



Cross Border Services Notification Form

Firm Name:

Firm Reference Number (FRN):

Legal Entity Identifier (LEI):

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.
- You may also use this form if you are a UK firm that wishes to notify the PRA 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 the territory of another *EEA State* subject to the conditions of one of the *Single Market Directives* (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.

The PRA gives more information on the passporting process on its website:

www.bankofengland.co.uk. The FCA gives 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. Please complete this form either electronically or print off and complete by hand. 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 8.
2. All firms should answer sections 1, 2, 3 and 7. Sections 4-6 refer to specific directives and only relevant sections should be completed. Please answer all questions in the sections relevant to you.
3. The completed form should be sent to the PRA either by post or via email. If you have any difficulties please contact the PRA's Firm Enquiries Team on 0203 461 7000

The Prudential Regulation Authority
20 Moorgate London EC2R 6DA
Telephone: +44(0)20 3461 7000
Website: www.bankofengland.co.uk
E-mail: pra-passporting@bankofengland.co.uk



1. Contact details

1.1. Details of the person we will contact about this application

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



2. Notification details

2.1 Are you looking to:

- Add a new passport
- Change/amend an existing passport
- Cancel an existing passport



3. Details of the services to be provided

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

Note to question 3.1

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	
Belgium	
Bulgaria	
Republic of Cyprus	
Czech Republic	
Croatia	
Denmark	
Estonia	
Finland	
France	
Germany	
Gibraltar	
Greece	
Hungary	
Iceland	
Ireland	
Italy	
Latvia	
Liechtenstein	
Lithuania	
Luxembourg	
Malta	
Netherlands	
Norway	
Poland	
Portugal	
Romania	
Slovak Republic	
Slovenia	
Spain	
Sweden	
All States	

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

 No

3.3 Tell us the proposed date for the business to start.

Date	dd/mm/yy
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3.4 Are there any timing factors that the PRA should consider when processing the notification?

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4. Solvency II Directive– Long-Term Insurance Business

4.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 3.2 was ‘Yes’ please complete a separate matrix for each *EEA State*).

Note to question 4.1
If you are adding additional activities to an existing passport tick the new activity/activities that are required.

If you are removing activities from an existing passport tick the activity/activities you wish to remove.

EEA State		
Classes of Business		
I.	Life and Annuity	
II.	Marriage and Birth	
III.	Linked Long Term	
IV.	Permanent Health	
V.	Tontines	
VI.	Capital Redemption	
VII.	Pensions Fund Management	
VIII.	Collective Insurance	
IX.	Social Insurance	

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



5. Solvency II Directive – General Insurance Business

5.1 Please tick the appropriate boxes to show the classes of business to be provided (if the answer to question 3.2 was 'Yes', please complete on a separate matrix for each *EEA State*).

EEA State:

Note to question 5.1

If you are looking to add classes of business to an existing passport tick the class/classes of business you wish to add only

If you are looking to remove classes of business tick the class/classes of business you wish to remove

Classes of Business		
1	Accident	
2	Sickness	
3	Land Vehicles	
4	Railway Rolling Stock	
5	Aircraft	
6	Ships	
7	Goods in Transit	
8	Fire and Natural Forces	
9	Damage to Property	
10	Motor Vehicle Liability (refer to note 5.2.1)	
11	Aircraft Liability	
12	Liability for Ships	
13	General Liability	
14	Credit	
15	Suretyship	
16	Miscellaneous Financial Loss	
17	Legal Expenses (refer to note 5.2.3)	
18	Assistance	



5.2 You must provide details of the nature of the risks to be covered in the *EEA State(s)* concerned.

Note to question 5.2

1. If the *firm* covers, or intends to cover, relevant **motor vehicle risks**, please provide the following additional information in this section (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.

Note: '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 technical bases used, or to be used, for calculating premiums in respect of such risks in this section.

3. If the *firm* covers (or intends to cover) risks relating to **legal expenses insurance**, please state in section 5.2 the option chosen from those described in Article 200 of the Solvency II Directive.

The relevant policyholder guarantee funds in the Home Member State is the Financial Services Compensation Scheme (FSCS). (Details can be found at www.fscs.org.uk)



5.3 If the entity belongs to a cross-border group, the name of the group supervisor; a group structure chart; and the last reported group solvency position.

Note to question 5.3

If the undertaking belongs to a cross-border group, provide the information stipulated by EIOPA-BoS-17/014 *Decision on the collaboration of the insurance supervision authorities* 3.2.1.2.c.



6. Insurance Distribution Directive (IDD)

6.1 You must confirm that the *UK firm* wishes to passport under the IDD by ticking the box below.

The <i>firm</i> intends to carry on <i>insurance</i> distribution in the EEA State(s) identified in section 3 by providing <i>cross border services</i> .	

6.2 Intermediary's details

Name

Address

Registration number (if applicable)

6.3 Please indicate the firm's category of intermediary

Insurance intermediary	
Ancillary insurance intermediary	
Reinsurance intermediary	

6.4 If this form is in respect of one or more Appointed Representative(s) of the firm then please list below the name(s) and firm reference number(s) of those Appointed Representatives:

Firm Reference Number	
Name of Company	
Address Line 1	
Registration number (if applicable)	
Address Line 2	
Address Line 3	
Address Line 4	
County	
Town	
Postcode/ZIP	
EEA State	
Phone Number (incl STD code)	
Email Address	
Mobile Number	
Fax Number	
Category of intermediary	Insurance intermediary Ancillary insurance intermediary Reinsurance intermediary



6.5 Please give the name of any insurer or reinsurer represented

6.6 Please list the relevant classes of insurance in relation to which insurance distribution is carried on (if applicable) (see annexes i and II of *Solvency II Directive*) Intermediary's details



7. Declaration

Warning

Knowingly or recklessly giving the FCA and or the PRA 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). The Notifications Part of the *PRA Rulebook* and the FCA's SUP 15.6.1R and SUP 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FCA/PRA and to notify the FCA/PRA immediately if materially inaccurate information has been provided.

If any information is inaccurate or incomplete this application may take longer to be processed.

You must notify us immediately of any significant change to the information provided. If you do not, it may take longer to be processed. It could also call into question the applicant firm's suitability to be authorised.

Data Protection

The FCA and Bank of England process 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 notices available on our websites:

- FCA : <https://www.fca.org.uk/data-protection>
- Bank of England: <https://www.bankofengland.co.uk/prudential-regulation/authorisations>

Declaration

I confirm that a permanent copy of this application, signed by the firm will be retained for an appropriate period, for inspection at the FCA's/PRA's request.

I am authorised to make this application for authorisation on behalf of the applicant firm named on the front of this form.

I have attached the relevant documents where requested or where marked as 'to follow' I have them fully ready and I have taken all reasonable steps to ensure they are correct.

I confirm that the information in this application is accurate and complete to the best of my knowledge and belief.

I authorise the FCA and/or PRA to make sure enquires and to seek such further information as it thinks appropriate to verify the information given on this form.

I understand that the FCA and/or PRA may require the applicant firm to provide further information or documents at any time after I have sent this application.

Name	
Position	
IRN (if applicable)	
Signature	
Date	