

# Bank of England PRA

## Modification by Consent for a CRR consolidation entity to participate in the Interim Capital Regime (ICR).

This form may be used by a CRR consolidation entity that wishes to consent to the modification offered by the PRA to participate in the Interim Capital Regime (ICR).

This modification is offered on the condition that all UK banks and building societies in the consolidation group meet the SDDT criteria and that the CRR consolidation entity meets the SDDT consolidation criteria, and each is willing and able to consent to a similar modification at the same time. Please submit all necessary consents and certifications together.

Please return this form via email to the Waivers and Permissions Team at the Prudential Regulation Authority (PRA): Email: [pra-waivers@bankofengland.co.uk](mailto:pra-waivers@bankofengland.co.uk)

### Consent and Certification

[NAME OF CRR consolidation entity] [REFERENCE NUMBER] consents to the modification of Rule 4.2 of the SDDT Regime – General Application Part.

In accordance with Rule 4.5 of the SDDT Regime – General Application Part of the PRA Rulebook, [NAME OF CRR consolidation entity] certifies that, as of the day of giving this consent, [NAME of CRR consolidation entity] meets the SDDT consolidation criteria set out in Rule 2.2 of the SDDT Regime – General Application Part of the PRA Rulebook.

### Signature

#### Data Protection

Personal information collected in this form will be used by the PRA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation. It will not be disclosed for any other purposes without the permission of the applicant. For more information, please refer to the privacy notice on the [Waivers and Modifications section](#) of our website.

#### Warning

Knowingly or recklessly giving the PRA information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of FSMA).

#### Declaration

By submitting this form I confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.

Name of authorised signatory

Position of authorised signatory

Individual Registration Number

Signature

Date