responsible for Mortgage Credit Directive Intermediation at the *firm*? YES ☐ NO ☐

4A.06 Has the *firm* undertaken a criminal records check in accordance with the requirements of the *FCA* and/or *PRA*?

Please note that a *firm* is required under *PRA* rules to request and, under *FCA* rules, obtain 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 (*SUP* 10C.10 and *PRA Rulebook* – Fitness and Propriety).²

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 in Section 5.



I have supplied further information related to this page in Section 5

YES ☐ NO ☐

² The relevant section of the *PRA Rulebook* should be referred to depending on which firm is applying.

4A.07

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 applicant requires approval and the requested *senior management function* for that *firm*.

	Firm Reference Number	Name of firm	Senior Management function	Job title (mandatory)	Responsible for insurance distribution?	Responsible for mortgage credit intermediation?	Effective date
a							
b							
c							
d							
e							

4A.08

Has/Have a reference or references been obtained from current or previous employer(s) in accordance with the requirements of the *FCA* or *PRA*? 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 Propriety³ in the *PRA Rulebook*). "Employer" has an extended meaning for these purposes.

YES ☐

NO ☐

³ The relevant section of the *PRA Rulebook* should be referred to depending on which *firm* is applying.



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

YES

☐

NO

☐

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Arrangement and Functions – Appointed Representatives Section 4B

Complete this section if the application is for a *controlled function* at an *appointed representative (AR)*. If you are submitting an application for a *senior management function*, then please complete Section 4A.

For *limited permission* consumer credit firms that are also *appointed representatives*, only the *customer function* is relevant in this section. For these *firms*, relevant *senior management functions* apply instead of the *governing functions* (ie CF1 (AR), CF3 (AR), CF4 (AR) and CF5 (AR)). We do not expect this to apply to many *firms*.

4B.01 Nature of the arrangement between the candidate and the applicant.

a	Appointed representative/tied agent – customer function <input type="checkbox"/>
	AR firm name and reference number <input type="text"/>
b	Appointed representative/tied agent – governing function <input type="checkbox"/>
	AR firm name and reference number <input type="text"/>
c	Other <input type="checkbox"/>
	Give details <input type="text"/>

4B.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 **4B.05**.

a	Significant influence functions	CF 1 (AR) Director function <input type="checkbox"/>
		CF 3 (AR) Chief executive function <input type="checkbox"/>
		CF 4 (AR) Partner function <input type="checkbox"/>
		CF 5 (AR) Director of an unincorporated association function <input type="checkbox"/>
b	Senior Management Functions	SMF1 (AR) Chief Executive function <input type="checkbox"/>
		SMF3 (AR) Executive Director function <input type="checkbox"/>
		SMF4 (AR) Partner function <input type="checkbox"/>
	(This section is only applicable for limited permission consumer credit firms that are ARs for other business)	
c	Customer function	CF 30 (AR) Customer function <input type="checkbox"/>

4B.03 Effective date of *controlled functions* indicated above

4B.04 Job title
Please refer to notes on the requirements for submitting a CV.



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

YES ☐

NO ☐

4B.05

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*.

	Firm Reference Number	Name of firm	Controlled function	Job title	Effective date
a					
b					
c					
d					
e					



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

YES

☐

NO

☐

Supplementary information for Senior Management Functions

Section 5

5.01 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);
- 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); and
- if the *candidate* currently holds more than one directorship, please provide a breakdown on the *candidate's* time commitment to each directorship.

5.02 If there is any additional information to be given (as indicated in previous sections), or any other information the *candidate* or the *firm* considers relevant to this application, then it must be included here.

Question	Information

Note: 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.

5.03 Firms must also provide the following supporting documents required with this form (please tick)

It is for firms to assess which supporting documents they should submit but, in the majority of cases, it is expected that firms will submit all of the listed supporting documents.

<input type="checkbox"/>	Statement of responsibilities
<input type="checkbox"/>	Candidate's Curriculum Vitae (C.V)
<input type="checkbox"/>	Role(s) description

	A copy of the <i>firm's management responsibilities map</i> (SYSC 25 and Allocation of Responsibilities in the <i>PRA Rulebook</i>). ⁴ This requirement does not apply to all firms.
	A summary of any handover material (as referred to in SYSC 25.9 and SUP 10C.10 and <i>senior management functions</i> in the <i>PRA Rulebook</i>). ⁵ This requirement does not apply to all firms.
	A description or copy of the <i>candidate's</i> Skills Gap Analysis
	A description or copy of the <i>candidate's</i> Induction programme
	A description or copy of the <i>candidate's</i> Learning and Development plan (including the name of the individual responsible for monitoring the <i>candidate's</i> progress against the development points and the time frame for completion)
	A description or documentation setting out how the competency was assessed (demonstrating competence and suitability mapped to the specific role and responsibilities of the role)

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⁴ The relevant section of the *PRA Rulebook* should be referred to depending on which firm is applying

⁵ The relevant section of the *PRA Rulebook* should be referred to depending on which firm is applying.

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 (sections 398 and 400 of the Financial Services and Markets Act 2000 – ‘FSMA’). 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.

The *candidate* confirms that the attached *statement 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 the *statement of responsibilities*.

For the purposes of complying with data protection legislation, please read our privacy notices:

FCA’s privacy notice <https://www.fca.org.uk/data-protection>

Bank of England’s privacy notice <https://www.bankofengland.co.uk/prudential-regulation/authorisations>

These notices will tell you what to expect when the *FCA* and/or the *Bank of England* collects personal information, including how and why we use your personal information and who to contact if you have any queries or wish to exercise your rights.

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 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 understand the regulatory responsibilities of my proposed role as set out in the rules of conduct in the *FCA*’s Conduct Rules (*COCON* or *APER*) and/or *PRA* Conduct Rules, Insurance – Conduct Standards, Non-Solvency II Firms – Conduct Standards and Large Non-Solvency II Firms – Conduct Standards.

c) I confirm that the *statement of responsibilities* submitted with this form 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 *statement of responsibilities*.

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

6.01 *Candidate*’s full name

6.02 Signature

Date

Declaration of *Firm*

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 FSMA). SUP 15.6 of the *FCA Handbook* and Notification 6 of the *PRA Rulebook* require a *firm* 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 by reference to the criteria in *FIT* in the *FCA Handbook* and the Fitness and Propriety Part of the *PRA Rulebook*⁶ 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).

For the purposes of complying with data protection legislation, please read our privacy notices:

FCA's privacy notice <https://www.fca.org.uk/data-protection>

Bank of England's privacy notice <https://www.bankofengland.co.uk/prudential-regulation/authorisations>

These notices will tell you what to expect when the *FCA* and/or the *Bank of England* collects personal information, including how and why we both use your personal information and who to contact if you have any queries or wish to exercise your rights.

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 ☐

If the *firm* confirms that it has had sight of a criminal records certificate prepared within the past 3 months in relation to the *candidate* and has given due consideration to the information contained in that certificate in determining that *candidate* 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 (*COCON* or *APER*) and/or *PRA* Conduct Rules, Insurance – Conduct Standards, Non-Solvency II Firms – Conduct Standards and Large Non-Solvency II Firms – Conduct Standards.

d) I confirm that the *statement 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.

6.03 Name of the *firm* submitting the application

6.04 Name of *person* signing on behalf of the *firm*

6.05 Job title

⁶ The relevant section of the *PRA Rulebook* should be referred to depending on which *firm* is applying

6.06 Signature

Date

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