APPLICATION FOR SUPERVISION

Version: August 2023



To ensure we have all the information we need to process your application, please ensure you are completing the latest version of this form. The most up to date version is linked from icaew.com/regulatoryapplications, or please email regulatoryapport@icaew.com for a copy.

We aim to provide a decision on your application as soon as possible. This is usually within 8-12 weeks of receiving a fully completed application form and all supporting documentation.

APPLYING FOR SUPERVISION UNDER ICAEW'S PRACTICE ASSURANCE SCHEME

WHEN TO USE THIS FORM

Please use this form if you want to apply for supervision in accordance with the Money Laundering, Terrorist Financing and Transfer of Funds (information on the Payer) Regulations 2017 (amended) (MLR17).

Please do not complete this application form if you are an estate agent, consumer credit financial institution, money service bureau, high value dealer or casino. If you want to find out about the supervisory authorities responsible for these and other regulated activities, please refer to the Guidance Notes at www.gov.uk/money-laundering-regulations-who-needs-to-register

Before you complete this form, please read the guidance notes, which are available at icaew.com/AMLR

PLEASE ENCLOSE WITH YOUR APPLICATION:

- a separate Fit and Proper Declaration (download from icaew,com/AMLR) completed by every principal, nominated money laundering reporting officer, the board member or member of senior management who is responsible for compliance with MLR17 (MLCP), and shareholder who is not an ICAEW member or affiliate;
- a DBS certificate (or equivalent) in respect of each beneficial owner, officer or manager (BOOM) in the firm. See icaew.com/criminalchecks
- a copy of the last set of accounts of the firm and any connected entities listed in section F; and
- examples of recent promotional materials and/or advertisements.

A FIRM INFORMATION **FIRM DETAILS** A.1 Firm name A.2 Trading name (if applicable) A.3 Legal form of firm A.4 ICAEW firm number C00 A.4b Company number (as per Companies House) (if known) A.5 Address Postcode/ zipcode A.6 Telephone number A.7 Fax number A.8 Email address A.9 Website address A.10 Practice Assurance contact principal's name A.11 Practice Assurance contact principal's email address A.12 Practice Assurance contact principal's phone number

FIRM PROFILE		
A.13 Total number of offices		
A.14 Total number of staff		
A.15 Does the firm describe itself as 'chartered accountants'?	YES	O NO
A.16 Is your firm regulated/licensed by ICAEW for:		
a. audit	YES	ON O
b. DPB licensed activities	YES	O NO
c. probate	YES	O NO
d. ATOL work	YES	O NO
A.17 Is your firm regulated/licensed by any other organisation for (please state):		
a. audit	YES	O NO
b. FCA authorised investment business	YES	O NO
c. DPB licensed activities	YES	ONO
d. probate	YES	O NO
A.18 Are individuals within your firm licensed by ICAEW for insolvency?	YES	O NO
A.19 Are individuals within your firm licensed by any other organisation for insolvency?	YES	O NO
A.20 Is the firm an ICAEW authorised training employer?	YES	O NO
A.21 If you are a sole practitioner and hold client money, please provide details for your a	alternate.	

BUSINESS ACTIVITIES Please indicate the business activities performed by the firm applying for supervision					
A.22 Accountancy service provider:					
audit	investment business advice	other (please specify)			
preparing accounts and/or business records	management consultancy				
payroll services	corporate finance				
tax compliance	activities requiring a DPB licence				
tax advice	insolvency practice				
A.23 Trust services (see section I)	A.28 Agency providing t	rustees			
A.24 Company services	A.29 Other trust or comp	pany services (please specify)			
A25 Company formation (see section I)					
A.26 Interim manager services (see section J)					
A.27 Agency providing company directors/company secre	etaries				
FINANCIAL PERFORMANCE					
A.30 Latest accounting reference date					
A.31 If the period is less than 12 months, please state number of months					
A.32 Total firm turnover for the latest accounting period					
A.33 Please provide your best estimate of value of activities that fall under the MLR 17.					

B OFFICE INFORMATION								
If your firm has more than three offices, please	If your firm has more than three offices, please print additional copies of this page.							
B.1 Office address	HEAD OFFICE	OFFICE 2	OFFICE 3					
	See A.5							
B.2 Telephone number								
B.3 Please give the number of staff based at	t each office (see Guidance Notes)							
principals who are responsible individuals for audit								
other principals								
employees who are responsible individuals for audit								
other audit staff								
other professional staff								
administrative staff								
total staff based at this office								

C PRINCIPALS WHO	If the plea	ere are more than four member principals, se print additional copies of this page.		
C.1 Name	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4
C.1 Name				
C.2 Year admitted to membership of ICAEW				
C.3 Membership number				
C.4 Practising certificate held?				
C.5 Year appointed principal				
C.6 Role in firm				
C.7 Office location				

D	ALL OTHER PRINCIPALS				If there are more than four member principals, please print additional copies of this page.
D.1	Name	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4
D.2	Qualification (with name of professional body)				
D.3	Year admitted to professional body				
D.4	Practising certificate held (or equivalent)?				
D.5	Affiliate number or N/A				
D.6	Year appointed principal				
D.7	Role in firm				
D.8	Office location				

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Please provide details of the individuals, or entities, which hold the voting rights in the entity applying for supervision - this may be a corporate entity (shareholders), an LLP (members) or a partnership (partners).

If the entity applying for supervision is part of a group, you should give the names of the companies holding the shares in the entity applying, rather than the name of the individual who has 'effective' control through a group structure. In this circumstance, please also provide full details of the group structure including the ultimate beneficial owners, on a separate page.

Name of shareholder/member/partner % voting rights Number of shares Nominal value (please include non-voting shares)

	ENTITIES
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Please give details of all connected firms. If the connected entity is also applying for money laundering supervision, this information should be provided in a separate application for supervision form and it need not be provided in this section. If there are more than two connected entities, please print additional copies of this page.

CONNECTED ENTITY 1 CONNECTED ENTITY 2

F.2 ICAEW firm number (if known)

F.3 Office address

F.1 Name of entity

- F.4 Is this connected entity registered for audit or licensed/authorised to carry out investment business?
- F.5 Is the connected entity supervised under MLR17?
- F.6 Please provide details of the nature of your involvement in the connected entity (eg, management or ownership)
- F.7 Approximate turnover
- F.8 Services provided by the connected entity
- F.9 Does this connected entity have PII cover? (If this connected entity is covered under the PII policy of your firm, please answer N/A).

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G.1	Please provide the following details for the money laundering reporting officer (MLRO):
	name
	contact phone number
	email address
	contact address (if different from A.5)
G.1a	Please provide the following details for the board member or member of senior management who is responsible for compliance with MLR17 (MLCP)
	name
	contact phone number
	email address
	contact address (if different from A.5)

G	MLR17			
G.2	Does the firm have a business bank account?	YES	O NO	
G.3	Does the firm hold client money?	YES	O NO	
G.4	Does the firm have procedures, in accordance with MLR 17, to assess the respective risk of each new and existing client?	YES	NO	
G.5	Does the firm have appropriate procedures to perform ongoing client due diligence on all clients in accordance with their risk rating?	YES	NO	
G.6	In the last five years, has the firm been the subject of any civil action relating to its professional or business activities which resulted in a finding against the firm by a court, or a settlement being agreed?	YES	NO	
G.7	Has your firm previously been registered for supervision under MLR 17?	YES	O NO	
	If 'Yes', please give:			
	previous MLR registration number			
	previous MLR supervisory body			
G.8	When would you like registration with ICAEW to begin?  Date	DD MM YYY	Υ	
G.9	Under Regulation 54 of MLR17, HMRC must maintain a register of all relevant persons who are trust or company service providers (TCSPs) that are not already registered with FCA. Firms who are not on the register are not permitted, under the MLR17, to provide TCSP work. If you perform TCSP work when not on the register, you may be subject to disciplinary action. See icaew.com/TCSP	YES	NO	
	Would you like ICAEW to add you to HMRC's TCSP register?			

# H PROFESSIONAL INDEMNITY INSURANCE H.1 Does the firm have PII cover? NO If 'Yes', please provide the following details: policy number most recent renewal date sum insured self-insured excess name and address of insurer/underwriter The names of any other connected entities or firms covered by the policy H.2 If the firm does not have any PII cover, and the firm provides accountancy services, please explain why no PII cover exists.

	RUST AND/OR COMPANY FORMATION AGENTS
l.1	Where does the firm, or where will the firm in the future, offer to form companies and/or trusts?  Please mark all that apply.
1.2	How many companies and/or trusts does the firm expect to form over the next year?  If not applicable, enter N/A.
J	NTERIM MANAGERS AND NOMINEE DIRECTORS/TRUSTEES
J.1	How many directorships or trusteeships do you currently hold or does your firm manage? If not applicable, enter N/A

# K.1 Does your firm wish to use the ICAEW Practice Assurance legend, 'A member of the ICAEW's Practice Assurance scheme'? K.2 Where or how does the firm wish to use the legend? For example, in marketing material or on the firm's letterhead.

J.2 How many additional directorships or trusteeships do you expect to hold or does your firm expect to arrange over the next year?

If not applicable, enter N/A

# L CONFIRMATION AND UNDERTAKINGS

This section must be completed by the sole practitioner, a partner, a director or the company secretary.

Caution. If you have made a false statement on this form, you may be committing an offence. We may seek to confirm the accuracy of the information you have provided.

- I/we confirm that, if requested, the firm is willing to submit or make available to ICAEW and/or its agents, documents and records in support of answers given in this application form.
- I/we confirm that, to the best of my/our knowledge and belief, the information in this application is complete and accurate and where estimates are given, they are made on the best available information.
- I/we confirm that I/we have procedures to provide staff and principals with appropriate training; gather and retain evidence of the identification of all clients; undertake ongoing compliance monitoring; and report any suspicions of money laundering.
- I/we understand that non-compliance with the Money Laundering, Terrorist Financing and Transfer of Funds (information on the Payer) Regulations may be met with a civil penalty or criminal prosecution.
- I/we understand that the firm's continued membership of the ICAEW's Practice Assurance scheme is reliant upon continuing compliance with the Money Laundering Regulations and the Practice Assurance standards.
- I/we have submitted a DBS certificate (or equivalent) in respect of each BOOM in the firm. See icaew.com/criminalchecks
- I/we have submitted a Fit and Proper Declaration for all principals (listed in sections C and D), the nominated money laundering reporting officer (in section F) and the individuals with beneficial interests (listed in section L) who are not ICAEW members or affiliates.
- I/we confirm that the firm will notify the ICAEW of any material change to the personnel who are required to complete to the Fit and Proper Declaration within 30 days of the change.
- I/we have read and understand the caution above.

Signature		
Surname		
First names (do not use initials)		
Date	DD MM YYYY	Your position in the firm

Please send your signed and completed forms to amlr@icaew.com Alternatively, you may post them to:

Quality Assurance Department (AMLR) ICAEW Metropolitan House 321 Avebury Boulevard Milton Keynes MK9 2FZ



### USING YOUR PERSONAL INFORMATION

We will treat your personal information in accordance with data protection legislation. We will use your information to carry out our responsibilities as a regulator and as a professional body. We may, either as required by law or to carry out those responsibilities, share your personal information to comply with the requirements of government departments, agencies and regulators. Where necessary, we may transfer your information outside the UK or European Economic Area (EEA) eg, to one of our offices. These countries may not have similar data protection laws to the UK so, if we do transfer your information, we will take the necessary steps to ensure that your privacy rights are still protected. For more information about our data protection policy, please go to icaew.com/dataprotection

The Institute of Chartered Accountants in England and Wales (ICAEW), incorporated by Royal Charter RC000246 with registered office at Chartered Accountants' Hall, Moorgate Place, London EC2R 6EA

13