

# FA9 - Third Party Managed Account (TPMA) Notification



Use this form to tell us about the use of a TPMA.

If you use the same TPMA provider for several clients, and plan to continue using the same provider with future clients, you only need to inform us the first time you use that TPMA provider.

If you choose to engage more than one TPMA provider, you need to notify us of all the providers with whom you enter an arrangement. If you switch between TPMA providers, or stop using one, you need to tell us by using this form.

## Section 1 - Your firm

1.1 Firm name	<input type="text"/>	SRA number	<input type="text"/>
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## Section 2 - New provider details

2.1 Provider name	<input type="text"/>	FCA number	<input type="text"/>
2.2 Date from which you intend to use a TPMA	<input type="text"/>		

## Section 3 - No longer using a TPMA provider

Complete this section if you are ceasing to use a TPMA provider

3.1 Provider name	<input type="text"/>	FCA number	<input type="text"/>
3.2 Date from which you intend to stop using this TPMA provider	<input type="text"/>		

## Section 4 - Declaration

**This section must be completed by the firm's COLP or an individual manager**

- 4.1 I understand that it is my responsibility to make sure all the information provided in this application is correct and complete.
- 4.2 I understand that if I have knowingly or recklessly given you information that is false or misleading (or if I failed to tell you about any significant information) you could take disciplinary action, or share information with a third-party that leads to disciplinary action.
- 4.3 I understand that you may use any personal information from this application to perform your duties under relevant legislation.
- 4.4 I understand that you might do whatever checks you think are necessary to process this information and make sure that it complies with the relevant rules.
- 4.5 I confirm that the information I have given is correct to the best of my knowledge and belief

Forename(s)	<input type="text"/>	Surname	<input type="text"/>		
Title	<input type="text"/>	Date of birth	<input type="text"/>	SRA no	<input type="text"/>
Role	<input type="text"/>	Email	<input type="text"/>		
		Date	<input type="text"/>		

## Section 5 - Returning the form

To help us process your application, check that you have completed all relevant sections and that the form declaration has been completed correctly.

Once completed, you need to email this form to [authorisation@sra.org.uk](mailto:authorisation@sra.org.uk).

## Section 6 - What we will do with your data