# **Bank of England PRA**

# Modification by Consent for a UK bank or building society to participate in the Interim Capital Regime (ICR).

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

Where a firm is a member of a consolidation group, 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 criteria at the consolidation entity level 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: <a href="mailto:pra-waivers@bankofengland.co.uk">pra-waivers@bankofengland.co.uk</a>

### **Consent and Certification**

[NAME OF FIRM] [FIRM REFERENCE NUMBER] consents to the modification of Rule 4.1 of the SDDT Regime – General Application Part of the PRA Rulebook offered by the PRA.

In accordance with Rule 4.3 of the SDDT Regime – General Application Part of the PRA Rulebook, [NAME OF FIRM] certifies that, as of the day of giving this consent, [NAME of FIRM] meets the SDDT criteria set out in Rule 2.1 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 <u>Waivers and Modifications section</u> 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	