

Annex D
Standing Data Form



This form may be completed on screen and printed, or printed for completion by hand.

NOTE: You cannot save the form if you are completing it using Acrobat Reader. It is therefore advisable to assemble all the information you require before completing the form.

Print as many copies as you require before quitting

This form can be saved if you are using the full Acrobat application.

All fields except Signatures may be completed on screen.

Text in blue will not print.

Standing Data

**To update firm name and trading names, website address,
accounting reference date, auditors, locum, contacts and addresses.**

SUP 15 Annex 3R – Notifications under SUP 16.10

(April 2013)

Click in any field to enter text. Press tab to go to next field.

Firm name

("The Firm")

Firm reference number

Address

Please return the form, marked for the attention of the Customer Contact Centre to:

Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London E14 5HS
United Kingdom

Telephone +44 (0) 20 7066 1000
Facsimile +44 (0) 20 7066 1099

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

NOTES

This form should be used to update your *firm* name and trading name(s), website address, accounting reference *date*, auditors, locum, contacts and addresses.

Personal Details

Section A

1 Contact Name for this notification

*

2 Contact's Details:

a Position in the firm

*

b Daytime telephone number

*

c E-mail address

d Individual reference number (IRN), if applicable

Change Full Name of *Firm*

Section B

If you wish to advise the *FCA* or *PRA* of a change to the firm's name please enter the following details, otherwise proceed to Section C1.

Note: this section is not intended to be used by firms that are covered by Industrial & Provident, Friendly Society, Credit Union or Building Society legislation. These firms should contact the *FCA*'s Mutuels Team.

Current Legal Status:

(a) Private Limited Company

(b) Public Limited Company

(c) Limited Liability Partnership

(d) Limited Partnership

(e) Sole Trader

(f) Unlimited Liability Company

(g) Partnership

(h) **Other, please specify below**

1 New full name of *firm*

*

2 Please enter the date on which the change becomes effective

/ /

Yes No N/A

3 Has the change requested been approved by Companies House?

If your *firm* is a UK registered limited company (including PLC), limited partnership (if registered at Companies House), *limited liability partnership* or unlimited liability company, you should only make a change to your *firm* name if the change has already been approved by Companies House.

If you have answered 'Not Applicable', please explain why below:

4 I confirm that the change requested does not constitute a change of legal status.

Add New Trading Name(s) †**Section C1**

If you wish to add a new trading name of the firm please enter the following details, otherwise please proceed to Section C2:

- | | | | |
|-----------|---|--|---|
| 1 | New Trading Name | <input type="text"/> | * |
| 1a | Please enter the date on which the change becomes effective | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 2 | New Trading Name | <input type="text"/> | * |
| 2a | Please enter the date on which the change becomes effective | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 3 | New Trading Name | <input type="text"/> | * |
| 3a | Please enter the date on which the change becomes effective | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 4 | New Trading Name | <input type="text"/> | * |
| 4a | Please enter the date on which the change becomes effective | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |

Delete Current Trading Name(s)

If you wish to delete a trading name of the firm please enter the following details, otherwise please proceed to Section D:

- | | | | |
|-----------|---|--|---|
| 1 | Trading name to be deleted | <input type="text"/> | * |
| 1a | Please confirm when the trading name must cease: | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 1b | I confirm that the above trading name will not be used by the firm from the date indicated above. | | |
| 2 | Trading name to be deleted | <input type="text"/> | * |
| 2a | Please confirm when the trading name must cease: | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 2b | I confirm that the above trading name will not be used by the firm from the date indicated above. | | |
| 3 | Trading name to be deleted | <input type="text"/> | * |
| 3a | Please confirm when the trading name must cease: | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 3b | I confirm that the above trading name will not be used by the firm from the date indicated above. | | |
| 4 | Trading name to be deleted | <input type="text"/> | * |
| 4a | Please confirm when the trading name must cease: | <input type="text"/> / <input type="text"/> / <input type="text"/> | * |
| 4b | I confirm that the above trading name will not be used by the firm from the date indicated above. | | |

If you wish to change the contact details of the Complaints Officer or Primary Compliance Contact please enter the following details, otherwise please proceed to Section E1:

Please note that this will not change your approved person records. If you want to change these records, please complete the appropriate Approved Persons Form.

Please indicate which contact this change applies to. If you wish to change the details for both please copy this form and record the details for each on separate forms, unless the details are the same.

(a) Complaints Officer

(b) Primary Compliance Contact

1 Title

*

2 Forename(s)

*

3 Surname

*

4 Job Title

5 Email address

6 Phone number. This must be a direct dialled number.

*

7 Fax Number

8 Please enter the date on which the change becomes effective.

/ /

*

9 Address

*

Postcode:

10 If you would also like the contact details of the following to be changed, please tick the appropriate boxes. This will amend the contact details in line with the changes recorded above.

Complaints Contact

Primary Compliance Contact

(c) Customer Services

(d) EEA Branch Address

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* Denotes a mandatory field

(e) Firm Association Branch

(f) Professional Advisor

Please enter the new address details:

2 Address

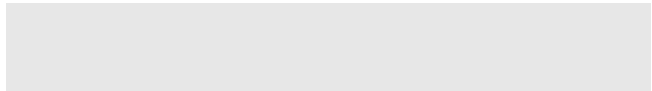
*

A large grey rectangular box redacting the address details. The word "Postcode:" is visible in the center of the box.

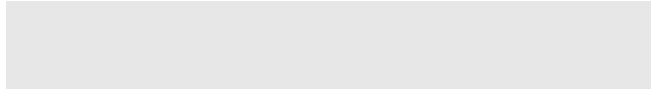
3 Telephone number.

*

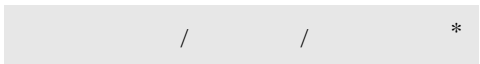
4 Fax Number

A grey rectangular box redacting the fax number.

5 Email address

A grey rectangular box redacting the email address.

6 Please enter the date on which the change becomes effective.

A grey rectangular box redacting the date field. The characters "/" and "/" are visible within the box, indicating a date format.

*

1 Please enter the following details to change your accounting reference date:

- (a) Current Accounting Reference Date (dd/mm) / *
- (b) New Accounting Reference Date (dd/mm) / *

2 What accounting periods will result from the change? The new accounting reference date that you have entered could result in several different periods depending on whether you want to extend or reduce your periods and which period is the first period affected.

Although the *FCA* or *PRA* may accept accounting periods of up to 18 months, SUP 16.3.18G advises firms that accounting periods longer than 15 months may be deemed unacceptable as this may hinder the timely provision of relevant and important information to the *FCA* or *PRA*. If a firm wishes to have an accounting period of longer than 18 months (sole traders and certain partnerships), the firm must apply to the *FCA* in writing.

Please detail the start and end dates for the current accounting period and the two following periods below:

- | | | | | | | | | | | | | |
|-----|----------------|----------------------|---|----------------------|---|----------------------|----|----------------------|---|----------------------|---|---|
| (a) | Current Period | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | to | <input type="text"/> | / | <input type="text"/> | / | * |
| (b) | Next Period | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | to | <input type="text"/> | / | <input type="text"/> | / | * |
| (c) | Next Period 2 | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | to | <input type="text"/> | / | <input type="text"/> | / | * |

Note the change that you have requested will result in a change to your reporting timetable.

3 I confirm the change requested above and that it is correctly represented by the accounting periods listed.

Please enter the new website address:

1 Website (format – www.fca.org.uk):

Please enter the following details to change your Auditor's details:

1 Firm name

6 Telephone number.

[Redacted] *

7 Fax Number

[Redacted]

8 Email address

[Redacted]

6 Effective date

/ / *

Warning

Knowingly or recklessly giving the *FCA* or *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). SUP 15.6.4R requires an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the *FCA* or *PRA* and to notify the *FCA* or *PRA* *immediately if materially inaccurate information has been provided*. *Contravention of these requirements* may lead to disciplinary sanctions or other enforcement action by the *FCA* or *PRA*. It should not be assumed that information is known to the *FCA* or *PRA* merely because it is in the public domain or has previously been disclosed to the *FCA* or *PRA* or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

Data Protection

For the purposes of complying with the Data Protection Act, the personal information in this form will be used by the Financial Conduct Authority and the Prudential Regulation Authority to discharge their statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant.

Declaration

By submitting this notification form

I/we 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/we are aware that it is a criminal offence knowingly or recklessly to give the *FCA* or *PRA* information that is false or misleading in a material particular.

I/we confirm that, for those questions that do not require supporting evidence, the records which demonstrate the firm's compliance with the rules in relation to the questions will be available to the *FCA* or *PRA* on request.

I/we will notify the *FCA* or *PRA* immediately if there is a significant change to the information given in the form. If I/we fail to do so, this may result in enforcement action.

Date

Name of first signatory¹

Position² of first signatory

Individual Reference Number (IRN)

Signature

Name of second signatory¹

Position² of second signatory

Individual Reference Number (IRN)

Signature

¹ For a sole trader, the signature of the principal is required.
For a limited company, the signature of two directors or one director and the company secretary is required.
For a partnership, the signature of at least one partner is required.

² e.g. director, partner or sole trader