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**Pensions Dashboards – Registration Codes Request Form**

**Firm name**

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| --- |
|  |

**Firm Reference Number (FRN)**

|  |
| --- |
|  |

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

To access the Money and Pensions Service (MaPS) Pensions Dashboards ecosystem, you need a registration code.

This form can be used to request Pensions Dashboards registration codes:

* Make an initial first-time request. For an initial request, you will be sent a minimum of 2 registration codes.
* Request additional codes. If you require additional codes, you must specify why these are required. Below are some reasons why additional codes might be requested:
  + A firm might have multiple endpoints.
  + An existing code has reached its expiry date.
  + A code that has been issued does not work or has been lost.

**All fields on this form are mandatory.** You must complete all fields on this form accurately.

If your request is approved, your Pensions Dashboards registration codes will be sent to the active SMF-16, within 2 working days,

Section 1 of this form asks you to confirm details of your active Senior Management Function of Compliance Oversight (SMF16) for your firm. If your firm does not currently have an active SMF16 or if your current active SMF16 will be unavailable during the next 30 days, please nominate an alternative appropriate active SMF.

The Pensions Dashboards registration codes are only valid for 30 days from the date of creation.

The FCA processes personal data in line with the requirements of the UK General Data Protection Regulation (EU) 2016/679 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)

|  |  |
| --- | --- |
| 1 | Details of the SMF-16 |

1.1 Are you providing details of an active SMF16?

Yes4 Go to Question 1.3

No 4 Complete Question 1.2, then proceed to Question 1.3

**1.2 What alternative SMF are you nominating?**

|  |
| --- |
|  |

**Reason(s) why you are using an alternative to the SMF16?**

|  |
| --- |
|  |

**1.3 First name(s)**

|  |
| --- |
|  |

**1.4 Last name**

|  |
| --- |
|  |

**1.5 Job Title**

|  |
| --- |
|  |

**1.6 Individual Reference Number (IRN)**

|  |
| --- |
|  |

**1.7 Date of birth (dd/mm/yyyy)**

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

**1.8 National Insurance number**

|  |
| --- |
|  |

**1.9 Passport Number**

|  |
| --- |
|  |

**1.10 Business Address**

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

**1.11 Telephone number (including STD Code)**

|  |
| --- |
|  |

**1.12 Mobile number (including STD Code)**

|  |
| --- |
|  |

**1.13 Email address**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 2 | Contact details of the applicant |

**2.1 Contact details of the person submitting this form.**

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

|  |  |
| --- | --- |
| Last name |  |

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

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

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| 3 | Registration Codes |

**3.1 Is this the first time you are requesting codes?**

Yes4Complete Question 3.2

No4Complete Question 3.3

**3.2 Are you requesting 2 or more codes?**

2 codes

More than 24You must give the number of codes you require and the reason(s) for requesting more than two codes below

**Number of codes**

|  |
| --- |
|  |

**Reason(s) why you are requesting for more than 2 codes.**

|  |
| --- |
|  |

**3.3 Number of codes required**

|  |
| --- |
|  |

**Reason(s) for requesting new codes.**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 4 | Declaration |

**Declaration**

By submitting this Form:

* I confirm that the information contained in this form is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
* I am aware that it is a criminal offence knowingly or recklessly to give the FCA information that is false or misleading.
* I confirm that I have authority to make this application and sign this form on behalf of the firm in this application.

**4.1 Date of request (dd/mm/yyyy)**

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