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| **APPLICATION FOR MATTERS RELATED TO THE OPERATIONAL RISK STANDARDISED APPROACH** |

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| **Purpose of this document**This form must be completed for matters related to the Standardised Approach for the calculation of operational risk capital |

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| **Instructions for Completion**1. **Section 1 and 2** must always be completed.
2. **Section 3** must be completed prior to the initial use of the Internal Loss Multiplier for the calculation of operational risk capital.
3. **Section 4** completed when applying for the exclusion of losses from the loss component.
4. **Section 5** completed when applying for the exclusion of divested/discontinued activities.
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1. **Bank and contact information for correspondence**

|  |  |
| --- | --- |
| Bank Name  |  |
| Contact Person Title |  |
| Contact Names |  |
| Contact Surname |  |
| Contact Position |  |
| Contact number |  |
| Email address |   |

1. **Initial use of the Internal Loss Multiplier**

Minimum 10-year observation period for high-quality loss data.

 [ ]  Yes [ ]  No

Independent validation of qualitative minimum standards for the use of loss data performed.

 [ ] Yes [ ]  No

If yes, please attach the evidence.

1. **Application for the exclusion of losses**

Details of the loss to be excluded.

|  |  |
| --- | --- |
| Gross Loss |  |
| Net Loss |  |
| Impact Date |  |
| Loss % of the bank’s average total losses over the 10-year observation period (attach calculation) |  |
| Contact number |  |
| Email address |   |

Motivation for the exclusion

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Details of internal governance processes followed for approval of the exclusion (attach proof of approval)

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1. **Application for the exclusion of divested activities**

Details of the activity to be excluded:

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| --- | --- |
| Business Indicator value of the divested activity |  |

Motivation for the exclusion

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Details of how future losses/liability claims from the divested activity will be dealt with

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Details of internal governance processes followed for approval of the exclusion (attach proof of approval)

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1. **Additional information**

**Complete the following table with details of the attachments provided. Each attachment must be listed in a separate row:**

| **Attachment number** | **Question number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | # | A  |  | [ ]  |
| A2 | # | B  |  | [ ]  |
| A3 | # | C |  | [ ]  |
| A4 | # | D |  | [ ]  |
| A5 | # | E |  | [ ]  |
| A6 | # | F |  | [ ]  |

1. **Sign-off**

**To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete.**

**Sign-off by the person submitting the form.**

I confirm that:

1. I am duly authorised to make the application or notification on behalf of the organisation; and
2. to the best of my knowledge and belief, the information in this application and the attached documents are complete, accurate and not misleading in any way.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position**  |  |
| **Signature** |  |
| **Date of signature**  |  |