

Passporting

Notification of intention to provide cross border services in another EEA state



CONSOLIDATED LIFE ASSURANCE DIRECTIVE and THIRD NON-LIFE INSURANCE DIRECTIVE

Full name of firm [†]

(SUP 13 Annex 3R – Notice under SUP 13.5.2R)

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance Directive*.

You may also use this form if you are a *UK firm* that wishes to notify us (the *FSA*) of changes to the details of its current *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of the *Consolidated Life Assurance Directive* and/or the *Third Non-Life Insurance Directive* (see Schedule 3 of the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *UK* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 5.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 5.
3. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly, mark each separate sheet of paper with the relevant question number.

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Registered as a Limited Company in England and Wales No 1920623. Registered Office as above.

In this form the FSA uses the following terms:

'FSA', 'we', 'our', or 'us' refers to the Financial Services Authority;

'Applicant firm' refers to the firm applying for authorisation; and

1 Contact details

1.1 Details of the person we will contact about this application

FSA reference number †	
Title †	
Contact name†	
Address Line 1†	
Address Line 2†	
Postcode†	
Country†	
Telephone number†	
Fax number†	
Email address†	

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided. †

Note to Question 2.1

UK firms have the right to provide *cross border services* to Gibraltar. So, references in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State? †

- Yes ▶
 No ▶

2.3 Tell us the proposed date for the business to start. †

Date	dd/mm/yy
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3 Consolidated Life Assurance Directive

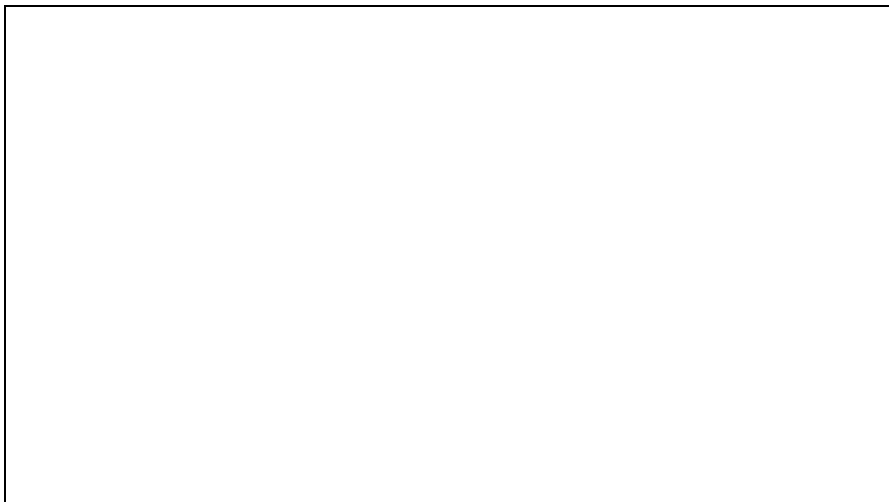
3.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes' please complete a separate matrix for each *EEA State*). †

EEA State		
Classes of Business		
I	Life and Annuity	<input type="checkbox"/>
II	Marriage and Birth	<input type="checkbox"/>
III	Linked Long Term	<input type="checkbox"/>
IV	Permanent Health	<input type="checkbox"/>
V	Tontines	<input type="checkbox"/>
VI	Capital redemption	<input type="checkbox"/>
VII	Pension Fund Management	<input type="checkbox"/>
VIII	Collective Insurance	<input type="checkbox"/>
IX	Social Insurance	<input type="checkbox"/>

3.2 Please give details of the nature of the commitments to be covered in the *EEA State(s)* concerned. †

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

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4 First, Second and Third Non-Life Insurance Directives

- 4.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 2.2 was 'Yes', please complete a separate matrix for each *EEA State*).[†]

EEA State

Classes of Business		
1	Accident	<input type="checkbox"/>
2	Sickness	<input type="checkbox"/>
3	Land Vehicles	<input type="checkbox"/>
4	Railway Rolling Stock	<input type="checkbox"/>
5	Aircraft	<input type="checkbox"/>
6	Ships	<input type="checkbox"/>
7	Goods in Transit	<input type="checkbox"/>
8	Fire and Natural Forces	<input type="checkbox"/>
9	Damage to Property	<input type="checkbox"/>
10	Motor Vehicle Liability (refer to note 4.2.1 on next page)	<input checked="" type="checkbox"/>
11	Aircraft Liability	<input type="checkbox"/>
12	Liability for Ships	<input type="checkbox"/>
13	General Liability	<input type="checkbox"/>
14	Credit	<input type="checkbox"/>
15	Suretyship	<input type="checkbox"/>
16	Miscellaneous Financial Loss	<input type="checkbox"/>
17	Legal Expenses (refer to note 4.2.3 on next page)	<input type="checkbox"/>
18	Assistance	<input type="checkbox"/>

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

4.2 You must provide details of the nature of the risks to be covered in the EEA State(s) concerned.[†]

Note to Question

4.2

1) If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide the following additional information in section 4.2 (if required by the *EEA State* concerned as part of the *consent notice*):

- the name and address of the claims representative; and
- details of the *firm's* membership of the national bureau and the national guarantee fund in the *EEA State* concerned.

'Relevant motor risks' has the meaning given to *motor vehicle liability* in Schedule 1 to the *Regulated Activities Order*. 'Claims representative' has the meaning given to it in the *EEA Passport Rights Regulations*.

2) If the *firm* covers (or intends to cover) **health insurance**, please provide the technical bases used, or to be used, for calculating premiums in respect of such risks in section 4.2.

3) If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 4.2 the option chosen from those described in Article 3(2) of Directive 87/344/EEC of 22 June 1987 on the coordination of laws, regulations and administrative provisions relating to legal expenses insurance.

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

5 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

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.

- **I understand it is a criminal offence knowingly or recklessly to give the FSA information that is false or misleading in a material particular.**
- **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 on behalf of the *firm*.**

Name [†]	
Position [†]	
Signature*	
Date [†]	dd/mm/yy

*

I enclose the following sections (mark the appropriate section)

Section 1 – Contact details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services (mandatory)	<input type="checkbox"/>
Section 3 - Consolidated Life Assurance Directive	<input type="checkbox"/>
Section 4 – First, Second and Third Non-Life Insurance Directives	<input type="checkbox"/>
Section 5 – Declaration (mandatory)	<input type="checkbox"/>

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

* These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. They should not be completed if the submission of this form is online