**Single Customer View (SCV)   
Effectiveness Report**

And

**Marking Effectiveness   
Report**

And

**Continuity of Access (CoA)   
Report**

[Insert Deposit Taker Name as per the Financial Services Register]

[Insert FRN #]

[Insert Date of submission]

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# Introduction

As outlined in Policy Statement PS6/15, ‘Depositor and dormant account protection’ from 3 July 2015 every authorised deposit taker with depositors eligible for deposit protection must provide a Single Customer View (SCV) Effectiveness Report, a Marking Effectiveness Report and (if applicable) Continuity of Access (CoA) Report to Financial Services Compensation Scheme (FSCS) and the Prudential Regulation Authority (PRA) to provide details of how the firm meets PRA requirements in relation to SCV systems, marking of eligible deposits and accounts and CoA systems.

Such reports must be provided:

1. Within three months of receiving a Part 4A permission to accept deposits;
2. Promptly upon request by FSCS or the PRA.

Firms must also notify the PRA and FSCS within three months of a material change in a firm’s SCV, marking systems or CoA systems, including confirmation of compliance from the firm’s governing body. The PRA or FSCS may request the relevant report following such a notification.

The reports must include an authorised signature on behalf of the firm’s governing body confirming that the firm satisfies the SCV, marking and CoA requirements (part 9 of the SCV Effectiveness Report, part 6 of the Marking Effectiveness Report and part 5 of the CoA Report).

**If a firm is only submitting one report rather than all, the other reports can be deleted.**

If a section of the report is not applicable (for example if referring to a PRA rule that has yet to take effect), please state ‘N/A’ and explain why the section is not applicable.

**When sending the reports to the PRA:**

All Credit Unions should send their reports to:

Credit Union Supervision Team

Prudential Regulation Authority

20 Moorgate

London

EC2R 6DA

Phone: 020 3461 7000 (Firm Enquiries Team)

[scvimplementationreports@bankofengland.co.uk](mailto:scvimplementationreports@bankofengland.co.uk)

Other deposit takers should submit this report to their normal PRA Supervision contact by email or post. Please also copy in the following email:

[singlecustomerview@bankofengland.co.uk](mailto:singlecustomerview@bankofengland.co.uk)

**When sending the reports to FSCS, all firms should direct their reports to:**

[fasterpayoutenquiries@fscs.org.uk](mailto:fasterpayoutenquiries@fscs.org.uk)

For full details of the reporting requirements firms should refer to Chapters 14 and 15 of the Depositor Protection Part of the PRA Rulebook, available at <http://www.prarulebook.co.uk>

Further information covering SCV requirements can also be found in the FSCS Guide to SCV which is available at

[https://www.fscs.org.uk/industry/single-customer-view](https://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa)

Any additional attachments should be clearly marked with your Firm name, FRN number, SCV primary contact name and the title of the document.

# SCV Effectiveness Report

## Part 1: Contact Details

|  |  |
| --- | --- |
| **1.1 Firm Details** | |
| Deposit Taker Name (exactly as stated in the [Financial Services Register](https://register.fca.org.uk/)) | Click here to enter text. |
| Firm Registration Number (FRN) | Click here to enter text. |

|  |  |
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| 1.2 SCV Contacts | |
| Compliance Officer (where applicable) | Click here to enter text. |
| Primary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |
| * Mailing Address | Click here to enter text. |
| Secondary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |

## Part 2: Reason for submission of SCV Effectiveness Report

|  |  |
| --- | --- |
| **2.1 Report Submission Reason**Place a cross in the relevant box to indicate the reason for your SCV Effectiveness Report submission. | |
| Requested by the PRA or FSCS as part of SCV Verification |  |
| Requested by the PRA or FSCS following a material change in the SCV system |  |
| Requested by the PRA or FSCS as part of an ad hoc request |  |
| Newly authorised |  |
| Other (*Please specify the reason below*) |  |
| Click here to enter text. | |

## Part 3: Modifications or Waivers

|  |
| --- |
| **3.1 Modifications or Waivers** Does the firm have any modifications or waivers to the Depositor Protection Part of the PRA Rulebook? If yes, specify and provide copies of the Directions provided to the firm by the PRA. |
| Click here to enter text. |

## Part 4: SCV System Information

|  |  |  |
| --- | --- | --- |
| 4.1 File Generation | | |
| Please provide the **date** when you last produced a full **SCV** file. | Click here to enter a date. | [PRA DPR 14.8 (3)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Please provide the **date** when you last produced a full **Exclusions View** file. | Click here to enter a date. | [PRA DPR 14.8 (3)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Please state the **time** it takes for you to generate a full **SCV** file. | Click here to enter text. |  |
| Please state the **time** it takes for you to generate a full **Exclusions** **View** file. | Click here to enter text. |  |

|  |  |
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| 4.2 System Information Please provide a description of your SCV system and how it has been implemented.  Deposit Takers should provide a brief description of their SCV system which may include:   * Any software or systems used to produce the SCV file; * Whether any specific account types or data sets are managed by a third party; * The source, date and rate of any exchange rates that have been applied to your SCV and Exclusions View files (if relevant); * A summary of the approach taken to the provision of keys and codes for your SCV and Exclusions View files (these keys and codes must be provided in detail in section 8 of this report); * How your SCV system allows you to identify eligible deposits; * How your system allows you to identify accounts which are held on behalf of beneficiaries and which contain or may contain eligible deposits; * How your SCV system allows you to be compliant with Depositor Protection rule 13.2 and 13.3 (if applicable). | |
| Click here to enter text. | [PRA DPR 14.7 (1), 14.7 (2) and 14.8 (1a)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
| --- | --- |
| 4.3 Compensation Limit | |
| Please confirm the compensation limit that you have applied. | |
| Click here to enter text. | |
| Please explain how your SCV system identifies any portion of an eligible deposit that is over the coverage level for compensation. | |
| Click here to enter text. | [PRA DPR 14.8 (1g)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.4 Procedures and Controls**   Please provide a description of the procedures and controls that you have in place regarding the production of SCV and Exclusions View files (such as secure storage and an indication of how key person dependencies are managed). | |
| Click here to enter text. | [PRA DPR 14.8 (1l)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.5 Testing of the SCV System** Please provide a description of the testing undertaken with respect to the robustness of your SCV system (including information on preparation of the SCV in stressed scenarios, frequency of testing, reconciliation of the SCV with core systems, testing to identify/prevent individuals appearing more than once, and performance testing to ensure the SCV can be generated within the required period). | |
| Click here to enter text. | [PRA DPR 14.8 (1c)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.6 Dependencies on Third Parties** | | |
| Please provide the name of any third parties that you depend on to produce the SCV file; this can be external companies or parent/subsidiaries. | Click here to enter text. | [PRA DPR 14.8 (1i)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Please state any software suppliers and the name of the software that are used to support the production of your SCV. | Click here to enter text. |  |

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| **4.7 Treatment of Legally Dormant Accounts** Please outline your current treatment of legally dormant accounts and provide more information on whether you have transferred the balance of these accounts to a reclaim fund for dormant accounts  (Dormant Accounts are those defined under the [Dormant Banks and Building Societies Accounts Act 2008](http://www.legislation.gov.uk/ukpga/2008/31/contents) as being accounts where there have been no transactions for fifteen years) | |
| Click here to enter text. | [PRA DPR 14.8 (1j)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.8 Exclusions View File Production  Please detail below the Exclusion file production process, if different from the SCV. | |
| Click here to enter text. | [PRA DPR 14.8 (1k)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
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| 4.9 Other Relevant Factors  Please describe any other factors relevant to the design of your SCV system or to an assessment of whether your SCV system satisfies the PRA’s SCV requirements. | |
| Click here to enter text. | [PRA DPR 14.8 (1h)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.10 Ongoing Maintenance** Please indicate your plans for the ongoing maintenance of the SCV system.  This may include:   * How you plan to maintain an accurate list of keys or codes for your SCV and exclusions; * A brief summary of what processes you have/will be implementing to check the eligibility of your members; * How you plan to ensure that the relevant modifications and waivers are sought when necessary; * How new products and systems will be integrated into the SCV system. | |
| Click here to enter text. | [PRA DPR 14.8 (1e)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.11 Ongoing Assurance | |
| Please indicate how yourboard of directors will ensure that they remain satisfied that your SCV system continues to satisfy the PRA’s SCV requirements. | |
| Click here to enter text. | [PRA DPR 14.8 (1f)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| If audit assurance work is planned, please details of the dates and scope (if known) that this work that will be performed. | |
| Click here to enter text. | |

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| **4.12 Audit**  Please provide a statement of whether your SCV Effectiveness Report has been reviewed by external auditors, and if so a statement of the findings of that review.  Any additional attachments should be clearly marked with your Firm name, FRN number, SCV primary contact name and the title of the document | |
| Click here to enter text. | [PRA DPR 14.8 (4)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.13 Material Changes | |
| Please provide a statement of whether there has been a material change to your SCV system since the date of your previous SCV Effectiveness Report. | |
| Click here to enter text. | [PRA DPR 14.8 (5)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

## Part 5: Transmission Method and Security

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| **5.1 SCV and Exclusions View File Transfer Method** Please indicate how you will send the SCV file to FSCS by placing a cross in the relevant box  Refer to the [FSCS Guide to SCV](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/) for additional information on SCV transmission | | |
| Web portal upload *(FSCS preferred option)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| SFTP |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Connect Direct *(If an existing connection is already in place with FSCS)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **5.2 SCV and Exclusions View File Encryption** Please indicateif you are using encryption software by placing a cross in the relevant box.  Refer to the [FSCS Guide to SCV](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/) for additional information on SCV transmission. If you will be using PGP, FSCS’s public key is available on [FSCS’s website](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/). | |
| None, relying up on security of the file transfer method |  |
| PGP |  |
| Other (*Please describe the proposed transmission security controls below*) |  |
| Click here to enter text. | |

## Part 6: SCV and Exclusions View File Information

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| --- | --- | --- |
| **6.1 SCV and Exclusions View File Format** Place a cross in the relevant box to indicate the format of your SCV and Exclusions View files.    Refer to the [FSCS Guide to SCV](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/) for additional information on the file format of files. | | |
| . CSV *(FSCS preferred option)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| . TXT *(FSCS preferred option)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| . XLS(X) *(Excel)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Other *(Please describe your proposed format below)* |  | [PRA DPR 14.8 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Click here to enter text. | | |

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| **6.2 SCV and Exclusions View File Names** Please provide details of your intended file names by placing a cross in the relevant box or providing details of your intended file name.    Please note that any files with unrecognised file names will be destroyed and a resubmission will be required. | |
| FSCS preferred file name (*Described in the* [*FSCS Guide to SCV*](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/)*)* |  |
| Other *(Please describe your proposed file names below)* |  |
| Click here to enter text. | |

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| **6.3 Number of SCV and Exclusions View Files** Please confirm how many files make up your SCV submission and how many files make up your Exclusions View submission. | |
| SCV | Click here to enter text. |
| Exclusions View | Click here to enter text. |

|  |  |
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| **6.4 SCV and Exclusions View Structure** | |
| The data fields in your SCV and Exclusions View files must be supplied using the exact **order** as required by Deposit Protection 12.9. Please place a cross in the box to confirm this.  If the order of the data fields in your SCV or Exclusions View files vary from Depositor Protection 12.9 please explain why below. |  |
| Click here to enter text. | |
| The data fields in your SCV and Exclusions View files must be supplied using the exact **data types** as stated in the [FSCS Guide to SCV](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/). Please place a cross in the box to confirm this.  If the data types of the data fields in your SCV or Exclusions View files vary from the [FSCS Guide to SCV](http://www.fscs.org.uk/industry/single-customer-view/single-customer-view-qa/) please explain why below. |  |
| Click here to enter text. | |

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| **6.5 SCV and Exclusions View File Footer** A file footer is required to mark the end of each of your files. Please confirm your proposed file footer format by placing a cross in the relevant box. | |
| FSCS preferred footer format *(which is the number 9 repeated 20 times)* |  |
| Other *(Please state your proposed file footer below)* |  |
| Click here to enter text. | |

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| **6.6 SCV and Exclusions View File Column Delimiter** A column delimiter is required to separate fields of data that you have provided on each row of your files. Place a cross in the relevant box to indicate your proposed column delimiter. Please note characters used as a column delimiter **must not** be used as characters within the data values of your files. | |
| Pipe delimited *(FSCS preferred option)* |  |
| Excel file |  |
| Other *(Please state your proposed column delimiter)* |  |
| Click here to enter text. | |

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| **6.7 SCV and Exclusions View Row Delimiter** A row delimiter is required to separate each row of data in your files. Place a cross in the relevant box to indicate your proposed choice. Please note characters used as a row delimiter **must not** be used as characters within the data values of files. | |
| Carriage return line feed (CRLF) (*FSCS preferred option*) |  |
| Line feed (LF) |  |
| Excel file |  |
| Other *(Please state your proposed row delimiter below)* |  |
| Click here to enter text. | |

## Part 7: Number of Single Customer Views and Exclusions Views

|  |  |  |
| --- | --- | --- |
| **7.1 SCV File** | | |
| What is the exact number of **unique SCV IDs** in tables A, B and D of the SCV file you are submitting? | Click here to enter text. | [PRA DPR 14.8 (1d)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| What is the exact number of **unique** **Account Numbers** in table C of the SCV file you are submitting? | Click here to enter text. |  |
| What is the exact number of **records** in table C of the SCV file you are submitting? If you have any customers with multiple accounts or any accounts with joint customers, this number will be different to the number of unique SCVIDs and the number of unique Account Numbers. | Click here to enter text. |  |
| In sterling, what is the **sum** of your Aggregate Balances on your SCV file? | Click here to enter text. |  |

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| --- | --- | --- |
| **7.2 Exclusions View File** | | |
| What is the exact number of **unique SCV IDs** in tables A, B and D of the Exclusions View file you are submitting? | Click here to enter text. | [PRA DPR 14.8 (1d)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| What is the exact number of **unique Account Numbers** in table C of the Exclusions View file you are submitting? | Click here to enter text. |  |
| What is the exact number of **records** in table C of the Exclusions View file you are submitting? If you have any customers with multiple accounts or any accounts with joint customers, this number will be different to the number of unique SCVIDs and the number of unique Account Numbers. | Click here to enter text. |  |
| The Exclusions View file may only contain the following accounts:   * Account containing or may be containing eligible deposits to which the account holder is not absolutely entitled; * Legally dormant accounts; * Accounts for which the firm has received formal notice of a legal dispute or competing claims to the proceeds of the account; * Accounts that appear on the “Consolidated list of financial sanctions targets in the United Kingdom” that is maintained by HM Treasury or is otherwise subject to restrictive measures imposed by national governments or international bodies.   Please provide a breakdown of number of **records** in table C related to each of these types of exclusions. | Click here to enter text. |  |
| In sterling, what is the **sum** of your Aggregate Balances on your Exclusions View file? | Click here to enter text. |  |

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| **7.3 Accounts Not Included in the SCV or Exclusions View Files** | |
| If accounts have not been included in either SCV or Exclusions View file, please provide the number of unique Account Numbers not included and the reason for not including them. | Click here to enter text. |

## Part 8: Account Status Codes and Product Codes

|  |  |  |
| --- | --- | --- |
| **8.1 Account Status Codes**Depositor Protection rules require firms to provide an explanation of any codes or keys used. FSCS intend to use the Account Status Code to identify which accounts are fit for straight through payout (FFSTP) and which are not (NFFSTP). Please specify the account status codes used and state which ones determine FFSTP accounts, and which ones are used for accounts that appear in the Exclusions View file.Where possible, FSCS would prefer that deposit takers provide a single unique code representing one scenario or a single unique code representing multiple scenarios. All account status codes that appear in the SCV or Exclusions View file should be included in the table below or provided in a separate file (see section 8.3 for a template). | | |
| Account Status Code (exactly as presented in your SCV and Exclusions View files) | Description | Fit for straight through payout (Yes/No) or Exclusion |
| Examples | | |
| X | Gone away | No |
| XF | Gone away and suspected fraud | No |
| A | Active and operating normally | Yes |
| F | Suspected fraud | No |
| B | Beneficiary | Exclusion |
|  | Active and operating normally | Yes |
| Please insert your own codes below | | |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

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| **8.2 Product Types**Please specify the products of the accounts that appear in your SCV and Exclusions View files. State the name of the product as it appears in the files, the category that the product has been allocated to (refer to the list of categories in field 33 of the table in Depositor Protection 12.9). A description of the product would also be helpful. All product names and types that appear in the SCV or Exclusions View file should be included in the table below or provided in a separate file (see section 8.3 for a template). | | |
| Product Name  (exactly as presented in your SCV and Exclusions View files) | Product Type  (IAA, ISA, NA, FD1, FD2, FD4, FP4P, Other) | Description |
| Examples | | |
| SA | IAA | Share account |
| Junior | IAA | Junior savings |
| Postal Saver Issue 2 | NA | Postal savings account |
| Please insert your own products below | | |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Click here to enter text. |

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| **8.3 Bulk Account Status Codes and Products** If you operate a large amount of Account Status Codes or Product Types and cannot fit all your codes in the spaces provided please send the attached Excel sheet populated with the complete code listings when sending in this SCV Effectiveness Report. | |
|  |  |

## Part 9: Statement of Compliance

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| --- | --- | --- |
| We confirm that we, the Board of Directors of **[insert name of Deposit Taker]**, can provide an SCV file and Exclusions View file (i.e. the information required by Depositor Protection 12.9) to the FSCS within 24 hours of a request by the PRA or FSCS and confirm that our SCV system satisfies the Depositor Protection requirements.  We confirm that this report has been signed by **[insert name of signatory]** on behalf of the Board of Directors of **[insert name of Deposit Taker].** | | |
| Signed |  | [PRA DPR 14.8 (2)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Position | Click here to enter text. |  |
| Date | Click here to enter a date. |  |

# Marking Effectiveness Report

## Part 1: Contact Details

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| --- | --- |
| **1.1 Firm Details** | |
| Deposit Taker Name (exactly as stated in the [Financial Services Register](https://register.fca.org.uk/)) | Click here to enter text. |
| Firm Registration Number (FRN) | Click here to enter text. |

|  |  |
| --- | --- |
| 1.2 Marking Contacts | |
| Compliance Officer (where applicable) | Click here to enter text. |
| Primary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |
| * Mailing Address | Click here to enter text. |
| Secondary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |

## Part 2: Reason for submission of Marking Effectiveness Report

|  |  |
| --- | --- |
| **2.1 Report Submission Reason**Place a cross in the relevant box to indicate the reason for your Marking Effectiveness Report submission. | |
| Requested by the PRA or FSCS following a material change |  |
| Requested by the PRA or FSCS as part of an ad hoc request |  |
| Newly authorised |  |
| Other (*Please specify the reason below*) |  |
| Click here to enter text. | |

## Part 3: Modifications or Waivers

|  |
| --- |
| **3.1 Modifications or Waivers** Does the firm have any modifications or waivers to the Depositor Protection Part of the PRA Rulebook? If yes, specify and provide copies of the Directions provided to the firm by the PRA. |
| Click here to enter text. |

## Part 4: Marking Information

|  |  |
| --- | --- |
| 4.1 Identification of eligible deposits and accounts | |
| Please provide the **date** when you last supplied details of eligible deposits and accounts to FSCS or the PRA. | Click here to enter a date. |
| Please state the **time** it t takes you to provide these details to FSCS or the PRA from the point of request. | Click here to enter text. |

|  |  |
| --- | --- |
| 4.2 System Information Please provide a description of systems to satisfy marking requirements (Depositor Protection rules 11.1 and 11.2) and how the systems have been implemented.  This should include any procedures and controls used to supply detailed of eligible deposits and accounts to the FSCS or the PRA.  Deposit Takers should provide a brief description of their system which may include:   * Whether any specific account types or data sets are managed by a third party; * A summary of the approach taken to the provision of keys and codes to mark eligible deposits and accounts. | |
| Click here to enter text. | [PRA DPR 15.7 (1a)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
| --- | --- |
| **4.3 Testing Marking Arrangements** Please provide a description of the testing undertaken with respect to the systems to satisfy the marking requirements. | |
| Click here to enter text. | [PRA DPR 15.7 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.4 Dependencies on Third Parties** | | |
| Please provide the name of any third parties that you depend on to comply with the marking requirements; this can be external companies or parent/subsidiaries. | Click here to enter text. | [PRA DPR 15.7 (1f)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.5 Other Relevant Factors  Please describe any other factors relevant to the design of your systems to comply with the marking requirements. | |
| Click here to enter text. | [PRA DPR 15.7](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) (1e) |

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| **4.6 Ongoing Maintenance** Please indicate your plans for the ongoing maintenance of the marking system.  This may include:   * How you plan to maintain an accurate list of keys or codes; * A brief summary of what processes you have/will be implementing to check the eligibility of your members; * How you plan to ensure that the relevant modifications and waivers are sought when necessary. | |
| Click here to enter text. | [PRA DPR 15.7 (1c)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.7 Ongoing Assurance | |
| Please indicate how yourboard of directors will ensure that they remain satisfied that your system continues to satisfy the PRA’s marking requirements. | |
| Click here to enter text. | [PRA DPR 15.7 (1d)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| If audit assurance work is planned, please details of the dates and scope (if known) that this work that will be performed in relation to marking systems. | |
| Click here to enter text. | |

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| **4.8 Audit**  Please provide a statement of whether your marking systems have been reviewed by internal or external auditors, and if so a statement of the findings of that review.  Any additional attachments should be clearly marked with your Firm name, FRN number, SCV primary contact name and the title of the document | |
| Click here to enter text. | [PRA DPR 15.7 (3)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| 4.9 Material Changes | |
| Please provide a statement of whether there has been a material change to your systems to comply with the PRA’s marking requirements since the date of your previous Marking Report. | |
| Click here to enter text. | [PRA DPR 15.7 (4)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

## Part 5: Number of Marked Deposits and Accounts

|  |  |
| --- | --- |
| **7.1 Number of Marked Deposits and Accounts** | |
| How many **deposits** are marked as eligible in accordance with Depositor Protection 11.1? | Click here to enter text. |
| How many **accounts** are marked which contain or may contain eligible deposits in accordance with Depositor Protection 11.2? | Click here to enter text. |

## Part 6: Statement of Compliance

|  |  |  |
| --- | --- | --- |
| We confirm that we, the Board of Directors of **[insert name of Deposit Taker]**, attest that our systems comply with Depositor Protection rules 11.1 and 11.2.  We confirm that this report has been signed by **[insert name of signatory]** on behalf of the Board of Directors of **[insert name of Deposit Taker].** | | |
| Signed |  | [PRA DPR 15.7 (2)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Position | Click here to enter text. |  |
| Date | Click here to enter a date. |  |

# Continuity of Access Report

## Part 1: Contact Details

|  |  |
| --- | --- |
| **1.1 Firm Details** | |
| Deposit Taker Name (exactly as stated in the [Financial Services Register](https://register.fca.org.uk/)) | Click here to enter text. |
| Firm Registration Number (FRN) | Click here to enter text. |

|  |  |
| --- | --- |
| 1.2 Continuity of Access Contacts | |
| Compliance Officer (where applicable) | Click here to enter text. |
| Primary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |
| * Mailing Address | Click here to enter text. |
| Secondary Contact Name | Click here to enter text. |
| * Telephone Number | Click here to enter text. |
| * Email Address | Click here to enter text. |

## Part 2: Reason for submission of Continuity of Access Report

|  |  |
| --- | --- |
| **2.1 Report Submission Reason**Place a cross in the relevant box to indicate the reason for your Continuity of Access Report submission. | |
| Requested by the PRA or FSCS following a material change |  |
| Requested by the PRA or FSCS as part of an ad hoc request |  |
| Newly authorised |  |
| Other (*Please specify the reason below*) |  |
| Click here to enter text. | |

## Part 3: Modifications or Waivers

|  |
| --- |
| **3.1 Modifications or Waivers** Does the firm have any modifications or waivers to the Depositor Protection Part of the PRA Rulebook? If yes, specify and provide copies of the Directions provided to the firm by the PRA. |
| Click here to enter text. |

## Part 4: Continuity of Access Information

|  |  |
| --- | --- |
| 4.1 Date and time of transferring and freezing accounts under the Depositor Protection Continuity of Access rules | |
| Please provide the **date** when you last tested your CoA system. | Click here to enter a date. |
| Please state the **time** it takes you to transfer amounts under Depositor Protection rule 13.6 into separate accounts. | Click here to enter text. |
| Please state the **time** it takes you to freeze ineligible accounts under Depositor Protection rule 13.8. | Click here to enter text. |

|  |  |
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| 4.2 System Information Please provide a description of systems you use to comply with the Continuity of Access rules in Depositor Protection rules 13.4-13.9 and how the systems have been implemented. | |
| Click here to enter text. | [PRA DPR 15.7 (1a)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

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| **4.3 Testing Arrangements** Please provide a description of the testing undertaken on your Continuity of Access systems. | |
| Click here to enter text. | [PRA DPR 15.7 (1b)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |  |
| --- | --- | --- |
| **4.4 Dependencies on Third Parties** | | |
| Please provide the name of any third parties that you depend on to operate your Continuity of Access systems; this can be external companies or parent/subsidiaries. | Click here to enter text. | [PRA DPR 15.7 (1f)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
| --- | --- |
| 4.5 Other Relevant Factors  Please describe any other factors relevant to the design of your Continuity of Access systems or to an assessment of whether those systems satisfy Depositor Protection rules 13.4 to 13.9. | |
| Click here to enter text. | [PRA DPR 15.7](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) (1e) |

|  |  |
| --- | --- |
| **4.6 Ongoing Maintenance** Please indicate your plans for the ongoing maintenance of the Continuity of Access system. | |
| Click here to enter text. | [PRA DPR 15.7 (1c)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
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| 4.7 Ongoing Assurance | |
| Please indicate how yourboard of directors will ensure that they remain satisfied that your Continuity of Access system continues to satisfy Depositor Protection requirements 13.4 to 13.9. | |
| Click here to enter text. | [PRA DPR 15.7 (1d)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| If audit assurance work is planned, please details of the dates and scope (if known) that this work that will be performed in relation to your Continuity of Access systems. | |
| Click here to enter text. | |

|  |  |
| --- | --- |
| **4.8 Audit**  Please provide a statement of whether your Continuity of Access systems have been reviewed by internal or external auditors, and if so a statement of the findings of that review.  Any additional attachments should be clearly marked with your Firm name, FRN number, SCV primary contact name and the title of the document | |
| Click here to enter text. | [PRA DPR 15.7 (3)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

|  |  |
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| 4.9 Material Changes | |
| Please provide a statement of whether there has been a material change to your Continuity of Access systems since the date of your previous Continuity of Access Report. | |
| Click here to enter text. | [PRA DPR 15.7 (4)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |

## Part 5: Statement of Compliance

|  |  |  |
| --- | --- | --- |
| We confirm that we, the Board of Directors of **[insert name of Deposit Taker]**, attest that our Continuity of Access systems comply with Depositor Protection rules 13.4 to 13.9.  We confirm that this report has been signed by **[insert name of signatory]** on behalf of the Board of Directors of **[insert name of Deposit Taker].** | | |
| Signed |  | [PRA DPR 15.7 (2)](http://www.prarulebook.co.uk/rulebook/Content/Part/213751/) |
| Position | Click here to enter text. |  |
| Date | Click here to enter a date. |  |