**Fif Financial Services AuthorityApplication for a Payment Institution:**

 **Form E – Internal transfer of a person performing a controlled function for solo-regulated firms (including third country)**FCA Handbook Reference: SUP 10C Annex 7D

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

|  |
| --- |
|       |

 **Name of firm** (as entered in 2.1)

|  |
| --- |
|       |

Financial Conduct Authority
12 Endeavour Square

Stratford
London E20 1JN
United Kingdom
Telephone +44 (0) 300 500 0597
E-mail firm.queries@fca.org.uk

Website <http://www.fca.org.uk>
Registered as a Limited Company in England and Wales No 1920623. Registered Office as
above

**Corporate**

fsf

|  |  |
| --- | --- |
| 1 | Personal identification details |

 **1.1 Individual Reference Number (IRN)**

|  |
| --- |
|       |

 **1.2 Title (eg Mr, Mrs, Ms)**

|  |
| --- |
|       |

 **1.3 Surname**

|  |
| --- |
|       |

 **1.4 ALL forenames**

|  |
| --- |
|       |

 **1.5 Date of birth (dd/mm/yy)**

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

 **1.6 National Insurance number**

|  |
| --- |
|       |

 **1.7 Phone number**

|  |
| --- |
|       |

 **1.8 Email address**

|  |
| --- |
|       |

|  |  |
| --- | --- |
| 2 | Firm identification details |

 **2.1 Name of applicant firm**

|  |
| --- |
|       |

 **2.2 Firm Reference Number (FRN)**

|  |
| --- |
|       |

 **2.3 Who should the FCA/PRA contact at the applicant firm in relation to this notice?**

 Name

|  |
| --- |
|       |

 Position

|  |
| --- |
|       |

 Phone number

|  |
| --- |
|       |

 Email address

|  |
| --- |
|       |

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

[ ]  Yes

|  |  |
| --- | --- |
| 3 | Senior management functions to cease |

 **3.1 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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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

[ ]  Yes

|  |  |
| --- | --- |
| 4 | Senior management functions |

Complete this section if the application is for a senior management function. If you are submitting an application for a controlled function at an appointed representative, then please complete Section 5.

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

[ ]  Employee

[ ]  Group employee 4Give name of group below

[ ]  Contract for services

[ ]  Partner

[ ]  Other4Give details below

|  |
| --- |
|       |

 **4.2 Proposed date of appointment (dd/mm/yy)**

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

 **4.3 Length of appointment (if applicable)**

|  |
| --- |
|       |

 **4.4 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 go to Question 4.6**

| **Function** | **Description of senior management function** | **Tick (if applicable)** | **Effective Date** |
| --- | --- | --- | --- |
| SMF 1  | Chief Executive | [ ]  |       |
| SMF2 | Chief Finance | [ ]  |       |
| SMF 3 | Executive Director | [ ]  |       |
| SMF 4 | Chief Risk | [ ]  |       |
| SMF 5 | Head of Internal Audit | [ ]  |       |
| SMF 7 | Group Entity Senior Manager  | [ ]  |       |
| SMF 9 | Chair of the governing body | [ ]  |       |
| SMF 10 | Chair of the Risk Committee | [ ]  |       |
| SMF 11 | Chair of the Audit Committee | [ ]  |       |
| SMF 12 | Chair of the Remuneration Committee | [ ]  |       |
| SMF 13 | Chair of the Nomination Committee | [ ]  |       |
| SMF 14 | Senior Independent Director | [ ]  |       |
| SMF 16 | Compliance Oversight | [ ]  |       |
| SMF 17 | Money Laundering Reporting Officer (MLRO) | [ ]  |       |
| SMF 18 | Other overall responsibility function | [ ]  |       |
| SMF 19 | Head of Overseas Branch | [ ]  |       |
| SMF 21 | EEA Branch Senior Manager | [ ]  |       |
| SMF 24 | Chief Operations | [ ]  |       |
| SMF 27 | Partner | [ ]  |       |
| SMF 29 | Limited scope function (limited scope firms only) | [ ]  |       |

 **4.5 Job title**

|  |
| --- |
|       |

 Insurance Distribution

 **4.6 Will the candidate be responsible for Insurance distribution at the firm?**

[ ]  Yes

[ ]  No

 Mortgage Credit Directive Order

 **4.7 Will the candidate be responsible for Mortgage Credit Directive Order Intermediation at the firm?**

[ ]  Yes

[ ]  No

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

[ ]  Yes

 **4.8 Has the firm undertaken a criminal records check in accordance with the requirements of the FCA?**

Please note that a firm is required under FCA rules, to 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).

[ ]  Yes4Give date below the criminal records check was undertaken (dd/mm/yy)

[ ]  No4Give reasons why not below

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

|  |
| --- |
|       |

Note4if the date is more than 3 months prior to current date or 3 months prior to date of application submission please provide details why in
Section 6.

 **4.9 List all the firms within the group (including the firm entered in Question 2.1) for which the applicant requires approval and the requested senior management function for that firm.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FRN** | **Name of firm** | **Senior Management Function** | **Job title** | **Effective date** |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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

[ ]  Yes

**4.10 Has / Have a reference or references been obtained from current or previous employer(s) in accordance with the requirements of the FCA. If No, please provide details why the reference or references has/have not been obtained.**

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

[ ]  Yes

[ ]  No

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

[ ]  Yes

|  |  |
| --- | --- |
| 5 | Controlled functions – Appointed Representatives |

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 4.

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.

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

[ ]  Appointed representative/tied agent – customer function 4Give AR firm name and reference number below

[ ]  Appointed representative/tied agent – governing function 4Give firm name and reference number below

[ ]  Other4Give details below

|  |
| --- |
|       |

 **5.2 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 Question 5.5.**

**Significant influence functions**

[ ]  CF 1 (AR) Director function

[ ]  CF 3 (AR) Chief executive function

[ ]  CF 4 (AR) Partner function

[ ]  CF 5 (AR) Director of an unincorporated association function

**Senior Management functions** (only applicable for limited permission consumer credit firms that are ARs for other businesses)

[ ]  SMF 1 (AR) Chief Executive function

[ ]  SMF 3 (AR) Executive Director function

[ ]  SMF 27 (AR) Partner function

**Customer function**

[ ]  CF 30 (AR) Customer function

 **5.3 Effective date of controlled function indicated above**

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

 **5.4 Job title**

|  |
| --- |
|       |

Please refer to notes on the requirements for submitting a CV

 **5.5 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 Question 2.1) for which the candidate requires approval and the requested controlled function for that firm.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FRN** | **Name of firm** | **Controlled Function** | **Job title** | **Effective date** |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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

[ ]  Yes

|  |  |
| --- | --- |
| 6 | Supplementary information for Senior Management Functions |

 **6.1 Please provide full details of:**

1. why the candidate is competent and capable to carry out the controlled function(s) applied for;
2. why the appointment complements the firm’s business strategy, activity and market in which it operates;
3. how the appointment was agreed including details of any discussions at governing body level (where applicable)

|  |
| --- |
|       |

 **6.2 If there is any additional information indicated in previous sections or any other information the candidate or the firm considers being relevant to this application it must be included here.**

|  |  |
| --- | --- |
| **Question** | **Information** |
|       |       |

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

[ ]  Statement of responsibilities

[ ]  Candidate’s Curriculum Vitae (C.V)

[ ]  Role(s) description

[ ]  Organisational chart

[ ]  A description or copy of the candidate’s Skills Gap Analysis

[ ]  A description or copy of the candidate’s Induction programme

[ ]  A description or copy of the candidate's Learning and Development plan (including the name of the individual responsible for monitoring the candidate's 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).

 **6.4 In addition, an enhanced scope SMCR firm must provide**

[ ]  A copy of the firm’s management responsibilities map (SYSC 25, where applicable)

[ ]  A summary of any handover material (SYSC 25.9 and SUP 10C.10). This requirement does not apply to all firms.

|  |  |
| --- | --- |
| 7 | Declarations and signatures |

**Declaration of Candidate**

Knowingly or recklessly giving the FCA information which is false or misleading in a material particular may be a criminal offence (section 398 and 400 of the Financial Services and Markets Act 2000 – ‘FSMA’). It should not be assumed that information is known to the FCA merely because it is in the public domain or has previously been disclosed to the FCA 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 matters of which it would reasonably expect to be notified. Failure to notify the FCA of such information may lead to the FCA 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 the FCA’s privacy notice at <https://www.fca.org.uk/data-protection> . This notice will tell you what to expect when the FCA 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.

In signing the form below:

1. I authorise the FCA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this form. Candidates may be required to apply for a criminal records search to be made as to whether any criminal records are held in relation to them and to obtain a certificate (where such certificate can be obtained) and to disclose the result of that search to the firm submitting this application.
2. 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.
3. I confirm that I understand the regulatory responsibilities of my proposed role as set out in the rules of conduct in the FCA’s COCON or APER.
4. 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

[ ]

**Candidate’s full name**

|  |
| --- |
|       |

**Signature**

|  |
| --- |
|       |

**Date (dd/mm/yy)**

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

**Declaration of Firm**

Knowingly or recklessly giving the FCA 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’). SUP 15.6 of the FCA Handbook require a firm to take reasonable steps to ensure the accuracy and completeness of information given to the FCA and to notify the FCA 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 matters of which it would reasonably expect to be notified. Failure to notify the FCA of such information may lead to the FCA taking disciplinary or other action against the firm and/or individuals.

It should not be assumed that information is known to the FCA merely because it is in the public domain or has previously been disclosed to the FCA 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 that the candidate is a fit and proper person to perform the senior management functions(s) listed in Section 3. The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required in the performance of such function(s).

**IF UNDERTAKING ANY NON MIFID BUSINESS FOR WHICH THE FIRM HAS NOT PREVIOUSLY APPLIED FOR AUTHORISATION, PLEASE ALSO COMPLETE THE FOLLOWING**

**The firm also believes, on the basis of due and diligent enquiry, that the candidate is competent to fulfil the duties required**

[ ]  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.

For the purposes of complying with data protection legislation, please read the FCA’s privacy notice at <https://www.fca.org.uk/data-protection> . This notice will tell you what to expect when the FCA 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.

In signing this form on behalf of the firm:

1. 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.
2. 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, will be sent to each of those firms at the same time as submitting the form to the FCA.
3. 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 COCON or APER.
4. I confirm that 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.

**Name of the firm submitting the application**

|  |
| --- |
|       |

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

|  |
| --- |
|       |

**Job title**

|  |
| --- |
|       |

**Signature**

|  |
| --- |
|       |

**Date (dd/mm/yy)**

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