

## Incidental Financial Business Compliance Certificate

PLEASE TYPE OR PRINT IN BLOCK LETTERS

## Section 1 - Details of Practice Unit

Society ID

Name

Business Address

  

Post Code

Country

DX Address

Manager who will sign on behalf of the practice unit and who can respond to queries on this matter:

Name

Society ID

Telephone No(s)

Business

Mobile

Business email

## Section 2 - Certificate

Period covered by this Certificate

to

## Section 3 - Details of Insurance Distribution Officer

Was Insurance Distribution Activity carried out during the period of this Certificate? If "Yes" please give details of Insurance Distribution Officer

Yes/No

Title

First Name(s)

Surname

Business Address  
(if different from above)  
Telephone No(s)  
(if different from above)

Business

Mobile

Business email

#### Section 4 - Type of incidental financial business conducted in the last 12 months

Please identify below the type of incidental financial business which your practice has undertaken in the last 12 months:

Incidental investment business	Yes/No	<input type="text"/>
Incidental mortgage business	Yes/No	<input type="text"/>
Incidental insurance distribution (ie general insurance)	Yes/No	<input type="text"/>
Incidental long-term care business	Yes/No	<input type="text"/>
Incidental consumer credit business	Yes/No	<input type="text"/>
None of the above (ie no IFB work conducted)	Yes/No	<input type="text"/>

If your practice has conducted incidental consumer credit business in the last 12 months please identify below the type of incidental consumer credit work undertaken in this period:-

Incidental consumer credit broking	Yes/No	<input type="text"/>
Operating an electronic system in relation to lending in an incidental consumer credit	Yes/No	<input type="text"/>
Incidental consumer credit activities in relation to debt	Yes/No	<input type="text"/>
Incidental consumer credit regulated credit agreements	Yes/No	<input type="text"/>
Incidental consumer credit regulated consumer hire agreements	Yes/No	<input type="text"/>
Incidental consumer credit specified activities in relation to information	Yes/No	<input type="text"/>
Agreeing to carry on any of the above activities	Yes/No	<input type="text"/>

#### Section 5 - Declaration

In terms of the Financial Services and Markets Act 2000 please confirm that the practice unit (by ticking the boxes below):

- Is not directly authorised by the Financial Conduct Authority to carry on regulated activities.
- Carried out no regulated activities outwith the scope of the incidental financial business licence.
- Received no pecuniary reward or other advantage from any person other than the client without accounting to the client.
- Did comply with any order or direction under Sections 327(6) or 328 of the Act where one was issued or is not subject to an order made under Section 329 of the Act

On behalf of the practice unit named in Section 1, I certify that the practice unit has, throughout the period covered by this Certificate, fulfilled the criteria for carrying out incidental financial business as set out in the relevant practice rules of the Society and has complied with those rules.

I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.

I am authorised to sign this form on behalf of the practice unit. The information given in this form is correct and complete to the best of my knowledge and belief.

Signature

Date

### Returning the Form

Before returning the form please check the following:

Is the form signed?

Has any additional information been labelled with relevant section and title and securely attached to the form?

Please email the form, supporting documents and list of enclosures to:

Financial Compliance Department  
The Law Society of Scotland  
[accountscertificate@lawscot.org.uk](mailto:accountscertificate@lawscot.org.uk)

GDPR, Data Protection Act 2018. For information about how we use your personal data see our [privacy policy](#) at [www.lawscot.org.uk](http://www.lawscot.org.uk)