|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THIRD PARTY (FUNDING ARRANGEMENT)**  **INFORMATION FORM**  (TPIF210)   |  |  | | --- | --- | | The Applicant  *Name of Third-Party Funding Provider* |  | | Member Name(s)  *(1-10 please list, more than 10 members please attach a schedule of members)* |  | | Membership Number(s)  *(1-10 please list, more than 10 members please attach a schedule of membership numbers)* |  | |

PURPOSE OF THIS FORM

This form is to be completed by the Third-Party Funding Provider no later than **13 September 2019**

We require all Third-Party Funding Providers (TPFPs) to provide this information, please keep a copy of the forms you complete and the supporting documents for future reference.

The following supporting documentation should be returned with this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **A completed “Personal Information Form” from each Director and Controller** | **Number**  **Attached** |  | **Not Applicable** |  |
| **2** | **Individual Identity and Address Verification (ID&V) Documents [see Appendix 1 for guidance]** | **Attached** |  | **Not Applicable** |  |
| **3** | **Document Certification** | **Attached** |  | **Not Applicable** |  |
| **4** | **A detailed group structure chart [see notes section of guidance)** | **Attached** |  | **Not Applicable** |  |
| **5** | **Documentation to evidence Source of Funds/Wealth** | **Attached** |  | **Not Applicable** |  |
| **6** | **Other additional information to support your application** | **Attached** |  | **Not Applicable** |  |
| **7** | **Evidence of Bank Account** | **Attached** |  | **Not Applicable** |  |
| **8** | **An authorised signatories list** | **Attached** |  | **Not Applicable** |  |
| **9** | **Declaration and undertaking CM210A, CM210B or CM210C** | **Attached** |  | **Not Applicable** |  |

**SECTION A**

1. CORE DETAILS

If the applicant is an Individual, please complete section(s) A1; B; C; D and E.

|  |  |
| --- | --- |
| Name of Applicant |  |

Alternative contact during the application process (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | | |
| Contact address |  | | |
| Postcode |  | Country |  |
| Telephone number |  | Email address |  |

|  |  |
| --- | --- |
| Are there any Controllers or Directors acting in the capacity of Nominee? | Yes  No |
| If you have responded ‘yes’ please provide details. | |
| Does the Applicant have shares listed on a stock exchange | Yes  No |
| If you have responded ‘yes’ please provide details. | |

2) CONTROLLERS

Please list ALL controllers of the Applicant and their respective interests. ‘Controller’ has the meaning given in s.422 of the Financial Services and Markets Act 2000 and includes any person with 10% or more of the shares in the Candidate. Refer to the accompanying Guidance Notes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name in full** | **Equity**  **(%)** | **PIF Questionnaire submitted** (tick and go to question 3) | 1. **Advance consent required** (if exemption from PIF) | **Complete if Advance consent** | | | |
| **Financial Services Registration Number** | **Body Corporate - Company registered Number or Individual - Date of birth** | **Nationality/ Country of incorporation** | **Relationship** Where Controllers are close relatives e.g. son |
|  |  |  |  |  |  |  |  |
|
|
|  |  |  |  |  |  |  |  |

3) DIRECTORS

Please list the Directors of the Applicant on admission.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name in full** | **PIF Questionnaire submitted** (tick and go to question 3) | **Advance consent required** (if exemption from PIF) | **Complete if Advance consent** | | | |
| **Member Number/ Financial Services Registration Number** | **Body Corporate - Company registered Number or Individual - Date of birth** | **Nationality/ Country of incorporation** | **Relationship** Where Controllers are close relatives e.g. son |
|  |  |  |  |  |  |  |
|
|
|  |  |  |  |  |  |  |
|
|

***Note: For individuals authorised to sign on behalf of the company who do not appear in tables 2 and 3 please ensure the full authorised signatory list is submitted with this application.***

4) OWNERSHIP- ADDITIONAL DETAILS

Where the ownership percentages disclosed do not total 100% detail below how many shareholders own the remaining shares in the business.

|  |  |  |  |
| --- | --- | --- | --- |
| (i) Less than 10 | (ii)10 - 20 | (iii)21 to 50 | (iv)51 or more |
|  |  |  |  |
| Please attach a copy of the Shareholder Register/Agreement | | | |

|  |  |
| --- | --- |
| Does any Government entity official or government employee have any ownership or financial interest in your business? | Yes  No |
| If you have responded ‘yes’ please provide details. | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do any of the individuals detailed in sections 2, 3, 4 or 5 or any of their family members currently hold (or have they previously held) any position of responsibility in any government, government agency, or enterprise owned wholly or partly by a government or in any international organisation? If “Yes”, please provide details below. | | | | | | | Yes | | No |
| Full Name |  | | | | | | | | |
| Position in Your Business | | |  | | | | | | |
| Family relationship to Business employee | | | | |  | | | | |
| Government / Agency / Organisation Name | | | | |  | | | | |
| Government / Agency / Organisation Position | | | | |  | | | | |
| Period of Service | | From | | /    / | | To | | /    / | |
| **(Please print this table and complete details for each individual relationship to be disclosed)** | | | | | | | | | |

**SECTION B**

ADDITIONAL DETAILS

|  |  |
| --- | --- |
| * Are interests in the Applicant owned or to be owned, directly or indirectly, by any of the following "US persons" * any natural person resident in the United States; * any partnership or corporation organised or incorporated under the laws of the United States; * any estate of which any executor or administrator is a US person; * any trust of which any trustee is a US person; * any agency or branch of a foreign entity located in the United States; * any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US person; * any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated, or (if an individual) resident in the United States? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| If the answer to any of the above question’s is YES, are all such US persons "accredited investors" or "qualified institutional buyers", as defined under the US Securities Act of 1933? | Yes  No |
| Has the Applicant ever been refused/had revoked any licence, membership, authorisation, registration or other permission granted by a regulator or government body in the UK or overseas? | Yes  No |
| Has the Applicant ever decided not to proceed, after making an application to a regulatory body/Lloyd’s for:   * a Licence * authorisation * registration * membership * other permission granted by a regulatory body? | Yes  No |
| If you have answered yes to the questions above, please provide an explanation of the events below, including; the date of the event, the outcome and an explanation of the circumstances | |
|  | |

**SECTION C**

FUNDS AT LLOYD’S

|  |  |
| --- | --- |
| Please confirm how the Applicant’s Funds at Lloyd’s are to be provided: -   * Cash deposit and/or Securities; * Inter-available arrangement; * Guarantee or letter of credit (LOC) (If yes provide the details, including the names and addresses of each credit institution and amount of each guarantee/letter of credit in ***Section D);*** or * Other (Please provide details below) | Yes  No  Yes  No  Yes  No  Yes  No |
|  | |
| Will any cash/securities, provided as Funds at Lloyd’s be deposited with a custodian other than the Corporation of Lloyd's?  If YES provide the details in ***Section D*** and see Guidance Notes for further documentation required | Yes  No |
| Does the Candidate propose to appoint an investment manager?  Note- Cash/Securities will not be invested until an approved Investment Manager has been appointed.  If YES provide the details in ***Section D*** and see Guidance Notes for further documentation required | Yes  No |

**SECTION D**SUPPLEMENTARY INFORMATION

If there is any other information which the Candidate considers to be relevant to the application, please include it here.

|  |  |
| --- | --- |
| Relevant information- further information required from Section C | Documents attached |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |

**SECTION E**

DECLARATION

I hereby certify that the information supplied to Lloyd’s is, to the best of my knowledge and belief, accurate in all material respects and does not omit any information relating to me which might reasonably be considered relevant to my application.

Furthermore, I hereby undertake and agree that I shall immediately notify Lloyd’s of any changes in the information provided in this form which occur after the date of submission of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

The Corporation of Lloyd’s 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 [Market Services Privacy Notice](https://www.lloyds.com/common/privacy-notices) available on our website in conjunction with that of your Members’ Agent.

**APPENDIX 1**

Please submit one ID verification document and one Address verification document from the list below with this form:

**Identification Verification documents**

The below Government-issued (valid) ID documents are deemed acceptable (either original or originally-certified copy):

● Unexpired copy of a passport

● Unexpired Photocard Driving Licence with signature (full or provisional)

● Unexpired National Identity Card with signature and photograph

● Unexpired Firearms Certificate / Shotgun Licence

**Verification documents - address**

The below is a list of acceptable Address verification documents (either original or originally-certified copy):

● Unexpired Photocard Driving Licence with signature (full or provisional) (**if not used previously for ID verification**)

● Utility bill dated within previous 3 months (no mobile phone bills)

● Bank Statement within previous 3 months (UK, EU or equivalent jurisdiction regulated financial institution – not an internet-printed statement)

● Council tax bill within previous 3 months

● Instrument of a Court appointment (liquidator or grant of probate)

**NB: PO box addresses are not acceptable**

**Certification**

All verification documentation must be Certified in line with the below:

**Certification:**

Certification must be of original documents

Certified copies of certified copies can be accepted if the audit trail is complete and the certification on all copies meet the Lloyd’s standards

Photographs certified as copies of the original can be accepted if the person who took the photograph has certified it appropriately in line with the below and the certification on the original meets our standards

Who can certify:

An independent person who is part of a professional body membership with professional/regulatory obligations:

* Solicitor (including in-house)
* Lawyer (including in-house)
* Accountant (including-in-house)
* FCA Registered Person

The following must be recorded (by the certifier) on each document:

* Name of the certifier
* Signature of the certifier
* Job title of the certifier
* Professional body membership they are part of
* Date of certification

Written confirmation from the certifier the copies are true and exact copies and that they have seen the original, suggested text ***“I hereby certify this to be a true copy of the original document as seen by me”***