

**June**

**2018**

APPLICATION FOR AUTHORISATION

AS A DEBT MANAGEMENT FIRM

Under Part V of the Central Bank of Ireland Act 1997 (as amended)



**NOTES ON COMPLETION**

**PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE READ AND ARE FAMILIAR WITH:**

* **THE CENTRAL BANK ACT 1997 (AS AMENDED) (THE ACT); AND**
* **the** [**Guidance Note for the Completion of an Application for Authorisation as a Debt Management Firm**](http://www.centralbank.ie/regulation/industry-sectors/debt-management-firm/Documents/240316%20DMF%20Guidance%20Note%20for%20Completion%20of%20Application%20Form.pdf) **under PART V OF THE ACT (the Guidance Note) in conjunction with this Application Form.**

1. All applications must be typed. All questions must be answered. If a question does not apply, please write “N/A” (not applicable) or “none” as appropriate. Do not leave any blank spaces.
2. Appendix 3 describes the sections required to be included in the Business Plan and Programme of Operations documents to be submitted by the applicant. These sections should, at a minimum, include responses to the questions raised in the Business Plan and Programme of Operations sections of this application form. Where these documents are submitted without the required sections included, they will not be assessed and the applicant will be informed of the required sections that were omitted.
3. If the applicant is unable to submit an item of information requested in this application form, please provide an explanation in a covering letter (referring to the section and question number, where applicable). Please note that the omission of information requested may result in the application submission not being progressed to the assessment phase or a delay in the application process. If key information has been omitted from the application submission it will not be processed further and the applicant will be informed of the key information that was omitted and the hard copy of the documentation submitted will be returned to the applicant.
4. **Please ensure that full and complete referencing is completed throughout this application form in the column provided. Referencing must be in line with the following format: *Document abbreviation – page number – section number/paragraph number*.** **Where an input box is provided in this application form a document reference must be included by the applicant. Any input boxes with “YES/NO” directly over them should be completed with a “Yes” or “No” answer. ‘Not applicable’ may also be included if appropriate; however, under no circumstances must an applicant leave an input box blank or not provide an answer i.e. the relevant document reference or ‘yes’, ‘no’ or ‘not applicable’ must be provided as an answer.**
5. If there isn’t enough space for the proposed response or if the answer is requested on a separate sheet, please provide that information on a separate sheet and refer to it in the space provided for the answer. Please ensure that any sheets are clearly marked with the name of the applicant and include a reference to the relevant question.
6. Further information or clarification may be requested by the Central Bank (having regard to the replies furnished in this application form) from the applicant for the purpose of assessing and reaching a determination in respect of an application.
7. Applicants should include an index of documentation with the application submission.
8. Applicants should provide the Central Bank with both hard and soft copies of all application documentation.
9. **Important Information you should read before completing this application form:**

* Please ensure that all information provided is accurate and complete and that all information which might reasonably be considered relevant for the purpose of the application is disclosed. If you do not, you may be committing an offence under the Act, your application may be refused or the processing of your application may be delayed.
* The Central Bank will only grant an authorisation to an applicant if it is satisfied that the applicant has demonstrated that it meets the authorisation requirements of the Act.

*The Central Bank may process personal data provided by you in order to fulfil its statutory functions or to facilitate its business operations. Any personal data will be processed in accordance with the requirements of data protection legislation. Any queries concerning the processing of personal data by the Central Bank may be directed to* [*dataprotection@centralbank.ie*](mailto:dataprotection@centralbank.ie)*. A copy of the Central Bank’s Data Protection Notice is available at* [*www.centralbank.ie/fns/privacy-statement*](http://www.centralbank.ie/fns/privacy-statement)*.*

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|  | | | |  | | | | **Document Reference** |
| **SECTION 1 –STRUCTURAL ORGANISATION** | | | | | | | | |
|  | | **Pursuant to Section 30(2)(b) and Section 31A(a) of the Act, an application submitted by a person that wishes to carry on a regulated business, must contain such information and be accompanied by such documents as the Bank requests and in order to obtain an authorisation, that person shall satisfy the Bank that, where applicable, its Memorandum and Articles of Association will enable it to operate in accordance with this Act and any conditions or requirements that the Bank may impose.** | | | | | |  |
|  | | Please disclose the following information: | | | | | |  |
| 1.1 | Full legal name of the applicant (e.g. the registered name of incorporated entity at the date of submission of the application). | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| 1.2 | Legal status of the applicant (e.g. company limited by shares incorporated in Ireland etc.). | | | | | |  |
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|  |  | | | | | |  |
|  | Registered number (if appropriate). | | | | | |  |
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| 1.3 | Trading name(s) which the applicant will use, if different from 1.1 above. | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| 1.4 | Address of the applicant’s registered office. | | | | | |  |
|  | **Address:** | | |  | | |  |
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|  |  | | |  | | |  |
|  | **Telephone Number:**  **Email Address:**  **Website Address:** | | |  | | |  |
|  |  | | |  | | |  |
| 1.5 | Address of the applicant’s head office, if different from 1.4 above. | | | | | |  |
|  | **Address:** | | |  | | |  |
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|  |  | | |  | | |  |
|  | **Telephone Number:**  **Email Address:** | | |  | | |  |
|  |  | | | | | |  |
| 1.6 | Contact details of a principal of the applicant, in the State, who will accept service of any | | | | | |  |
|  | document(s) in respect of the application submission. | | | | | |  |
|  | **Contact Name:** | | |  | | |  |
|  | **Address:** | | |  | | |  |
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|  |  | | |  | | |  |
|  | **E-mail Address:** | | |  | | |  |
|  | **Telephone Number:** | | |  | | |  |
| 1.7 | Address of the applicant’s principal place of business, if different from 1.5 above. | | | | | |  |
|  | | **Address:** |  | | | | |  |
|  | |  |  | | | | |  |
|  | |  |  | | | | |  |
|  | |  |  | | | | |  |
|  | | **Telephone Number:**  **Email Address:** |  | | | | |  |
|  | |  | | | | | | **Document Reference** |
| **1.8** | | **Company Application** | | | | | |  |
| 1.8.1 | | Disclose the applicant’s date of incorporation. | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |  |
| 1.8.2 | | Please provide the following documentation with the application submission: | | | | | |  |
|  | | 1. Certified copy of the applicant’s Certificate of Incorporation; | | | | | |  |
|  | | 1. Certified copy of the applicant’s Certificate of Incorporation on Change of Name (if | | | | | |  |
|  | | applicable); | | | | | |  |
|  | | 1. Certified copy of the applicant’s Memorandum of Association and Articles of | | | | | |  |
|  | | Association or other appropriate Constitutional Document (as applicable); | | | | | |  |
|  | | 1. Certified copies of any special resolutions amending the Memorandum and Articles of | | | | | |  |
|  | | Association or the appropriate constitutional document (if applicable); and | | | | | |  |
|  | | 1. Certified copy of the applicant’s Certificate of Registration of Business Name (if | | | | | |  |
|  | | applicable). | | | | | |  |
|  | |  | | | | | |  |
|  | | A certified copy is one which has been signed, stamped and dated by a party independent of the applicant[[1]](#footnote-1). | | | | | |  |
|  | |  | | | | | | **Yes/No** |
| 1.8.3 | | Confirm that the scope of the applicant’s constituting documentation is sufficiently wide | | | | | |  |
|  | | to permit the applicant conduct its proposed debt management services and any other proposed services. | | | | | |  |
|  | |  | | | | | |  |
| 1.8.4 | | List the names of the persons who are in a position to exercise a significant influence over the management of the applicant and clarify their relationship with the applicant and the nature of their influence over the applicant (if applicable). | | | | | |  |
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| **1.9** | | Partnership Application | | | | | |  |
| 1.9.1 | | Date of commencement of partnership. | | | | | |  |
|  | |  | | | | | |  |  |
|  | |  | | | | | |  |
| 1.9.2 | | Please provide: | | | | | |  |
|  | | 1. A certified copy of the partnership agreement;   Please confirm that; | | | | | |  |
| **Yes/No** |
|  | | 1. The scope of the applicant’s partnership agreement is sufficiently wide to permit the applicant to conduct the proposed debt management services; and 2. The partnership agreement includes provisions regarding the role and responsibility of each partner and the contingency plan in place if one or more partners are no longer able to continue as a partner. | | | | | |  |
|  |
| **Yes/No** |
|  |
|  |
| 1.9.3 | | List the names of the partners and their status (e.g. managing, general, limited). Please add additional rows if required. | | | | | |  |
|  | | **Name of Partner** | | | | **Status** | **% of Partnership Capital Held** |  |
|  | |  | | | |  |  |  |
|  | |  | | | |  |  |  |
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|  | |  | | | |  |  |  |
|  | |  | | | | | | **Document Reference** |
|  | |  | | | | | | **Yes/No** |
| 1.9.4 | | Does the partnership or any of the partners have a shareholding of 10% or more in any company? | | | | | |  |
|  |
|  | | If yes, please give the name, shareholding and principal activities of each entity (if the shareholding is held by an individual partner this should be indicated). Please add additional rows if required. | | | | | |
|  | | **Name of Entity** | | | | **% Holding** | **Principal Activities** |  |
|  | |  | | | |  |  |  |
|  | |  | | | |  |  |  |
|  | |  | | | |  |  |  |
| 1.9.5 | | List the names of the persons who are in a position to exercise a significant influence over the management of the applicant and clarify their relationship with the applicant and the nature of their influence over the applicant (if applicable). | | | | | |  |
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| **1.10** | | **Sole Trader Application** | | | | | |  |
| 1.10.1 | | (a) Please provide a certified copy of the Certificate of Register of BusinessName (if applicable); and | | | | | |  |
| **Yes/No** |
|  | | (b) Confirm that the personal address of the applicant has been provided in the Business Plan. | | | | | |  |
|  |
| 1.10.2 | | List the names of the persons who are in a position to exercise a significant influence over the management of the applicant and clarify their relationship with the applicant and the nature of their influence over the applicant (if applicable). | | | | | |  |
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|  | |  | | | | | | | | | | | | **Document Reference** |
|  | | | | | | | | | | | | | |
| **SECTION 2 – BUSINESS PLAN** | | | | | | | | | | | | | |
|  | | **Pursuant to Section 30(2)(b) and 31(A)(g) of the Act, an application submitted by a person that wishes to carry on a regulated business, must contain such information and be accompanied by such documents as the Bank requests and in order to obtain an authorisation, that person shall satisfy the Bank as to the conduct of the person’s business, financial resources and any other matters that the Bank considers necessary in the interests of the proper and orderly regulation and supervision of regulated entities or in the interests of the protection of customers or potential customers.** | | | | | | | | | | | **Yes/No** |
| 2.0 | | | Confirm that the applicant’s Business Plan is attached to the application submission. | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  |
| **2.1** | | **Solvency** | | | | | | | | | | | **Yes/No** |
| 2.1.1 | | Confirm that the applicant can meet all of its liabilities as they fall due at authorisation date and that the applicant projects doing so for the first 18 months from its projected authorisation date. | | | | | | | | | | |  |
|  |
|  | |  | | | | | | | | | | | **Yes/No** |
| 2.1.2 | | Confirm that for sole traders/partnerships the applicant has provided a certificate of solvency (see Appendix 2 below). In the case of a partnership, all partners should complete Appendix 2. | | | | | | | | | | |  |
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|  | |  | | | | | | | | | | |  |
| 2.1.3 | | For incorporated applicants please provide a letter from their accountant/auditor confirming their solvency. This confirmation should state the net asset amount, that goodwill and other intangible assets have been excluded from the calculation and that the applicant can meet its debts as they fall due. | | | | | | | | | | |  |
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| 2.1.4 | | Please disclose in the Business Plan whether the applicant will have total assets greater than total liabilities for the first three years from its projected authorisation date (intangible assets and goodwill are to be excluded from the calculation of assets and perpetual subordinated debt, in a form approved by the Central Bank, is to be excluded from the calculation of liabilities). | | | | | | | | | | |  |
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|  | |  | | | | | | | | | | | **Yes/No** |
| 2.1.5 | | Confirm that the applicant will notify the Central Bank 5 years in advance of the repayment of perpetual subordinated debt, as part of this application (if applicable) or if and when the firm holds such debt, at any time post authorisation. | | | | | | | | | | |  |
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|  | |  | | | | | | | | | | |  |
| **2.2** | | **Professional Indemnity Insurance (PII)** | | | | | | | | | | | **Yes/No** |
| 2.2.1 | | Confirm that the applicant proposes to hold PII for the specific activity of ‘*debt management services’* at authorisation and at all times, when authorised as a debt management firm. Please note the Central Bank advises new applicants to seek a quotation for PII at this stage of the application process, however the Central Bank recommends that new applicants **do not put in place a policy of PII until the application process is nearing completion and they have been instructed to do so by the Central Bank.** | | | | | | | | | | |  |
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|  | |  | | | | | | | | | | |  |
| 2.2.2 | | Please provide details of the (proposed) insurer, the policy effective date, details of the activities covered, the policy excess, how the firm will meet the policy excess, and cover amount per claim and in aggregate, in the Business Plan. | | | | | | | | | | |  |
|  |
| 2.2.3 | | Please provide details on how the applicant will meet the policy excess and cover amount per claim, and in aggregate, in the Business Plan. | | | | | | | | | | |  |
|  |
| 2.2.4 | | Confirm whether the applicant has made any claims under any current or previous PII policies during the three years preceding the date of the application submission. | | | | | | | | | | | **Yes/No** |
|  |
|  |
| 2.2.5 | | If yes, details of the date, type, amount, and description and outcome of the claims must be included in the Business Plan. | | | | | | | | | | |
|  |
| **Document Reference** |
| **Yes/No** |
| 2.2.6 | | Confirm that the applicant will provide the PII schedule and evidence of payment of the insurance premium when requested (at the latter stage of the application). | | | | | | | | | | |  |
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|  | |  | | | | | | | | | | |  |
| **2.3** | | **Sole Trader Applicants** | | | | | | | | | | |  |
| 2.3.1 | | Please disclose in the business plan the measures that will be taken to separate personal financial records from those relating to regulated and other business activities. | | | | | | | | | | |  |
| **Yes/No** |
| 2.3.2 | | | Does the applicant have any significant personal financial obligations that may affect the provision of the proposed debt management services?  If yes, please provide the relevant details in the business plan. | | | | | | | | | | |  |
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| **2.4** | | | **Financial Projections** | | | | | | | | | | |
| 2.4.1 | | | Financial projections for one year from projected authorisation date[[2]](#footnote-2) must be included | | | | | | | | | | |  |
|  | | | in the Business Plan and include: | | | | | | | | | | |
|  | | | 1. A **projected balance sheet** as at authorisation date; | | | | | | | | | | |  |
|  | | | 1. A detailed projected **monthly (including annual total) profit and loss account** | | | | | | | | | | |  |
|  | | | for the first year of authorisation; | | | | | | | | | | |  |
|  | | | 1. Detailed **projected balance sheet** for the first year of authorisation; and | | | | | | | | | | |  |
|  | | | 1. **Clear and comprehensive notes** explaining each line item, how the figure was | | | | | | | | | | |  |
|  | | | calculated and whether particular line items include any sub-items. | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |  |
| 2.4.2 | | | Details with regard to the potential risk that the applicant may not be able to operate | | | | | | | | | | |  |
|  | | | within the bandwidth of its financial projections must be included in the Business Plan. | | | | | | | | | | |  |
|  | | | In this regard, please confirm that the following information in included in the Business Plan: | | | | | | | | | | |  |
|  |
| **Yes/No** |
|  | | | 1. How the applicant will monitor this risk; and | | | | | | | | | | |  |
| **Yes/No** |
|  | | | 1. How the applicant will mitigate this risk. | | | | | | | | | | |  |
|  | | | Please note that the Central Bank may require the applicant to provide stress tested financial projections where concerns arise in respect of the robustness of the financial information submitted by the applicant. | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |  |
| **2.5** | | | **Applicants currently/previously trading** | | | | | | | | | | | **Yes/No** |
| 2.5.1 | | | Confirm whether the applicant is currently trading or has traded in the 12 months | | | | | | | | | | |  |
|  | | | preceding the date of the application submission. | | | | | | | | | | |  |
| 2.5.2 | | | If yes to 2.5.1, please attach the following information with the Business Plan (where applicable): | | | | | | | | | | |  |
| (a) | | | The applicant’s latest audited accounts; | | | | | | | | | | |  |
| (b) | | | Its most recent management accounts; and[[3]](#footnote-3). | | | | | | | | | | |  |
| (c) | | | Copy of any review carried out in respect of the firm’s finances in the past 12 months or written details of any financial issues relating to the firm in the past 12 months. | | | | | | | | | | |  |
|  |
| 2.5.3 | | | Are there any charges, guarantees, indemnities or other security or commitments | | | | | | | | | | | **Yes/No** |
|  |
|  | | | (including letters of comfort) given by the applicant to third parties which are in effect at the date of the application submission or which it is envisaged will be given in the short term, (including those relating to other group undertakings, where applicable)  If yes, please provide relevant details in the Business Plan. | | | | | | | | | | |  |
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|  | | |  | | | | | | | | | | | **Document Reference** |
| **2.6** | | | **Income** | | | | | | | | | | | **Yes/No** |
| 2.6.1 | | | Confirm whether the applicant has traded in the 12 months preceding the date of | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |  |
|  | | | If yes, the following information must be included in the Business Plan: | | | | | | | | | | |  |
|  | | | 1. A description of the **activities/products** which the applicant has been providing; and | | | | | | | | | | |  |
|  |
|  | | | 1. the **income received** in the **last 12 months** in respect of each activity. | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |  |
| 2.6.2 | | | Please provide the following details in the Business Plan: | | | | | | | | | | |  |
| (a) | | | The **debt management services** and other services (if applicable) that the applicant | | | | | | | | | | |  |
|  | | | proposes to provide in its **first year** of operation; and | | | | | | | | | | |  |
| (b) | | | The **total** **income** that is likely to be generated from all products/services (by product/ | | | | | | | | | | |  |
|  | | | service) in the first year of operation including: | | | | | | | | | | |  |
|  | | | 1. The **percentage of the applicant’s overall income** each product/service | | | | | | | | | | |  |
|  | | | represents; and | | | | | | | | | | |  |
|  | | | 1. How the income is **calculated**/what the income is **composed off** (e.g. fees | | | | | | | | | | |  |
|  | | | and charges, penalties, income from third parties etc.). | | | | | | | | | | |  |
| **2.7** | | | **Clients** | | | | | | | | | | |  |
| 2.7.1 | | | Indicate below:  How many clients the applicant anticipates providing debt management services to | | | | | | | | | | |  |
|  | | | within: | | | | | | | | | | |  |
|  | | | 6 months[[4]](#footnote-4) | | | |  | 12 months | |  | 18 months |  | |  |
| **2.8** | | | **Business Strategy** | | | | | | | | | | |  |
| 2.8.1 | | | Please provide the following information in the Business Plan: | | | | | | | | | | |
|  | | | 1. The specific types of debt the applicant proposes advising upon; | | | | | | | | | | |  |
|  | | | 1. The proposed geographical spread of the applicant’s client base; | | | | | | | | | | |  |
|  | | | 1. A brief profile of the applicant’s proposed client base e.g. will it be both individuals and corporates?; | | | | | | | | | | |  |
|  |
|  | | | 1. The particular categories of creditors that the applicant envisages negotiating with; | | | | | | | | | | |  |
|  | | | 1. Whether there are any restrictions on the type of client, debt or creditor that the applicant will service, advise upon or negotiate with; 2. Does the applicant provide an advisory service only to clients or whether it will also negotiate with creditors on clients’ behalf (if requested by client); | | | | | | | | | | |  |
|  |
|  | | | 1. How the applicant intends to attract/source clients e.g. advertising, personal contacts, liaison with trade bodies, referrals etc.; | | | | | | | | | | |  |
|  |
|  | | | 1. A description of how the applicant intends to grow its business in a manner that ensures that consumer protection issues do not arise as a result of the applicant’s strategy for growing its client base; | | | | | | | | | | |  |
|  |
|  |
|  | | | 1. Whether under any circumstances the firm proposes to hold client monies or disburse payments to creditors on behalf of client; and | | | | | | | | | | |  |
|  |
|  | | | 1. A description of the challenges the applicant faces in terms of growing its debt management business. | | | | | | | | | | |  |
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| **2.9** | | | | | | **Auditor / Accountant / Advisors / Records** | | | | | | |  | |
| 2.9.1 | | | | | | Disclose where in the State the applicant’s accounting records will be maintained: | | | | | | |  | |
|  | | | | | | **Name:** | | |  | | | |  | |
|  | | | | | | **Address:** | | |  | | | |  | |
|  | | | | | |  | | |  | | | |  | |
|  | | | | | | **Contact Name:**  **Telephone Number:**  **Email Address:** | | |  | | | |  | |
|  | | | | | |  | | | | | | |  | |
|  | | | | | |  | | | | | | | **Document Reference** | |
| 2.9.2 | | | | | | Disclose the following information regarding the applicant’s auditors (if applicable): | | | | | | |  | |
|  | | | | | | **Name:** | | |  | | | |  | |
|  | | | | | | **Address:** | | |  | | | |  | |
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|  | | | | | | **Telephone Number:** | | |  | | | |
|  | | | | | | **Contact Name:** | | |  | | | |  | |
|  | | | | | | **Date of Appointment:** | | |  | | | |  | |
|  | | | | | | **E-mail Address:** | | |  | | | |  | |
|  | | | | | |  | | | | | | |  | |
| 2.9.3 | | | | | | Disclose the following information regarding the applicant’s accountants (if applicable): | | | | | | |  | |
|  | | | | | | **Name:** | | |  | | | |  | |
|  | | | | | | **Address:** | | |  | | | |  | |
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|  | | | | | | **Telephone Number:** | | |  | | | |  | |
|  | | | | | | **Contact Name:** | | |  | | | |  | |
|  | | | | | | **Date of Appointment:** | | |  | | | |  | |
|  | | | | | | **E-mail Address:** | | |  | | | |  | |
|  | | | | | |  | | |  | | | |  | |
| 2.9.4 | | | | | | Disclose the following information regarding the applicant’s advisors/consultants (if applicable): | | | | | | |  | |
|  | | | | | | **Name:** | | |  | | | |  | |
|  | | | | | | **Address:** | | |  | | | |  | |
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|  | | | | | |  | | |  | | | |  | |
|  | | | | | | **Telephone Number:** | | |  | | | |  | |
|  | | | | | | **Contact Name:** | | |  | | | |  | |
|  | | | | | | **Date of Appointment:** | | |  | | | |  | |
|  | | | | | | **E-mail Address:** | | |  | | | |  | |
|  | | | | | |  | | |  | | | | **Yes/No** | |
| 2.9.4.1 | | | | | | Have the firm’s advisors or consultants advised the firm in relation to the application | | | | | | |  | |
|  | | | | | | submitted or directly contributed to documentation submitted as part of the application. | | | | | | |  | |
|  | | | | | | If yes, please provide details. | | | | | | |  | |
|  | | | | | |  | | |  | | | |  | |
| 2.9.5 | | | | | | Disclose the date of the applicant’s accounting year-end or proposed year-end: | | | | | | |  | |
|  | | | | | |  | | | | | | |  | |
| 2.9.6 | | | | | | Disclose base and reporting currency and accounting standards being utilised: | | | | | | |  | |
|  | | | | | |  | | | | | | |
| 2.9.7 | | | | | | If applicable, confirm whether the accounts of the applicant carried a qualified audit report in any of the 5 years preceding the date of the application submission.  If yes, full details of the audit report must be included in the Business Plan. | | | | | | | **Yes/No** | |
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| 2.9.8 | | | | | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  | | | **Document Reference** |
| **SECTION 3 – PROGRAMME OF OPERATIONS** | | | | | | | | | | |
|  | | | | **Pursuant to Section 30(2)(b) and 31(A)(d) of the Act, an application submitted by a person that wishes to carry on a regulated business, must contain such information and be accompanied by such documents as the Bank requests and in order to obtain an authorisation, that person shall satisfy the Bank as to the organisational structure and management skills of the person and that adequate levels of staff and expertise will be employed to carry out its activities.** | | | | | |  |
|  | | | |  | | | | | | **Yes/No** |
| 3.0 | | | | Confirm that the applicant’s Programme of Operations is attached to the application | | | | | |  |
|  | | | | submission. | | | | | |  |
|  | | | | | |  | | | |  |
| **3.1** | | | | | | **Proposed Debt Management Services** | | | |  |
| 3.1.1 | | | | | A detailed description of the applicant’s debt management services must be included in the Programme of Operations including: | | | | |  |
|  | | | | | 1. A detailed transaction flow diagram describing the **transaction process from commencement to completion** including the following items (the applicant must ensure that during all stages of the carrying out of its debt management services it complies with the CPC):  * The communication with clients; * Information provided to clients by the applicant and by the applicant to clients; * The processing of client information; * The fees/charges to be applied by the firm; * Negotiation with creditors, if applicable; * Third parties to be utilised by the firm, if applicable; and * Outsourced service providers involved in the process, if applicable. | | | | |  |
|  |
|  | | | | | 1. The following details regarding the debt management service process: | | | | |  |
|  | | | | | 1. Details of the types of information that the applicant proposes to gather from its clients; | | | | |  |
|  |
|  | | | | | 1. Details on the applicant’s policy for communicating with clients e.g. under what circumstances will the applicant provide updates to clients? What will be its preferred method of communication with clients? Will the applicant request that clients communicate with it using one specific method e.g. email? etc.; | | | | |  |
|  |
|  | | | | | 1. Details on the range of solutions/options that the applicant proposes to recommend to its clients e.g. applicant should specify type of typical solutions it envisages negotiating for clients based on its proposed business model and explain why such solutions would be in the best interests for client based on market environment, etc.; and | | | | |  |
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|  | | | | | 1. Details on the criteria the applicant proposes to use in order to determine the most suitable solution/option to be recommended to its client. Applicants should breakdown aforementioned criteria based on key variables such as income, assets, liabilities, type and nature of debts, nature of current debts etc. and explain how the consideration of these would assist the applicant when determining the optimal solution for a client; | | | | |  |
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|  | | | | |  | | | | |  |
|  | | | | | 1. Breakdown of all fee structures that the applicant will impose for debt management services (including the basis for applying each structure, as applicable); | | | | |  |
|  |
|  | | | | | 1. Details, if applicable, on referral agreements or other agreements, arrangements, MOUs etc. that the applicant proposes to have in place with other parties with regards to the provision of its debt management services or any other service that the applicant proposes to provide to any third party[[5]](#footnote-5). | | | | |  |
|  |
| **3.2** | | | | | **Non Debt Management Services** | | | | | **Document Reference**  **Yes/No** |
|  | | | | |
| 3.2.1 | | | | | Apart from the debt management services referred to in 3.1.1 please confirm whether the applicant proposes to engage in any activities other than debt management services. | | | | |  |
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|  | | | | |  | | | | |  |
| 3.2.2 | | | | | If yes, details in relation to the following must be contained in the Programme of Operations: | | | | |  |
|  | | | | | 1. An overview of and background to the activities; | | | | |  |
|  | | | | | 1. A description of their main characteristics and key risks; and | | | | |  |
|  | | | | | 1. A description of the resources and infrastructure (technical and otherwise) in place   to support these activities | | | | |  |
|  |
| 3.2.3 | | | | | Confirm whether the applicant proposes to provide services which are already subject  to authorisation/regulation under alternative legislation. | | | | | **Yes/No** |
|  |
|  |
|  | | | | | If yes, please provide further details in the Programme of Operations. | | | | |  |
| **3.3**  3.3.1 | | | | **Place of Business**  Please provide details in the Programme of Operations how the applicant’s place of business(s) is equipped for the provision of debt management services to clients in relation to the following:   1. Maintenance and storage of client records (both soft and hard copy); 2. Security; and 3. Segregated office whereby clients can consult with the applicant in privacy. | | | | | |  |
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| **3.4** | | | | **Other Places of Business** | | | | | | **Yes/No** |
| 3.4.1 | | | | Does the applicant, either at authorisation date or shortly thereafter, intend to establish other places of business other than its principal place of business? | | | | | |  |
|  |
|  | | | |  | | | | | |  |
| 3.4.2 | | | | If yes to 3.4.1, list the number of other places of businesses the firm proposes to establish. | | | | | |  |
|  |
|  | | | |  | | | | | | **Yes/No** |
| 3.4.3 | | | | If yes to 3.4.1 confirm that the applicant has completed and submitted the ‘*Notification of Other Place of Business Form for Debt Management Firms*’ for each of the other places of business. | | | | | |  |
|  |
|  |
| **3.5** | | **Group Structure** **(if applicable)** | | | | | | | **Yes/No** |
| 3.5.1 | | Confirm whether the applicant is part of a group. | | | | | | |  |
|  |
| 3.5.2 | | If yes, a detailed group organisation chart must be included in the Programme of | | | | | | |  |
|  | | Operations, setting out all group entities i.e. the name of each undertaking within the Group, whether these are regulated or not, the shareholding percentage each group entity owns in the applicant, as applicable, and any relationship to the applicant in terms of financial transactions or resources. | | | | | | |  |
|  | |  | | | | | | |  |
| 3.5.3 | | Close Links | | | | | | | **Yes/No** |
|  | | Confirm whether close links exist between the applicant and natural or legal persons. | | | | | | |  |
|  | | If yes, full details on the entities/persons the applicant has close links with must be | | | | | | |  |
|  |
|  | | included in the Programme of Operations, including identifying the nature of the relationship with that entity/person and the basis for the close links. | | | | | | |  |
|  | |  | | | | | | |  |
| **3.6** | | **Governance and Staffing Arrangements** | | | | | | |  |
| 3.6.1 | | The Programme of Operations must include a detailed organisation chart clearly | | | | | | |
|  | | identifying, as applicable | | | | | | |
|  | | 1. staffing structure including reporting and communication lines within the applicant; | | | | | | |  |
|  |
|  | | 1. proposed functional units/departments (e.g. operations, finance & accounting, IT compliance, risk, internal audit); | | | | | | |  |
|  |
|  | |  | | | | | | | **Document Reference** |
|  | | 1. the location of staff not located at the principal place of business; and | | | | | | |  |
|  | | 1. any outsourced staff or functions. | | | | | | |  |
|  | |  | | | | | | |  |
| 3.6.2 | | Specific details on the proposed staffing within the applicant must be included in the Programme of Operations as follows (where applicable): | | | | | | |  |
|  | | 1. whether there will be full-time or part-time employees and the roles/responsibilities of **each role**; | | | | | | |  |
|  |
|  | | 1. whether they will be dedicated to the proposed debt management services to be undertaken by the applicant or whether their time will be allocated to other activities (please provide details); and | | | | | | |  |
|  |
|  |
|  | | 1. whether there are plans to adjust staffing levels in the first 12-18 months of | | | | | | |  |
|  | | authorisation and, if so, clarify the timeframes and the number of staff and areas where changes are proposed. | | | | | | |  |
| 3.6.3 | | Where part-time employees are proposed, please clarify their working arrangements | | | | | | |  |
|  |
|  | | in the Programme of Operations, including details of employment with other group or non-group entities; | | | | | | |  |
| 3.6.4 | | Where staff are not directly employed by the applicant but are seconded from | | | | | | | **Yes/No** |
|  |
|  | | another group entity, confirm that service level agreements covering the terms of such secondment arrangements are in place. | | | | | | |  |
| 3.6.5 | | Any activities carried out by proposed employees which, are not directly related to the applicant’s business, must be included in the Programme of Operations together with details of how the applicant can demonstrate that this will not impact on their ability to fulfil their role in the applicant. | | | | | | |  |
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| 3.6.6 | | Please provide the following information in the Programme of Operations relating to governance: | | | | | | |  |
|  | | (a) frequency, location and required quorum for board meetings, or other governance | | | | | | |  |
|  | | structures for non-corporates;  (b) items that will be on the agenda for board meetings, or other governance | | | | | | |  |
|  |
|  | | structures for non-corporates ;  (c) confirmation that minutes and key decisions regarding governance and operational | | | | | | |  |
|  |
|  | | matters are documented and maintained;  (d) description on how decisions are made in the applicant entity regarding governance and operational matters including who makes such decisions. | | | | | | |  |
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| **3.7** | | **Service/Product Oversight & Governance** | | | | | | | **Yes/No** |
| 3.7.1 | | Confirm that the applicant will establish, implement and maintain appropriate policies | | | | | | |  |
|  | | and procedures governing service/product development and oversight. | | | | | | |  |
|  | |  | | | | | | |  |
| 3.7.2 | | Provide an overview in the applicant’s Programme of Operations of how the best interests of consumers are embedded: | | | | | | |  |
|  | | * 1. In the applicant’s decision-making processes; | | | | | | |  |
|  | | * 1. In its employees’ behaviour and culture; | | | | | | |  |
|  | | * 1. Service/product testing and monitoring. | | | | | | |  |
|  | |  | | | | | | |  |
| **3.8** | | **Outsourcing** | | | | | | | **Yes / No** |
| 3.8.1 | | Confirm whether the applicant will be outsourcing any important functions (e.g. I.T., | | | | | | |  |
|  | | Finance, Internal Audit, Risk Management/Compliance) to another entity (group or non-group). | | | | | | |  |
| 3.8.2 | | If yes, details of each outsourced service in relation to these functions and a description of the outsourced activity must be included in the Programme of Operations. | | | | | | |  |
|  |
|  |
| 3.8.3 | | If yes to 3.8.1, the following information must be included in the Programme of Operations with respect to **each outsourced activity**: | | | | | | | **Document Reference** |
|  | | 1. Name of service provider(s); | | | | | | |  |
|  | | 1. Principal location where outsourced activities are completed; | | | | | | |  |
|  | | 1. The number of persons employed by the outsourced service provider that will | | | | | | |  |
|  | | provide the services to the applicant; | | | | | | |  |
|  | | 1. The nature of the services to be provided; | | | | | | |  |
|  | | 1. The member of senior management within the applicant that will be responsible | | | | | | |  |
|  | | for monitoring and managing each outsourcing arrangement; | | | | | | |  |
|  | | 1. How the applicant has satisfied itself that it has the appropriate expertise and | | | | | | |  |
|  | | resources to oversee the outsourced activity; | | | | | | |  |
|  | | 1. The rationale for the outsourcing of that activity; and | | | | | | |  |
|  | | 1. Details of the applicant’s contingency plans and exit strategies in the event that | | | | | | |  |
|  | | the outsourcing arrangement is terminated by either party or in the event of the failure of the outsource service provider or in the event that the outsourced service provider is unable to demonstrate it remains in control of the outsourced functions and is in a position to adequately oversee these functions. | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
| 3.8.4 | | Confirm that each outsourced activity is clearly documented in an **Executed Service** | | | | | | |  |
|  | | **Agreement**. | | | | | | |  |
| 3.8.5 | | Confirm that the applicant will submit a copy of any such executed Service Level | | | | | | | **Yes/No** |
|  |
|  | | Agreement to the Central Bank if requested. | | | | | | |  |
|  | |  | | | | | | |  |
| 3.8.6 | | Confirm that each relevant **Service Level Agreement** clearly includes a detailed description of the following in relation to the outsourced activity: | | | | | | |  |
| **Yes/No** |
|  | | 1. relevant key performance indicators (KPIs) and related reporting details; | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
|  | | 1. escalation procedures in relation to failure to meet KPIs; | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
|  | | 1. processes to be following in the event of a disruption, dispute or errors; | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
|  | | 1. the steps to be followed to complete the transfer of the service in the event of | | | | | | |  |
|  | | the agreement being terminated or in the event of a failure of the service provider or in the event that the outsourced service provider is unable to demonstrate it remains in control of the outsourced functions or is in a position to adequately oversee these functions; and | | | | | | | **Yes/No** |
|  | | 1. How the applicant will access its data should an IT service provider fail to recover its services after a disruption (if applicable). | | | | | | |  |
|  |
|  | |  | | | | | | |  |
| 3.8.7 | | Confirm that each relevant **Service Level Agreement** (as applicable) includes: | | | | | | | **Yes/No** |
|  | | 1. An express provision that the employing entity will provide the Central Bank with | | | | | | |  |
|  | | access to its employment records in respect of persons providing services to the serviced entity; and | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
|  | | 1. An express provision that the entity providing services to the applicant will provide | | | | | | |  |
|  | | both the serviced entity and the Central Bank with access to all books and records and other documents in respect of the activities of the serviced entity. | | | | | | | **Yes/No** |
| 3.8.8 | | Confirm whether any regulatory obligations of the applicant or assessment of any | | | | | | |  |
|  | | regulatory obligations of the applicant will be completed by the outsourced service provider. | | | | | | |  |
| 3.8.9 | | If yes, please describe these obligations in the Programme of Operations. | | | | | | |  |
|  |
| **Document Reference** |
| 3.8.10 | | In relation to the outsourcing of important operational functions please confirm that: | | | | | | | **Yes/No** |
|  | | 1. The outsourcing will not result in the delegation by senior management of its | | | | | | |  |
|  | | responsibility in respect of those functions; | | | | | | | **Yes/No** |
|  | | 1. The relationship and obligations of the applicant towards its clients under the Act shall not be altered: | | | | | | |  |
| **Yes/No** |
|  | | 1. The conditions (if any) with which the applicant is to comply with in order to be | | | | | | |  |
|  | | authorised and remain so in accordance with the Act shall not be undermined; | | | | | | | **Yes/No** |
|  | | 1. None of the other conditions (if any) subject to which the applicant’s authorisation is | | | | | | |  |
|  | | granted shall be removed or modified; and | | | | | | | **Yes/No** |
|  | | 1. The outsourcing of operational functions will not be undertaken in such a way as to | | | | | | |  |
|  | | materially impair the quality of the applicant’s internal controls and the ability of the competent authorities to monitor the applicant’s compliance with all obligations laid down in the Act. | | | | | | |  |
|  | |  | | | | | | |  |
| 3.8.11 | | A short description of any proposed non-important operational functions being outsourced must be included in the Programme of Operations (if applicable). | | | | | | |  |
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|  | |  | | | | | | |  |
| 3.8.12 | | A brief description of any other outsourced functions not previously described in | | | | | | |  |
|  | | section 3.8 must be included in the Programme of Operations (if applicable). | | | | | | |  |
|  | |  | | | | | | | **Yes/No** |
| 3.8.13 | | Confirm that the applicant will remain fully liable for any acts of an entity to which it outsources activities which impact clients. | | | | | | |  |
|  |
|  | |  | | | | | | |  |
| **3.9** | | **Oversight of Outsourcing** | | | | | | | **Yes/No** |
| 3.9.1 | | For all outsourced activities please confirm that details of a **programme of oversight and verification,** to be completed by the applicant to ensure the outsourced activity is being provided in line with the service levels contractually agreed with the outsource service provider, are included in the Programme of Operations.  The relevant oversight/verification activities must be clearly described in the Programme of Operations, highlighting each of the following items: | | | | | | |  |
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|  |
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|  |
|  | | 1. Each oversight/verification activity completed including the objective of the activity; | | | | | | |  |
|  | | 1. The individual completing each oversight/verification activity; | | | | | | |  |
|  | | 1. The frequency of each oversight/verification activity; and | | | | | | |  |
|  | | 1. The source and nature of information or reports utilised for each oversight or verification activity. | | | | | | |  |
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|  | |  | | | | | | |  |
| **3.10** | | | | | | **I.T. Systems, Website and Business Continuity Planning** | | **Yes/No** |
| 3.10.1 | | | | | | Please confirm that a description of the following items is included in the Programme of Operations.  Please provide: | |  |
|  |
|  |
|  | | | | | | 1. The procedure in place for amending the applicant’s website, where necessary, including how long it would take for such an amendment to made if it is to be effected by a third party and the contingency arrangement in place if the third party is no longer in business; | |  |
|  |
|  |
|  | | | | | | 1. The IT systems the applicant has in place to provide its services; and | |  |
|  | | | | | | 1. The back-up procedures the applicant will carry out including the frequency of back-up and whether a ‘Cloud’ back-up will be utilised. | |  |
|  |
| **Yes/No** |
| 3.10.2 | | | | | | Confirm that the applicant has established and will implement and maintain documented policies and procedures that are adequate to safeguard the security, integrity and confidentiality of information and data. | |  |
|  |
|  |
| **3.11** | | | | | | **Compliance** | | **Yes/No** |
| 3.11.1 | | | | | | Please confirm that the Compliance Template at Appendix 3 has been used to answer the following questions in section 3.11.2. Any supplemental information provided should be referenced in the template.  Please provide an overview of the applicant’s Compliance Function, including a | |  |
| **Document Reference** |
|  | | | | | |  |
| 3.11.2 (a) | | | | | |  |
|  | | | | | | description of the following items, in the Programme of Operations, utilising the Compliance Template at Appendix 3: | |  |
|  | | | | | | 1. A clear description of the scope of the applicant’s regulatory obligations (in the obligation section) were it to become authorised; 2. The compliance activity that is carried out to ensure that the operational activities are being undertaken in respect of each of the compliance obligations listed under 3.11.2(a)(i) and it is clear from the activity how it provides assurance that the applicant will have been compliant with its obligations; | |  |
|  |
|  |
|  |
|  | | | | | | 1. The identity of the person that will carry out a review of the applicant’s compliance with each of the three compliance obligations listed under 3.11.2(a); 2. The frequency with which each compliance activity is completed; and | |  |
|  |
|  |
|  |
|  | | | | | | 1. Where an external party performs compliance activities please ensure the outsourcing sections (3.8 and 3.9) of this form have been fully completed with regard to this activity. | |  |
|  |
| **Yes / No** |
| (b) | | | | | | If the firm utilises compliance activity procedures provided by a third party, please confirm that the firm has reviewed and is fully satisfied that these procedures provide the required assurance with regard to all the applicant’s compliance obligations | |  |
|  |
|  |
|  |
| 3.11.3 | | | | | | Confirm that: | | **Yes/No** |
|  | | | | | | 1. The applicant has adequate resources to carry out its compliance | |  |
|  | | | | | | obligations; and | | **Yes/No** |
|  | | | | | | 1. The applicant has assessed the risks relating to its compliance obligations and will establish, implement and maintain an appropriate programme of compliance activities to ensure the applicant is fully compliant with its obligations on an on-going basis. | |  |
|  |
|  | | | | | | | |  | **Yes/No** |
| 3.11.4 | | | | | | | | Confirm that the applicant firm is aware that all accredited individuals in the applicant |  |
|  | | | | | | | | firm, whether accredited through grandfathering or with a recognised qualification, are obliged to complete 15 formal hours of Continuing Professional Development (CPD) each year under the requirements of the Minimum Competency Code (MCC) and that the applicant firm will comply with this requirement. |  |
|  | | | | | | | |  | **Yes/No** |
| 3.11.5 | | | | | | | | Confirm that the applicant firm will maintain records and a register of all accredited |  |
|  | | | | | | | | persons in accordance with the MCC. |  |
|  | | | | | | | |  |  |
| 3.11.6 | | | | | | | | Please set out a description in the Programme of Operations of the staff training |  |
|  | | | | | | | | which will be in place in relation to the provision of the relevant financial services by the applicant firm. Please be specific with regard to the content and frequency of proposed training. |  |
|  | | | | | | | |  |  |
| 3.11.7 | | | | | | | | Please set out, in the Programme of Operations, the procedures which the applicant |  |
|  | | | | | | | | firm will adopt for the purpose of ensuring that any complaints against it will be investigated and resolved in an timely, open and equitable manner. |  |
|  | | | | | | | |  |  |
| 3.11.8 | | | | | | | | Please set out in the Programme of Operations the controls which are in place to |  |
|  | | | | | | | | ensure that only suitable advice and negotiation services are provided to consumers. |  |
|  | | | | | | | |  |  |
| 3.11.9 | | | | | | | | Please set out, in the Programme of Operations, details of the measures that will be |  |
|  | | | | | | | | taken to ensure the fitness and probity of potential employees in the applicant firm’s recruitment process, and of all employees on an on-going basis. All relevant employees must comply with the fitness and probity standards as set out in the [Fitness and Probity Standards (Code issued under section 50 of the Central Bank Reform Act 2010)](http://www.centralbank.ie/regulation/processes/fandp/Documents/Fitness%20and%20Probity%20Standards%20(final)%2030%20November%202011.pdf).  If you have any queries in relation to Pre-Approval Controlled Functions (PCFs) or Controlled Functions (CFs), please address them to [fitnessandprobity@centralbank.ie](mailto:fitnessandprobity@centralbank.ie) or see our website for guidance on Fit and Proper requirements under ‘Financial Regulation’. |  |
|  |
| **Document Reference** |
|  |
|  |
| 3.11.10 | | | | | | | | Please set out the periodic measures undertaken to ensure the applicant has |  |
|  | | | | | | | | adequate staffing. | **Yes/No** |
| 3.11.11 | | | | | | | | Confirm that the firm’s Terms of Business and Statement of Suitability documents are |  |
|  | | | | | | | | in compliance with the relevant provisions of the Consumer Protection Code. |  |
|  | | | | | | | |  |  |
| **3.12** | | | | | | **Risk Management** | |  |
| 3.12.1 | | | | | | Confirm that the applicant has established and will maintain adequate risk management procedures including: | | **Yes/No** |
|  | | | | | | 1. Processes to identify, manage, monitor and report upon the risks to which the applicant is exposed; and | |  |
| **Yes/No** |
|  | | | | | | 1. A risk register of the risks to which the applicant is exposed including the rating of these risks and the controls in place to mitigate them | |  |
|  |
|  | | | | | |  | |  |
| **3.13** | | | | | | **Internal Audit** | | **Yes/No** |
| 3.13.1 | | | | | | Will the firm operate an internal audit function? | |  |
|  |
| 3.13.2 | | | | | | If yes to 3.13.1, please provide an overview of resourcing, expertise, reporting lines, scope and frequency relating to internal audits are included in the Programme of Operations. | |  |
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|  | | | | | |  | |  |
| **3.14** | | | | | | **Accounting Procedures** | |  |
| 3.14.1 | | | | | | Confirm that the applicant will implement accounting procedures to ensure that: | | **Yes/No** |
|  | | | | | | 1. At the request of the Central Bank the applicant can deliver in a timely manner, financial reports which reflect a true and fair view of its financial position and which comply with all applicable accounting standards and rules; | |  |
| **Yes/No** |
|  | | | | | | 1. The applicant’s solvency position can be monitored; and | |  |
|  | | | | | | 1. Controls such as authorised signatories and appropriate segregation of duties are in place governing key processes. | | **Yes/No** |
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|  | | | |  | | | | | | | | **Document Reference** |
|  | | | | **SECTION 4 – DIRECTORS AND MANAGERS** | | | | | | |  |
|  | | | | **Pursuant to Section 30(2)(b) and 31(A)(b) of the Act, an application submitted by a person that wishes to carry on a regulated business, must contain such information and be accompanied by such documents as the Bank requests and in order to obtain an authorisation, that person shall satisfy the Bank as to the probity and competence of the person or where it is a firm, of each of the firm’s directors and managers.** | | | | | | |  |
| **4.1** | | | | **Individual Questionnaires** | | | | | | | **Yes/No** |
| 4.1.1 | | | | Confirm that the applicant is in a position to identify the individuals and complete | | | | | | |  |
|  | | | | Individual Questionnaires in respect of proposed Pre-Approval Controlled Function (PCF) role holders: | | | | | | | **Yes/No** |
| 4.1.2 | | | | Please confirm that the identity of the holders of the following roles are listed in the Programme of Operations (as applicable): | | | | | | |  |
|  |
|  | | | | 1. Chief Executive Officer/Managing Director; 2. Executive Director; 3. Non-Executive Director; 4. Chief Financial Officer; 5. Chief Compliance Officer; 6. Head of Internal Audit; and 7. Any Controlled Function role holders.   The Central Bank will provide the applicant with log-on details to its Online Reporting System (ONR) to facilitate the submission of Individual Questionnaires in respect of PCF role holders when it has completed a key information check of the application submission and determined the required information has been submitted. | | | | | | |  |
|  | | | | The Central Bank may wish to interview some of the individuals proposed for the roles identified in 4.1.2 (a) – (g). | | | | | | | **Yes/No** |
| 4.1.3 | | | | For each of the roles identified in 4.1.2 (a) – (g) please confirm that the relevant individual’s name, address, contact phone number, a short biography, email address, principal business location and reporting lines are included in the Programme of Operations. | | | | | | |  |
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| **4.2** | | | | **Board of Directors/Committees** | | | | | | | **Yes/No** |
| 4.2.1 | | | | Please confirm that details of the proposed composition of the Board of Directors and any committees that report to the Board of Directors are included in the Programme of Operations, including the identification of the following role holders: | | | | | | |  |
| **Yes/No** |
|  | | | | 1. Executive directors; | | | | | | |
|  | | | | 1. Non-executive directors including independent non-executive directors; and | | | | | | |
|  | | | | 1. Non-executive directors from a parent or group entity. | | | | | | |
| 4.2.2 | | | | For each director and senior manager of the applicant, confirm that the following | | | | | | |  |
|  | | | | information has been included in the Programme of Operations: | | | | | | |  |
|  | | | | 1. name, area of responsibility, time commitment to the applicant (where not full-time please provide further details of other time commitments) and date of appointment/proposed date of appointment. | | | | | | |  |
|  | | | |  |  | |  |  | | | **Yes/No** |
| 4.2.3 | | | | Confirm that in the Programme of Operations the following information has been included (where applicable); the identity of any director that has: | | | | | | |  |
|  |
|  | | | | 1. resigned within the last three years; | | | | | | |  |
|  | | | | 1. not been reappointed within the last three years; or | | | | | | |  |
|  | | | | 1. been dismissed within the last 3 years | | | | | | |  |
|  | | | | and the relevant dates and details where any of these events have occurred. | | | | | | |  |
|  | | | |  | | | | | | |  |
|  | | | |  | | | | | | | **Document Reference** |
|  | | | |  | | | | | | |
| **SECTION 5 – SHAREHOLDERS/MEMBERS AND QUALIFYING SHAREHOLDERS** | | | | | | | | | | | |
|  | | | **Pursuant to Section 30(2)(b) and 31(A)(c) of the Act, an application submitted by a person that wishes to carry on a regulated business, must contain such information and be accompanied by such documents as the Bank requests and in order to obtain an authorisation, that person shall satisfy the Bank as to the suitability of the person or where it is a firm, of each of the firm’s qualifying shareholders or partners.** | | | | | | | | |  | |
| 5.1 | | | | **List all direct shareholders or members with qualifying holdings (add rows as required).** | | | | | | | |  | |
|  | | | | Identities of Shareholders/  Members | | | | Natural/ Legal Persons | Basis and Amount of Qualifying Holding | | Date Acquired |  | |
|  | | | | **Direct Shareholders** | | | |  |  | |  |  | |
|  | | | |  | | | |  |  | |  |  | |
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|  | | | |  | | | | | | | |  | |
| 5.2 | | | | **List all indirect shareholders or members with qualifying holdings (add rows as required).** | | | | | | | |  | |
|  | | | | Identities of Shareholders/ Members | | | Natural/ Legal Persons | | Basis and Amount of Qualifying Holding | | Date Acquired |  | |
|  | | | | **Indirect Shareholders** | | |  | |  | |  |  | |
|  | | | |  | | |  | |  | |  |  | |
|  | | | |  | | |  | |  | |  |  | |
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|  | | | |  | | | | | | | |  | |
| 5.3 | | | | Confirm that details of each (as applicable): | | | | | | | | **Yes/No** | |
|  | | | | 1. Direct shareholder/member; and | | | | | | | |  | |
|  | | | |  | | | | | | | | **Yes/No** | |
|  | | | | 1. Subsequent indirect shareholder/member   with a shareholding in the applicant (i.e. legal and/or beneficial shareholder/member) are disclosed in the Business Plan identifying the respective shareholding percentage. Please also ensure that any individual or legal entity, in a position to control or influence the applicant, is also disclosed identifying their control/influence. | | | | | | | |  | |
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|  | |
| 5.4 | | | | **Completion of Appendix 1** | | | | | | | | **Yes/No** | |
|  | | | | In relation to each direct/indirect shareholder/member with a qualifying holding in the | | | | | | | |  | |
|  | | | | applicant, confirm that Appendix 1 is completed and that all required documentation and information is attached to the application submission. | | | | | | | |  | |
|  | | | |  | | | | | | | | **Document Reference** | |

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|  | **SECTION 6 – OTHER** |  |
|  |  | **Yes/No** |
| 6.1 | Confirm that the Business Plan and Programme of Operations submitted with the |  |
|  | application submission are sufficiently detailed to make it clear that the applicant has sufficient resources to effectively conduct its business within the requirements of the legislative and regulatory regime applying to debt management firms and that they are specific to and focus on, the proposed activities of the applicant (rather than that of the group - if the applicant is part of a group structure). | **Yes/No** |
| 6.2 | Confirm that the Programme of Operations includes details of any situations or events which of which the applicant is aware of which the applicant is aware which impact or may potentially impact on the applicant. |  |
|  | of which the applicant is aware which impact or may potentially impact on the  applicant  applicant in any war |  |
| 6.3 | applicant in any way are included in the Programme of Operations.  Please provide a copy of the applicant’s current Revenue Tax Clearance Certificate. (This certificate must be in the name of the applicant). |  |
|  |
|  |
| **Yes/No** |
| 6.4 | For proposed non-PCF holders in the firm that are subject to the MCC, please confirm that documentary evidence has been provided with this application which evidences how each individual meets the MCC (e.g. for a ‘*qualified’* individual a copy of the relevant qualification should be provided whereas for a ‘*transitional’ or ‘new entrant’* individual, a letter from the relevant educational body confirming enrolment in the appropriate course must be submitted. An individual that meets the *‘transitional’* arrangement must also provide documentary evidence that he/she provided debt management services prior to 01 August 2013). |  |
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|  | |  | | | | | | | | | **Document Reference** |
|  | | | | | **SECTION 7 – REGULATORY BACKGROUND** |  | | |  |  | |  | |
|  | | | **The following questions should be answered by entering a “Yes” or “No” in the appropriate box. In any case where the response to a question is yes, full details should be given on a separate sheet of paper and referenced to the appropriate question.** | | | | | | | | | |  |
|  | | |  | | | |  | | |  | | | **Yes/ No** |
| 7.1 | | Is the applicant currently, or has the applicant ever been, regulated by the Central Bank | | | | | | | | | |  |
|  | | or any other regulatory agency (in the State or elsewhere)? If yes, please provide the business name under which the services were carried out. | | | | | | | | | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.2 | | Has the applicant ever applied for authorisation by the Central Bank or any other regulatory | | | | | | | | | |  |
|  | | agency (in the State or elsewhere) and had such an application refused? | | | | | | | | | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.3 | | Has the applicant ever applied for authorisation by the Central Bank or any other | | | | | | | | | |  |
|  | | regulatory agency (in the State or elsewhere) and decided not to proceed with such an application after having made it? | | | | | | | | | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.4 | | Is the applicant a member of any professional association or trade body (in the State or | | | | | | | | | |  |
|  | | elsewhere)? | | | | |  | | |  | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.5 | | Has the applicant ever applied for authorisation, membership or recognition by a body | | | | | | | | | |  |
|  | | described in 7.4 above and had such an application refused? | | | | |  | | |  | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.6 | | Has the applicant ever applied for authorisation, membership or recognition by a body | | | | | | | | | |  |
|  | | described in 7.4 above and decided not to proceed with such an application after having made it? | | | | | | | | | |  |
|  | |  | | | | |  | | |  | |  |
| 7.7 | | Has the applicant at any time in the previous five years | | | | |  | | |  | | **Yes/No** |
|  | | (a) had a receiver or examiner appointed;  (b) failed to satisfy a debt adjudged due or a debt in respect of which a judgement has been registered; or  (c) entered into a scheme of arrangement or composition of its | | | | |  | | |  | |  |
|  |
|  |
|  |
|  | | debts with its creditors? | | | | |  | | |  | |  |
|  | | ***Note: The appointments mentioned above include any similar appointments made under the laws of another country.*** | | | | | | | | | |  |
| **Yes/No** |
| 7.8 | | Has the applicant, at any time, been refused or had withdrawn any licence, recognition | | | | | | | | | |  |
|  | | licence, recognition or authorisation under the Consumer Credit Act, 1995? | | | | |  | | |  | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.9 | | Has the applicant ever been subject to any disciplinary measures by any regulatory body | | | | | | | | | |  |
|  | | of which it is/or was a member? | | | | |  | | |  | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.10 | | Has the applicant changed its legal advisers in the three years prior to the date of | | | | | | | | | |  |
|  | | application? | | | | |  | | |  | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.11 | | Has the applicant changed its bankers in the three years prior to the date of application? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.12 | | Has the applicant changed its auditors in the three years prior to the date of application? | | | | | | | | | |  |
|  | |  | | | | |  | | |  | | **Yes/No** |
| 7.13 | | Have any legal proceedings or administrative sanction proceedings been brought in the | | | | | | | | | |  |
|  | | State or any other jurisdiction against the applicant, in which the applicant has either been convicted or found liable, in relation to the provision of financial services in the three years prior to the date of application? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Document Reference** |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.14 | | Has the applicant agreed to an out of court settlement at any time in the three years prior | | | | | | | | | |  |
|  | | to the date of application in respect of legal proceedings brought against it? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.15 | | Is the applicant currently involved in any proceedings of the type described in 7.13 and | | | | | | | | | |  |
|  | | 7.14 above? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.16 | | Have the books, records or other documents of the applicant ever been requisitioned | | | | | | | | | |  |
|  | | or seized by any regulatory body in exercise of its powers, either in the State or in any jurisdiction? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.17 | | Has there been any period in the applicant’s history when it was dormant or engaged in | | | | | | | | | |  |
|  | | other activities? | | | | | | | | | |  |
|  | |  | | | | | | | | | |  |
|  | | **Has the applicant and (in so far as the applicant is aware) its qualifying shareholders[[6]](#footnote-6), subsidiaries, related undertakings[[7]](#footnote-7), associated undertakings[[8]](#footnote-8), directors or employees:** | | | | | | | | | | **Yes/No** |
| 7.18 | | Had a petition for the compulsory winding-up, an application for a dissolution order or a | | | | | | | | | |  |
|  | | bankruptcy petition served at any time in the last ten years or is there such a petition pending? | | | | | | | | | | **Yes/No** |
| 7.19 | | Been the subject of a sanction/fine/reprimand by the Central Bank or any other regulatory | | | | | | | | | |  |
|  | | agency (in the State or elsewhere)? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.20 | | Aware of any tax compliance issues that any of its qualifying shareholders or its directors | | | | | | | | | |  |
|  | | may have? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.21 | | Had any allegations of fraud, dishonesty, breach of trust, insider dealing or market | | | | | | | | | |  |
|  | | manipulation in respect of any of its qualifying shareholders/directors/employees? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.22 | | At any time had any authorisation/licence to carry on investment, banking or insurance | | | | | | | | | |  |
|  | | business, in the State or elsewhere, revoked? | | | | | | | | | |  |
|  | |  | | | | | | | | | | **Yes/No** |
| 7.23 | | Ever been convicted of any offence involving fraud, dishonesty, breach of trust, insider | | | | | | | | | |  |
|  | | dealing or under legislation (in the State or elsewhere) relating to companies, building societies, credit unions, friendly societies, insurance, banking or other financial service, insolvency, consumer credit or consumer protection? | | | | | | | | | |  |

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| **SECTION 8 - DECLARATION** | | | | | |
| ***[Insert name of applicant]***applies for authorisation as a debt management firm under Part V of the Central Bank Act 1997 (as amended) (the Act) on the basis of information supplied with this application and any additional information supplied to the Central Bank in the course of the application process. | | | | | |
|  |  | | | | |
| **[I/We]** acknowledge that the Central Bank may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law. | | | | | |
|  |  | | | | |
| **[I/We]** warrant that **[I/we]** have truthfully and fully answered the relevant questions in this application form and disclosed any other information which might reasonably be considered relevant for the purpose of the application. | | | | | |
|  |  | | | | |
| **[I/We]** warrant that **[I/we]** will promptly notify the Central Bank of any changes in the information I/we have provided and supply any other relevant information which may come to light in the period during which the application is being considered and the application is accepted, thereafter. | | | | | |
|  |  | | | | |
| **[I/We]** warrant that **[I/we]** are authorised to make this application for authorisation on behalf of **[*insert name of applicant*].** | | | | | |
|  |  | | | | |
| *Dated this* | |  | *day of* |  | *20* |
|  |  | | | | |
| *Name (Block capitals):*    *Signed:* | | | *Position:* | | |
|  |  | | | | |
| *Name(Block capitals):*    *Signed:* | | | *Position:* | | |
|  |  | | | | |
|  |  | | | | |
| *For and on behalf of the applicant:*  *Please print the name of the applicant. At least one director must sign the declaration above (except in the case of a sole trader or partnership). In the case of a partnership application a minimum of two partners must sign this declaration. Original signatures are required.* | | | | | |
|
|  |  | | | | |
| ***Provisions in this document should not be deleted nor amended in any manner. Pursuant to Section 36A(1)(c) of the Act, the Central Bank of Ireland may revoke an authorisation on being satisfied on reasonable grounds that the authorisation was obtained by means of false or misleading representation.*** | | | | | |

|  |  |  |  |  |
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|  |  | | | **Document Reference** |
|  | **APPENDIX 1 – QUALIFYING SHAREHOLDER INFORMATION** | | |  |
|  | **Please complete the relevant section in relation to each qualifying shareholder (copy the relevant section where necessary if more than one).** | | |  |
|  |
|  | **Qualifying Shareholder – Individuals** | | |  |
|  |  | | |  |
|  | Disclose name of the Qualifying Shareholder. | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Where a qualifying shareholder is an individual (natural person), confirm that he/she has submitted the following: | | | **Yes/No** |
|  | Completed Individual Questionnaire; | | |  |
|  | Regulatory status of the individual – that is whether or not the individual is | | |  |
|  | regulated or registered with a regulatory body and if so, the name of that body; | | |  |
|  | Documentation evidencing the fact that the individual is the registered holder of | | |  |
|  | the shares (for example, a certified copy of the share register); | | |  |
|  | Where the qualifying shareholding is on the basis of a shareholding, please provide | | |  |
|  | written confirmation from the individual that he/she is the *beneficial* owner of the shares; | | |  |
|  | An up-to-date net asset statement signed by the individual, that discloses each | | |  |
|  | asset and liability category and the monetary amount held in that category along with details of sources/amounts of income and any personal guarantees made by the individual; and | | |  |
|  | Details regarding any financial or non-financial interests or relationships that the | | |  |
|  | | | individual may have with any other party/parties related to the applicant firm. | |  |
|  | **Qualifying Shareholder – Company** | | |  |
|  |  | | |  |
|  | Disclose name of the Qualifying Shareholder. | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Where a qualifying shareholder is an incorporated entity, confirm that the company has submitted the following: | | | **Yes/No** |
|  | Description of the companies activities; | | |  |
|  | Whether or not the company is regulated and, if regulated, by which authority; | | |  |
|  | Most recent audited accounts, if applicable. If not available, most | | |  |
|  | recent management accounts should be submitted; | | |  |
|  | Details of proposed interaction with the applicant; | | |  |
|  | Documentation evidencing the fact that the company is the registered | | |  |
|  | holder of the shares, i.e. certified copy of the share register; | | |  |
|  | Where the qualifying shareholding is on the basis of a shareholding, please provide | | |  |
|  | written confirmation from the company that it is the *beneficial* owner of the shares (from the company secretary or a director of the company); and | | |  |
|  | A Certificate of Solvency from a director of the Company as follows: | | |  |
|  | *‘I certify that at this time, to the best of my knowledge and belief, and having made reasonable enquiry, the total of* ***[Name of Company]*** *assets exceeds the total of* ***[Name of Company]*** *liabilities, and that* ***[Name of Company]*** *is able to meet those liabilities as they fall due. I am not currently aware of any circumstances that would cause this position to change within the next twelve months. I acknowledge that if this statement is found to be false, inaccurate or misleading in any respect, the Central Bank may revoke an authorisation under Section 36A(1)(c) of Part V of the Central Bank Act 1997, on the basis that the authorisation was obtained by means of a false or misleading representation. I also undertake to notify the Central Bank of Ireland immediately if at any time* ***[Name of Company]*** *financial circumstances change to an extent, which would render me unable to complete this certification’.* | | |  |
|  | *Signed* ***[Name of Director] [Signature of Director]*** *Date DD/MM/YYYY****.*** | | |  |
|  |  | | |  |
|  | **Qualifying Shareholder – Nominee Company** | | |  |
|  | Disclose name of the Qualifying Shareholder. | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Where a company holds 10% or more of the shares in an applicant on behalf of third parties, confirm that the company has submitted the following details relating to the proposed nominee holders of the shares: | | | **Document Reference** |
| **Yes/No** |
| (a) | Documentation evidencing the fact that the nominee is the registered holder of the | | |  |
|  | shares, i.e. certified copy of the share register; | | |  |
| (b) | Documentation evidencing the ownership of the nominee company, i.e. certified | | |  |
|  | copy of the share register; | | |  |
| I | Audited accounts of the nominee company; | | |  |
| (d) | Identity of the beneficial owner of the shares; | | |  |
| I | Details regarding what objective is intended to be served by using | | |  |
|  | such a nominee company, rather than holding the shares directly; | | |  |
| (f) | Appropriate declarations in respect of the nominee holding the shares | | |  |
|  | in trust for the beneficial owners, including formal confirmation from the nominee itself that the relevant declarations of trust remain valid and in force; and | | |  |
|  | A Certificate of Solvency from a director of the Company as follows: | | |  |
|  | *I certify that at this time, to the best of my knowledge and belief, and having made reasonable enquiry, the total of* ***[Name of Company]*** *assets exceeds the total of* ***[Name of Company]*** *liabilities, and that* ***[Name of Company]*** *is able to meet those liabilities as they fall due. I am not currently aware of any circumstances that would cause this position to change within the next twelve months. I acknowledge that if this statement is found to be false, inaccurate or misleading in any respect, the Central Bank may revoke an authorisation under Section 36A(1)(c) of Part V of the Central Bank Act 1997, on the basis that the authorisation was obtained by means of a false or misleading representation. I also undertake to notify the Central Bank of Ireland immediately if at any time* ***[Name of Company]*** *financial circumstances change to an extent, which would render me unable to complete this certification’.*  *Signed* ***[Name of Director] [Signature of Director]*** *Date DD/MM/YYYY****.*** | | |  |
|  |  | | |  |
|  | **Qualifying Shareholder – Trusts** | | |  |
|  |  | | |  |
|  | Disclose name of Qualifying Shareholder. | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Where a qualifying shareholder is a trust, confirm that the trustees have submitted the following: | | | **Yes/No** |
| (a) | Documentation evidencing the fact that the trust is the registered holder of the | | |  |
|  | shares, i.e. certified copy of the share register; | | |  |
| (b) | Copies of the trust deed and any other documentation constituting the trust or | | |  |
|  | relating to the trust in some other way including any supplemental or ancillary deeds, documents or agreements or side letters; | | |  |
| (c) | Completed Individual Questionnaires for the settlors of the trusts; | | |  |
| (d) | Completed Individual Questionnaires for the trustees of the trusts; | | |  |
| (e) | Completed Individual Questionnaires for the beneficiaries of the trusts | | |  |
|  | (including details of age for minors) and those of all persons who are within the class of prospective beneficiaries; | | |  |
| (f) | Most recent audited accounts (if available) or other relevant financial information in | | |  |
|  | relation to the trust; | | |  |
| (g) | Reasons for structure; | | |  |
|  |  | | |  |
| (h) | A signed undertaking is required to ensure that the requirements of the legislation | | |  |
|  | in relation to the qualifying shareholders can be met. The undertaking must contain provisions to provide the Central Bank with: | | |  |
|  | 1. advance notice of any proposed change in the beneficiaries to the trust, | | |  |
|  | the trust deeds, or the trust’s governing law; and | | |  |
|  | 1. must be signed by all Qualifying Shareholders including the trustee(s) | | |  |
|  | and the applicant; | | |  |
| (i) | Legal opinion confirming the validity and efficacy of the undertaking as drafted to | | |  |
|  | suit the circumstances of any particular qualifying shareholder trust; and | | |  |
| (j) | | | Certificate of Solvency from the trustee of the trust as follows: |  |
|  | | | *I certify that at this time, to the best of my knowledge and belief, and having made reasonable enquiry, the total of* ***[Name of Trust]*** *assets exceeds the total of* ***[Name of Trust]*** *liabilities, and that* ***[Name of Trust]*** *is able to meet those liabilities as they fall due. I am not currently aware of any circumstances that would cause this position to change within the next twelve months. I acknowledge that if this statement is found to be false, inaccurate or misleading in any respect, the Central Bank may revoke an authorisation under Section 36A(1)(c) of Part V of the Central Bank Act 1997, on the basis that the authorisation was obtained by means of a false or misleading representation. I also undertake to notify the Central Bank of Ireland immediately if at any time* ***[Name of Trust]*** *financial circumstances change to an extent, which would render me unable to complete this certification’.* |  |
|  |
|  |
|  |
|  |
| **Document Reference** |
|  |
|  |
|  |
|  |
|  | *Signed* ***[Name of Trustee] [Signature of Trustee]***  *Date DD/MM/YYYY****.*** | | |  |
|  |  | | |  |
|  | **Qualifying Shareholder – Partnership** | | |  |
|  |  | | |  |
|  | Disclose name of Qualifying Shareholder. | | |  |
|  |  | | |  |
|  |  | | |  |
|  | Where a qualifying shareholder is a limited liability partnership (‘LLP’), confirm that the partners have submitted the following: | | | **Yes/No** |
| (a) | Description of the LLP itself (including names of general and limited partners and | | |  |
|  | details of respective roles); | | |  |
| (b) | Description of activities of the LLP; | | |  |
| (c) | Whether or not the LLP is regulated and, if regulated, by which authority; | | |  |
| (d) | Most recent audited accounts if applicable. If not available, most recent | | |  |
|  | management accounts; | | |  |
| (e) | Details of proposed interaction with applicant; | | |  |
| (f) | Documentation evidencing the fact that the LLP is the registered holder of shares | | |  |
|  | (if this is the case); | | |  |
| (g) | Written confirmation that the LLP is the beneficial owner of the shares; | | |  |
| (h) | A copy of the partnership deed and any relevant agreement between the general | | |  |
|  | and limited partners; and | | |  |
| (i) | Certificate of Solvency from a partner of the partnership as follows: | | |  |
|  | *I certify that at this time, to the best of my knowledge and belief, and having made reasonable enquiry, the total of* ***[Name of Partnership]*** *assets exceeds the total of* ***[Name of Partnership]*** *liabilities, and that* ***[Name of Partnership]*** *is able to meet those liabilities as they fall due. I am not currently aware of any circumstances that would cause this position to change within the next twelve months. I acknowledge that if this statement is found to be false, inaccurate or misleading in any respect, the Central Bank may revoke an authorisation under Section 36A(1)(c) of Part V of the Central Bank Act 1997, on the basis that the authorisation was obtained by means of a false or misleading representation. I also undertake to notify the Central Bank of Ireland immediately if at any time* ***[Name of Partnership]*** *financial circumstances change to an extent, which would render me unable to complete this certification’.*  *Signed* ***[Name of Partner] [Signature of Partner]***  *Date DD/MM/YYYY****.*** | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPENDIX 2 – CERTIFICATE OF SOLVENCY** | |  |  |  | |  |
| **Sole Trader/Partnerships Only** |  | | | |
| **CERTIFICATE OF SOLVENCY** |
| I certify that at this time, to the best of my knowledge and belief, and having made reasonable enquiry, the total of my personal and business assets exceeds the total of my personal and business liabilities, where goodwill and other intangible assets have been excluded in the calculation of balance sheet assets, and perpetual subordinated debt issued in a form approved by the Central Bank of Ireland has been excluded from the calculation of balance sheet liabilities and that I am able to meet my liabilities as they fall due. I am not currently aware of any circumstances that would cause this position to change within the next twelve months. I acknowledge that if this statement is found to be false, inaccurate or misleading in any respect, I may be guilty of an offence under Part V of the Central Bank Act, 1997 (as amended). I also undertake to notify the Central Bank of Ireland immediately if at any time my financial circumstances change to an extent, which would render me unable to complete this Certificate.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Sole Trader]/[Partner(s)]  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* **In respect of a partnership application each partner must sign a certificate of solvency.** |

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| **APPENDIX 3** – **COMPLIANCE ACTIVITIES TEMPLATE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Obligation** | **Area** | **Compliance Activities**  (Clear description of how the firm periodically ensures it is in compliance with relevant obligations)  (Sample sizes included where relevant) | **Completed By** | **Frequency of Completion** |
| Consumer Protection Code 2012 | Knowing the customer and Suitability |  |  |  |
| Statement of Advice |  |  |  |
| Restrictions |  |  |  |
| Negotiation |  |  |  |
| Conflicts of Interest |  |  |  |
| Personal visits and contact with consumers / Statements |  |  |  |
| Provision of information |  |  |  |
| Advertising |  |  |  |
| Errors and complaints resolution |  |  |  |
| Records and compliance |  |  |  |
| Professional Indemnity Insurance | Level, scope and continuity of cover |  |  |  |
| Fitness & Probity Standards | Due Diligence on Potential Staff |  |  |  |
| Annual PCF List |  |  |  |
| Minimum Competency Code | Maintaining appropriate qualifications (where relevant) |  |  |  |
|  | Record keeping |  |  |  |

1. Rows may be added where the firm wishes to include more detail or include other obligations.
2. The above areas and obligations are provided for guidance and are not an exhaustive list and their relevance should be assessed by applicants. The firm should ensure it clearly includes all regulatory obligations and a clear description of the compliance activities the firm completes to ensure its business is operating in a compliant manner.

|  |  |
| --- | --- |
|  | **Document Reference** |
| Document Reference if the Compliance Template has been copied into another document: |  |

|  |  |  |
| --- | --- | --- |
| **APPENDIX 4** – **SECTION REQUIREMENTS FOR Business Plan and**  **Programme Of Operations** | | |
|  | The **Business Plan Document** should be structured to include, at a minimum, the following sections and such sections should include, at a minimum, responses to the questions from the related sections of this application form (areas in brackets are to be included, where applicable): |  |
|  | * Executive Summary; * Background and Introduction to the Applicant;   + General history/background;   + Rationale for seeking authorisation; * Financial Information and Solvency;   + Financial Projections;   + Income/Clients; * Business Strategy; * [Professional Indemnity Insurance]; * [Qualifying Shareholders]; * Directors and Managers; * Any other relevant information. |  |
|  |  |  |
|  |  |  |
|  | The **Programme of Operations Document** should be structured to include, at a minimum, the following sections and such sections should include, at a minimum, responses to the questions from the related sections of this application form (areas in brackets are to be included where applicable): |  |
|  | * Proposed Regulated Activities [and unregulated activities]; * Organisational Structure [Other place(s) of business];[Group Structure]/[Close Links]; * Governance and Staffing Arrangements; * [Outsourcing & Oversight of Outsourcing]; * I.T/Website/BCP; * Compliance; * [Internal Audit]; * Directors & Managers; * [Service/Product Oversight and Governance]. |  |

|  |
| --- |
| **APPENDIX 5 – Completion Checklist for Applicants** |

**Completion Areas Tick (As Appropriate)**

|  |  |
| --- | --- |
| Completed Application Form (all questions answered with a document reference, Yes / No / N/A, or information requested) | 🞏 |
| Business Plan | 🞏 |
| Programme of Operations | 🞏 |
| Copy of Certificate of Incorporation (Company) | 🞏 |
| Memorandum & Articles of Association or Other Constituting document (Company) | 🞏 |
| Partnership Agreement (Partnership) | 🞏 |
| Copy of Certificate of Registration of Business Name (s) (if applicable) | 🞏 |
| Organisational Chart (if applicable) | 🞏 |
| Letter of Solvency / Certificate of Solvency | 🞏 |
| Qualifying Shareholder Information (As per Appendix 1) | 🞏 |
| Audited Accounts / Management Accounts (where relevant) | 🞏 |
| Current Revenue Tax Clearance Certificate | 🞏 |
|  |  |

**IMPORTANT:**

**Please note that application processing will not commence until a completed application form (and required supporting documents), completed Individual Questionnaire(s), and a completed Garda Vetting Form (where relevant) have been received.**

**Failure to provide the relevant documentation/information may cause applications to be returned as being incomplete or may significantly delay the timeframe required to process an application.**

T +353 1 224 4547 www.centralbank.ie DMFauthorisations@centralbank.ie



1. An independent party should be a Solicitor, Accountant, Peace Commissioner, Notary or Commissioner for Oaths. [↑](#footnote-ref-1)
2. For the purposes of projections, the projected authorisation date is anticipated to be 6 months after the date of submission of the application. Applicants should also note that projections for years 2 and 3 may also be requested. [↑](#footnote-ref-2)
3. Management accounts should be provided for the period up to 2 months of the date of submission of the application. The Central Bank may request updated management accounts during the processing of an application. [↑](#footnote-ref-3)
4. Projected authorisation date is anticipated to be 6 months after the date of submission of the application. [↑](#footnote-ref-4)
5. Confirm that the applicant will provide copies of any agreements, arrangements, MOUs etc. in place with third parties if requested. [↑](#footnote-ref-5)
6. A qualifying shareholder, in relation to another person, means a person with a direct or indirect holding in the other person-

   (a) that represents 10 per cent or more of the capital of, or the voting rights in, the other person, or

   (b) that makes it possible to exercise a significant influence over the management of the other person. [↑](#footnote-ref-6)
7. Related undertaking means:

   (a) companies related within the meaning of section 140(5) of the Companies Act 1990;

   (b) undertakings where the business of those undertakings is carried on in such a way that the separate business of each undertaking, or a substantial part thereof, is not readily identifiable; or

   (c) undertakings where the decision as to how and by whom each shall be managed can be made either by the same person or by the same group of persons acting in concert. [↑](#footnote-ref-7)
8. Associated undertaking means an associated undertaking within the meaning of Regulation 34 of the European Communities (Companies Group Accounts) Regulations 1992. [↑](#footnote-ref-8)