

Application for supervision

Version: December 2019



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
(if known)

C00

A.4b Company number (as per Companies House)

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 NO

A.16 Is your firm regulated/licensed by ICAEW for:

a. audit

YES NO

b. DPB licensed activities

YES NO

c. probate

YES NO

d. ATOL work

YES NO

A.17 Is your firm regulated/licensed by any other organisation for (please state):

a. audit

YES NO

b. FCA authorised investment business

YES NO

c. DPB licensed activities

YES NO

d. probate

YES NO

A.18 Are individuals within your firm licensed by ICAEW for insolvency?

YES NO

A.19 Are individuals within your firm licensed by any other organisation for insolvency?

YES NO

A.20 Is the firm an ICAEW authorised training employer?

YES NO

A.21 If you are a sole practitioner and hold client money, please provide details for your alternate.

BUSINESS ACTIVITIES

Please indicate the business activities performed by the firm applying for supervision

A.22 Accountancy service provider:

- | | | |
|--|--|--|
| <input type="radio"/> audit | <input type="radio"/> investment business advice | <input type="radio"/> other (please specify) |
| <input type="radio"/> preparing accounts and/or business records | <input type="radio"/> management consultancy | |
| <input type="radio"/> payroll services | <input type="radio"/> corporate finance | |
| <input type="radio"/> tax compliance | <input type="radio"/> activities requiring a DPB licence | |
| <input type="radio"/> tax advice | <input type="radio"/> insolvency practice | |
-

- | | |
|---|---|
| <input type="radio"/> A.23 Trust services (see section I) | <input type="radio"/> A.28 Agency providing trustees |
| <input type="radio"/> A.24 Company services | <input type="radio"/> A.29 Other trust or company services (please specify) |
| <input type="radio"/> A.25 Company formation (see section I) | |
| <input type="radio"/> A.26 Interim manager services (see section J) | |
| <input type="radio"/> A.27 Agency providing company directors/company secretaries | |

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 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 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 ARE MEMBERS OF ICAEW

If there are more than four member principals, please print additional copies of this page.

	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.

	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4
D.1 Name				
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				

E VOTING RIGHTS

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 (please include non-voting shares)	Nominal value
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C.1 Name

F CONNECTED ENTITIES

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.1 Name of entity		
F.2 ICAEW firm number (if known)	C00	C00
F.3 Office address		
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).		

G MLR17

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 NO

G.3 Does the firm hold client money? YES 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 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 YYYY

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](https://www.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? YES 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.

I TRUST AND/OR COMPANY FORMATION AGENTS

- I.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.
- UK elsewhere in the EU outside the EU
- I.2 How many companies and/or trusts does the firm expect to form over the next year? If not applicable, enter N/A.

J INTERIM 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
- 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

K ADDITIONAL CONTRACT INFORMATION

- K.1 Does your firm wish to use the ICAEW Practice Assurance legend, 'A member of the ICAEW's Practice Assurance scheme'?
- YES NO
- K.2 Where or how does the firm wish to use the legend? For example, in marketing material or on the firm's letterhead.

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](https://www.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:

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 to one of our offices in countries outside the European Economic Area (EEA). These countries may not have similar data protection laws to the EEA 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](https://www.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