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**Small registered AIFM change form**

**Name of alternative investment fund manager**

|  |
| --- |
|       |

**Firms Reference Number (FRN)**

|  |
| --- |
|       |

**Legal entity identification code (LEI)**

|  |
| --- |
|       |

The FCA processes personal data in line with the requirements of The 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) .

**Purpose of this pack**

Please use this form to notify us of changes to your registration as a small registered UK AIFM, this includes registration as a EuSEF manager or EuVECA manager.

If you wish to notify us that you have exceeded the relevant threshold of assets under management for small AIFMs please use the notice of sub-threshold AIFM exceeding AUM limit form.

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**Filling in the form**

**1** If you are using your computer to complete the pack:

* use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question
* print out the form you have completed and sign the declaration

**2** If you are filling in the form by hand:

* use black ink
* write clearly and
* sign the declaration

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

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

**5** Submit the form by email to Authsubmissions@fca.org.uk

Alternatively you may post the application to the FCA at:

**Authorisations Support Team
The Financial Conduct Authority
12 Endeavour Square
LONDON
E20 1JN**

|  |  |
| --- | --- |
| 1 | Firm Contact Details |

Firm details

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

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Firm |       |
| Phone number  |       |

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

 **1.2 Type of small registered AIFM?**

[ ]  Small internal UK AIFM (a small registered UK AIFM registered in accordance with regulation 10(2) of the AIFMD UK Regulation)

[ ]  Small property UK AIFM (a small registered UK AIFM registered in accordance with regulation 10(3) of the AIFMD UK Regulation)

[ ]  EuSEF manager

[ ]  EuVECA manager

 **1.3 What is this notification for?**

[ ]  Add or remove individual(s) responsible for the management of the firm (only if you are a small internal UK AIFM or a small property UK AIFM)
⏵ Complete Sections 2 and 4

[ ]  Notification of ceasing to satisfy the conditions of registration
⏵ Complete Sections 3 and 4

|  |  |
| --- | --- |
| 2 | Add or remove individuals responsible for the management of the firmThe approved persons regime is not applicable to the registration process. However, we do still need information relating to the individuals who are responsible for the management and operation of the AIFM even where they are not approved persons. |

If you are a small internal UK AIFM or a small property AIFM, you may add or remove individuals responsible for the management of the firm from your registration below.

If you are a EuVECA or EuSEF manager, amendments to your senior persons must be made using the senior person’s change form.

 **2.1 Please give details of any individuals you wish to add to your registration below.**

|  |  |  |
| --- | --- | --- |
| **Full name**  | **Date of birth (dd/mm/yyyy)** | **IRN** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 **2.2 Have any of the individuals listed in Question 2.1 been convicted of any offence involving fraud or dishonesty, or any indictable offence. For this purpose ‘offence’ includes any act of omission which would have been an offence if it had taken place in the United Kingdom?**

Please note that you are not required to make any disclosure in relation to a spent conviction and neither are you required to provide details on circumstances ancillary to a spent conviction where this is provided for in the Rehabilitation of Offenders Act 1974 and subordinate legislation.

[ ]  No⏵Continue to Question 2.3

[ ]  Yes⏵Give details below

|  |
| --- |
|       |

 **2.3 Are any of the individuals listed in Question 2.1 subject to a prohibition order?**

[ ]  No⏵Continue to Question 2.4

[ ]  Yes⏵Give details below

|  |
| --- |
|       |

 **2.4 Do you wish to remove any individuals responsible for the management of the firm from your registration?**

[ ]  No⏵Continue to Section 4

[ ]  Yes⏵Give details below

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of birth dd/mm/yyyy** | **IRN** | **End date dd/mm/yyyy** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| 3 | Cease to satisfy conditions of registration |

 **3.1 Please tell us how you have ceased to satisfy the conditions of registration**

|  |
| --- |
|       |

 **3.2 Date that this event first occurred (dd/mm/yyyy)**

|  |
| --- |
|       |

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

**Warning**

It is a criminal offence to knowingly or recklessly give us information that is false or misleading. If necessary, please seek appropriate professional advice before supplying information to us.

There will be a delay in processing the application if any information is inaccurate or incomplete. And failure to notify us immediately of any significant change to the information provided may result in a serious delay in the application process.

**Declaration**

By submitting this notification form:

* I confirm that I understand it is a criminal offence knowingly or recklessly to give the FCA information that is false or misleading in a material particular (sections 398 and 400 of the Financial Services and Markets Act 2000).
* I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.
* I confirm that I am authorised to sign this notification on behalf of the firm.

[ ]  Tick here to confirm you have read and understood this declaration.

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date | dd/mm/yy |