

STREAMLINED PROCEDURE FOR APPLICATION FOR MODIFICATION OF IPRU (INS) 9.17, 9.19, 9.20 AND 9.20A

QUESTIONNAIRE

Please use this questionnaire instead of a waiver application form if your firm wishes to apply for a modification of the above rules under the streamlined procedure. If you require a waiver of rules other than those listed above, then please complete a full waiver application.

A. Firm details:

1. Name and address of firm: _____

2. FSA reference number: _____

3. Contact name and details for this modification: _____

B. Is your firm's case appropriate for the procedure?

4. Is your firm in run-off? Yes No

5. Has your firm had its permission to effect contracts of insurance removed by the FSA or is such an application currently being processed? Yes No

6. Does your firm have business of less than £100 million to report for each reporting category? Yes No

If you have answered 'Yes' to all three questions in section B, then contact your supervisor to take advantage of this modification.

C. Information from FSA supervisory contact:

7. Name of FSA supervisory contact: _____

8. Have you contacted your FSA supervisor? Yes No

9. Please state for which rules your firm requires a modification:

9.17, 9.20 and 9.20A 9.19, 9.20 and 9.20A 9.17, 9.19, 9.20 and 9.20A

Please attach correspondence from your FSA supervisor, which will provide reasons why you may take advantage of this modification and confirm the relevant rules to be modified for your firm.

NB: Your application will not be processed if this correspondence is not attached.

D. Statutory Tests

10. What would be the costs of compliance with the rules listed above per annum?¹
£ _____

11. Please provide us with a brief description of the nature of your firm's business in the box below:

12. Please explain in the box below why you consider that the granting of the waiver would not give rise to any undue risk to persons who these rules are intended to protect:

Please return this questionnaire and attachments to:

The Central Waivers Team, FSA, 25 The North Colonnade, Canary Wharf, London E14 5HS

¹ Please provide a quantitative indication of the costs of producing the relevant forms. We do not require a fully calculated estimate of the costs of compliance.