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**Application to amend details**  
**Credit rating agencies form**

**Full legal entity name of registered firm**

|  |
| --- |
|  |

**Firms Reference Number (FRN)**

|  |
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**Important information you should read before completing this form**

This application can be used for a Credit rating agency registered with the FCA under Regulation (EC) No 1060/2009 as amended by the Credit Rating Agencies (Amendment, etc.) (EU Exit) Regulations 2019 (the **CRAR**) to:

* Apply for new exemption under Article 6(3) the CRAR
* Apply to remove an exemption granted by the FCA under Article 6(3) the CRAR
* Notify the FCA of request to rate additional asset classes
* Make firm details changes
* Changes to members of the senior management of the firm
* Request to cancel the registration/certification of a CRA

Please keep a copy of your completed forms and any supporting documents you send for future reference.

The FCA processes personal data in line with the requirements of the UK General Data Protection Regulation and the Data Protection Act 2018. For further information about the way we use the personal data collected in this form, please read our privacy notice available on our website: [www.fca.org.uk/privacy](http://www.fca.org.uk/privacy)

**It is important that you provide accurate and complete information.  Knowingly or recklessly giving the FCA information which is false or misleading may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000 [as applied by Regulations 21 and 22, respectively, of the CRAR.  If necessary, please take appropriate professional advice before supplying information to us.**

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**Terms in this application pack**

In this form we use the following terms:

* 'you' refers to the person(s) signing the form on behalf of the applicant firm
* 'the applicant firm' refers to the firm applying to amend details
* ‘we’, ‘us’, ‘our’ or ‘FCA’ refers to the Financial Conduct Authority
* Unless otherwise specified a reference to a provision (eg an article or an annex) are references to the CRAR.

**Filling in the form**

**1** If you are using your computer to complete this form:

* use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question
* save the form you have completed

**2** If you think a question is not relevant to you, write 'not applicable' and explain why.

**3** If you leave a question blank we may have to treat the application as incomplete. This will increase the time taken to assess your application.

**4** If there is not enough space on the forms you may use separate sheets of paper. Clearly mark each separate sheet with the relevant question number.

**5** If you are relying on other documents to answer any questions in this form, please include a link/reference to the relevant information and indicate clearly where the answer can be found. If this is not provided we will consider your application incomplete.

**6** Email the application consisting of:

* the Application to amend details
* any supporting documents to us at: [cra-registration@fca.org.uk](mailto:cra-registration@fca.org.uk)

**7** No application fee is payable.

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| 1 | General information |

Contact for this application

**1.1 Contact details of the person we will get in touch with about this application**

This must be someone who works for the applicant firm, and not a professional adviser.

|  |  |
| --- | --- |
| Title |  |

|  |  |
| --- | --- |
| First name(s) |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| Business address |  |
|  |
|  |
|  |
| Postcode |  |

|  |  |
| --- | --- |
| Phone number (including STD code) |  |

|  |  |
| --- | --- |
| Mobile number (optional) |  |

**1.2 What is the firm applying for?**

|  |  |  |
| --- | --- | --- |
|  | A new exemption under article 6(3) of the CRAR | Complete Sections 2 and 8 |
|  | Remove an exemption previously granted under article 6(3) of the CRAR | Complete Sections 3 and 8 |
|  | Notification of request to rate additional asset classes | Complete Sections 4 and 8 |
|  | Change the firm details | Complete Sections 5 and 8 |
|  | Change of members of the senior management  of the firm | Complete Sections 6 and 8 |
|  | Request the cancellation of applicant’s regulatory status | Complete Sections 7 and 8 |

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| 2 | **Application for new exemption under Article 6(3) of the CRAR** |

**2.1 What exemption is the applicant firm applying for?**

**To be exempt from Article 7(4)** (rotation mechanism for analysts and persons giving ratings)

**To be exempt from Annex I, Part A, point 2** (measures relating to ensuring the business interests do not impair the independence of the credit rating activities)

**To be exempt from Annex I, Part A, point 5** (requirement for a compliance department)

**To be exempt from Annex I, Part A, point 6** (additional requirements for the compliance department)

**2.2 You must attach documentation demonstrating that you meet the conditions required by Article 6(3)**

* that those requirements are not proportionate in view of the nature, scale and complexity of its business and the nature and range of issue of credit ratings (article 6(3))

Attached

* the applicant firm has less than 50 employees (article 6(3)(a))

Attached

* the credit rating agency has implemented measures and procedures, in particular internal control mechanisms, reporting arrangements and measures ensuring independence of rating analysts and persons approving credit ratings, which ensure the effective compliance with the objectives of the CRAR (article 6(3)(b))

Attached

* the size of the credit rating agency is not determined in such a way as to avoid compliance with the requirements of this Regulation by a credit rating agency or a group of credit rating agencies (article 6(3)(c))

Attached

**2.3 If the applicant is part of a group you must confirm that at least one CRA in the group is not exempt from the requirements in Article 6 and/or 7.**

Yes

N/A

**2.4 If the applicant is part of a group you must confirm that the exemptions will only apply to the applicant and not all members of the group**

Yes

N/A

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| --- | --- |
| 3 | Application to remove an existing exemption under Article 6(3) of the CRAR |

**3.1 What existing exemption do you wish to remove?**

To be exempt from **Article 7(4)**

To be exempt from **Annex I, Part A, point 2**

To be exempt from **Annex I, Part A, point 5**

To be exempt from **Annex I, Part A, point 6**

**3.2 You must explain why you no longer require the exemption and detail the changes made to your business to ensure you comply with relevant requirements of the CRAR**

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**3.3 When you would like the exemption to be removed? (dd/mm/yyyy)**

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| 4 | **Notification of request to rate additional asset classes** |

**4.1 What additional asset classes do you wish to rate?**

Sovereign and public finance ratings

Structured finance ratings

Corporate ratings⏵Select from the below

Financial institution including credit institutions and investment firms

Insurance undertaking

Corporate issuer that is not considered a financial institution or an insurance undertaking

**4.2 You must confirm that you have made the relevant changes to the disclosure and presentation of ratings (Article 10 CRAR)**

Yes

**4.3 Have you developed or changed methodologies in order to rate the additional asset classes?**

No⏵You must provide a description how your current methodologies are suitable for the new asset classes you intend to rate

Yes⏵You must attach the updated methodologies

Attached

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**4.4 You must provide details of the experience of the analysts who intend to rate the new asset classes and of the senior management to oversee their analytical work.**

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| 5 | Change Firm Details |

Change to full name of firm

**5.1 If you wish to advise the FCA of a change to the firm’s registered name you must enter the following details**

**a) Current legal status**

Private limited company

Limited liability partnership

Sole trader

Partnership

Public limited company

Limited partnership

Unlimited liability company

Other – please specify below

|  |
| --- |
|  |

**b) New full name of firm**

|  |
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|  |

**c) Date on which the change becomes effective (dd/mm/yyyy)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**d) Has the change requested been approved by Companies House**

Yes

No

N/A –Explain why this isn’t applicable below

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|  |

Adding a new trading name

**5.2 If you wish to add a new trading name you must give details below**

**New Trading Name**

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|  |

**Date on which the change becomes effective (dd/mm/yyyy)**

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**New Trading Name**

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**Date on which the change becomes effective (dd/mm/yyyy)**

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**New Trading Name**

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**Date on which the change becomes effective (dd/mm/yyyy)**

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**New Trading Name**

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| --- |
|  |

**Date on which the change becomes effective (dd/mm/yyyy)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Deleting a trading name

**5.3 If you wish to delete existing trading names you must give details below**

**Trading name to be deleted**

|  |
| --- |
|  |

**Date when the trading name must cease (dd/mm/yyyy)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**I confirm that the above trading name will not be used by the firm from the date indicated above**

Yes

**Trading name to be deleted**

|  |
| --- |
|  |

**Date when the trading name must cease (dd/mm/yyyy)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**I confirm that the above trading name will not be used by the firm from the date indicated above**

Yes

**Trading name to be deleted**

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**Date when the trading name must cease (dd/mm/yyyy)**

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**I confirm that the above trading name will not be used by the firm from the date indicated above**

Yes

Change in Contact Details

**5.4 If you wish to change the contact details of the Complaints Officer or Primary Compliance Contact you must enter the details below.**

**Please indicate which contact this change applies to. If you need to change the details for both please copy this page and record the details for each on separate pages, unless the details are the same.**

Complaints Officer

Primary Compliance Contact

|  |  |
| --- | --- |
| Title |  |

|  |  |
| --- | --- |
| First name(s) |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| Address |  |
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|  |
| Postcode |  |

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| --- | --- |
| Phone number (including STD code) |  |

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| --- | --- |
| Mobile number (optional) |  |

Change of Address

**5.5 If you wish to change an address you must enter the details below.**

**Please indicate which of the following this change applies to. If you wish to change the details for more than one of the following please copy this form and record the details for each on separate forms, unless the details are the same.**

Registered Office

Principal Place of Business

Head Office

|  |  |
| --- | --- |
| Address |  |
|  |
|  |
|  |
| Postcode |  |

|  |  |
| --- | --- |
| Phone number (including STD code) |  |

|  |  |
| --- | --- |
| Email address (only applicable for Principal Place of Business) |  |

Change of Website Address

**5.6 Enter new website address. Website format** [www.fca.org.uk](http://www.fca.org.uk)

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| 6 | Change of members of the senior management  of the firm |

**6.1 Enter below the new members of the senior management of the firm**

**You must attach a CV and Criminal record check alongside this notification for any new senior individual at the firm (Article 15 of the CRAR).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual name** | **Role** | **Email address** | **CV attached** | **Criminal record check attached** |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |
|  |  |  | Attached | Attached |

**6.2 Enter below the members of the senior management who are ceasing roles**

|  |  |  |
| --- | --- | --- |
| **Individual name** | **Role** | **Email address** |
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| 7 | Request of cancellation of applicant’s regulatory status |

**7.1 You must confirm the following:**

1. Have you notified all your firm's clients of its intention to cancel its registration and how this will affect them?
2. Are your firm's fees paid up to date?
3. Have all of your firm's regulatory returns been submitted up to date?
4. Can you confirm that there are no unsatisfied or undischarged complaints against the firm that have not been fully dealt with in accordance with your firm's complaints procedures?

Yes

**If you and the firm are not able to answer YES to all the questions above, you should NOT be making this application.**

**You should have notified the FCA that you intend to cancel your registration, if you have not done so you should notify them.**

**Your application to cancel your registration will not be progressed if you cannot evidence that you have met the requirements to cancel under the CRAR.**

**7.2 You must provide details of the reasons for your request for cancellation. This should include details of any transitional period the firm requires to cease regulated activity.**

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**7.3 You must detail if any ratings will remain usable for regulatory purposes following the cancellation of your registration and for how long for.**

|  |
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**7.4 If you have a future date you wish your cancellation to take effect please confirm this below (dd/mm/yyyy)**

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| 8 | Declaration and signatures |

Declaration

Knowingly or recklessly, giving the FCA information that is false or misleading may be a criminal offence (see sections 398 and 400 of the Financial Services and Markets Act 2000 as applied by Regulations 21 and 22 of the CRAR. Even if you believe or know that information has been provided to the FCA 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 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 if the information is inaccurate, that may call into question whether the applicant meets the requirements of the CRAR (including but not limited to taking disciplinary/ Enforcement action). You must notify the FCA immediately if there is a change to the information in this form and/or if inaccurate information has been provided (insofar as the FCA is reasonably likely to consider the information material).

**Delete as applicable**

I/We confirm that the information provided in this application is accurate and complete to the best of my/our knowledge and that I/we have read the notes to this Form. I/We will notify the FCA immediately if there is a material change to the information provided.

I/We authorise the FCA to make such enquiries and seek such further information as it thinks necessary to identify and verify information that it considers relevant to the assessment of this application.

These checks may include credit reference checks or information pertaining to fitness and propriety. I/We are aware that the results of these enquiries may be disclosed to the firm/employer/applicant.

Where the signatory to this application has provided an address, the signatory agrees that the FCA may use such address as the proper address for service as defined in Financial Services and Markets Act 2000 (Service of Notice) Regulations (SI 2001/1420) to serve any notices on that signatory.

I/We understand that the FCA may require the applicant to provide further information or documents at any time.

I/We confirm that I am/We are authorised to sign this form on behalf of the applicant firm.

I am/We are 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.

**Name of signatory**

|  |
| --- |
|  |

**Signature**

|  |
| --- |
|  |

**Date (dd/mm/yyyy)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |