

FCA Authorisation Preliminary Questions

To manage your application for FCA Authorisation, we will need the following information.

Please complete as fully as possible The boxes will expand to your answers if necessary. Please put any longer descriptions on a separate page.

The answers of this document will help us evaluate the cost. *Not all items apply to all businesses.*

Company

ITEM	
Your Company Name:	
Company Status; Sole trader:	Yes / No
Private limited company:	Yes / No
Partnership (other than limited partnership or limited liability partnership):	Yes / No
Limited liability partnership:	Yes / No
Public limited company:	Yes / No
Other - You must detail below the legal status of the applicant firm in a separate note below.	Yes / No
***	***
Is your company based in the UK?	Yes / No
Where was it registered?	
England/ Wales:	Yes / No
Scotland:	Yes / No
Northern Ireland:	Yes / No
Outside the UK Give details:	
***	***
Date of Formation (If applicable): DD/MM/YY	
Company Reg No:	
Company Reg Address:	
Address that you will be trading from:	No/Bldg Name Address Postcode
Company Email. Telephone, Fax No	Email: Telephone: Fax:
End of Financial Year (Month/Year):	
Website Address:	https://
Any other Trading Names to be used:	

CONTROLS & GOVERNANCE

Item	Answer		
	Yes - Have one	No - Don't Have one	N/A
Please ANSWER FULLY			
POLICIES			
Best Execution Policy Statement			
Personal Account Dealing			
Complaints Procedure Statement – client			
Complaints Procedure Statement – internal			
Financial Promotions			
Data Security Policy			
Data Access Policy			
Financial Crime Risk Policy Statement			
Conflicts of Interest			
Whistleblowing			
Data Protection Policy			
REGISTERS			
Regulatory Registers			
Complaints Register			
Financial Promotions Register			
Data Security – Fraud Register			
Financial Crime – Suspicious Activity Reporting			
Gifts & Hospitality Register			
Conflicts of Interest Register			
Personal Account Dealing Register			
Significant Breach Register			
FCA Engagement/Communications Register			
OTHER			
Annual Compliance Monitoring Plan			
Staff Declarations Template			
Template agreements with software & other outsourced service.			
Organogram/Organisation Chart			
TCF Assessment Plan			

Advisers (Accountant/Legal/Other)

ADVISER	Details
Auditor	Name: Address: Post Code: Email Address: Telephone Number: Fax Number:
Accountant	Name: Address: Post Code: Email Address: Telephone Number: Fax Number:
Solicitor	Name: Address: Post Code: Email Address: Telephone Number: Fax Number:
Are you happy for us to act for you as Compliance Consultants until authorisation?	Yes / No

Systems

IT System used (proprietary or bespoke):	
CRM System used (proprietary or bespoke):	
Business transaction recording system:	
Accounting system:	
Other IT systems, e.g. Word, Excel:	
NOTE: If Any Bespoke - Please provide short detailed description in box on right or delete all text here and explain. Boxes will expand as you write.	

Regulatory Communication

Do you have a FCA Connect Account?	Yes / No
If Yes, please provide login details. Username: Password:	
If you do not have an account, please arrange an email address for us (which can then be transferred to you afterwards) to set up a FCA Connect account.	

Controls

Please provide a brief high level description of the business continuity and disaster recovery plans for the business and IT systems.
You must include full details of any third-party involvement such as landlord, telecoms, IT equipment etc (including contact details and contract number/s).

People

Is the Company a Sole Trader or One Director Limited Company?	Yes / No	
ALL Owners/ Directors/Partners	Person 1	Person 2
Full Name & DOB		
Job Title		
Nationality		
Passport Number		
National Ins Number		
Email address		

Telephone		
Home Address Inc Postcode		
	Person 3	Person 4
Full Name & DOB		
Job Title		
Nationality		
Passport Number		
National Ins Number		
Email address		
Telephone		
Home Address Inc Postcode		

Have There Been Any Past Convictions of ANY type for ANY of the above persons? **Yes / No**

If any person has been resident in current home for less than 3 years – please provide residence history for past 5 years at the end of this form.

Regulatory Status

Item	Answer
Will You Be A MiFID or Article 3 MiFID Exempt Firm:	MiFID / Article 3 Exempt
Will you be a CAD exempt business?	Yes / No
Does any other business have a shareholding, interest or control of the company to be authorised?	Yes / No
Is your company based in the UK?	Yes / No

PLEASE SEND (as applicable)

Copy of Memorandum of Articles Of Association & Certificate of Incorporation:

Copy of Partnership agreement deeds:

Copy of Limited Liability Partnership agreement deeds:

CV for all Directors/Partners/Individuals taking up a controlled function.

Please email and any documents to authorisations@complianceconsultant.org with your company name in the subject line.

See our website for other details. <http://www.complianceconsultant.org>

Thank you.

Additional notes – please use as required.