



Application number  
(for FCA/PRA use only)

The **FCA** and **PRA** have produced notes which will assist both the applicant and the approved person in answering the questions in this form. Please read these notes, which are available on the **FCA** and **PRA** website at <http://fshandbook.info/FS/html/FCA/SUP/10A/Annex6>  
[www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)

Both the applicant and the approved person will be treated by the **FCA** and **PRA** as having taken these notes into consideration when completing this form.

## Form C

### Notice of ceasing to perform controlled functions (including senior management functions)

*FCA Handbook* Reference: SUP 10A Annex 6R (Notifications)

*PRA Rulebook* Reference: Senior Managers Regime - Applications and/or Notifications

7 March 2016

Name of *approved person*<sup>†</sup>

Name of *firm*<sup>†</sup>

Financial Conduct Authority  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
United Kingdom  
Telephone +44 (0) 300 500 0597  
E-mail [iva@fca.org.uk](mailto:iva@fca.org.uk)  
Website <http://www.fca.org.uk>  
Registered as a Limited Company in England and  
Wales No 1920623. Registered Office as above

Prudential Regulation Authority  
20 Moorgate  
London  
EC2R 6DA  
United Kingdom  
Telephone +44 (0) 203 461 7000  
E-mail [PRA-ApprovedPersons@bankofengland.co.uk](mailto:PRA-ApprovedPersons@bankofengland.co.uk)  
Website [www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)  
Registered as a Limited Company in England and  
Wales No 07854923. Registered Office: 8 Lothbury  
Road, London, EC2R 7HH

<sup>†</sup> The above question(s) appears on an electronic form submission and a paper form submission

**Personal identification details****Section 1**

1.01 Individual Reference Number (IRN) †

1.02 Title †  
(e.g. Mr, Mrs, Ms, etc)

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth †

1.06 National Insurance number †

1.07 *Approved person's* private address †

**Firm identification details****Section 2**

2.01 Name of *firm* \*

2.02 *Firm* Reference Number (FRN) \*

2.03 a Who should the *FCA/PRA* contact at the *firm* in relation to this notice? †

b Business address †

c Position †

d Telephone †

e Mobile †

f Fax †

g E-mail †

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† The above question(s) appears on an electronic form submission and a paper form submission

**3.01** List all *controlled functions* (other than senior management functions) which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions. If the person is ceasing to perform a senior management function(s), please complete section 3.02 instead.

If the reason for ceasing to perform the *controlled function* is indicated in column B, the *FCA* and/ or *PRA* should be notified in accordance with *SUP 10A.14.10R*, *SUP 10A.14.11G*, *SUP 10B.12.12.R* and *SUP 10B.12.13G* (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted.

				Reason <sup>†</sup>	
FRN <sup>†</sup>	Name of firm <sup>†</sup>	Controlled function <sup>†</sup>	Effective date <sup>†</sup>	A	B Full explanation in section 4
a				Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
b				Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
c				Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
d				Internal movement of staff <input type="checkbox"/> Resignation <input type="checkbox"/> Redundancy <input type="checkbox"/> Retirement <input type="checkbox"/> End of contract <input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)

<sup>†</sup> The above question(s) appears on an electronic form submission and a paper form submission

e				Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract	<input type="checkbox"/>
				Resignation	<input type="checkbox"/>	Suspension	<input type="checkbox"/>
				Redundancy	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Retirement	<input type="checkbox"/>	(specify in section 4)	
				End of contract	<input type="checkbox"/>		



I have supplied further information related to this page in Section 4<sup>†</sup> YES  NO

**3.02** List all *senior management functions* which the *approved person* is ceasing to perform. The effective date is the date the *person* will cease to perform the functions.

If the reason for ceasing to perform the *senior management function* is indicated in column B, the *FCA* and/ or *PRA* should be notified in accordance with SUP 10C.14.7R, SUP 10C.14.8G of the *FCA Handbook* and/or *Senior Managers Regime - Applications and Notifications of the PRA Rulebook*, as applicable (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted.

				Reason <sup>†</sup>			
FRN <sup>†</sup>	Name of firm <sup>†</sup>	Senior Management function <sup>†</sup>	Effective date <sup>†</sup>	A	B Full explanation in section 4		
a			/ /	Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract	<input type="checkbox"/>
				Resignation	<input type="checkbox"/>	Suspension	<input type="checkbox"/>
				Redundancy	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Retirement	<input type="checkbox"/>	(specify in section 4)	
				End of contract	<input type="checkbox"/>		
b				Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract	<input type="checkbox"/>
				Resignation	<input type="checkbox"/>	Suspension	<input type="checkbox"/>
				Redundancy	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Retirement	<input type="checkbox"/>	(specify in section 4)	
				End of contract	<input type="checkbox"/>		

<sup>†</sup>The above question(s) appears on an electronic form submission and a paper form submission

c				Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
				Resignation	<input type="checkbox"/>	
				Redundancy	<input type="checkbox"/>	
				Retirement	<input type="checkbox"/>	
				End of contract	<input type="checkbox"/>	
d				Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
				Resignation	<input type="checkbox"/>	
				Redundancy	<input type="checkbox"/>	
				Retirement	<input type="checkbox"/>	
				End of contract	<input type="checkbox"/>	
e				Internal move- ment of staff	<input type="checkbox"/>	Dismissal/ termination of employment or contract <input type="checkbox"/> Suspension <input type="checkbox"/> Other <input type="checkbox"/> (specify in section 4)
				Resignation	<input type="checkbox"/>	
				Redundancy	<input type="checkbox"/>	
				Retirement	<input type="checkbox"/>	
				End of contract	<input type="checkbox"/>	



I have supplied further information related to this page in Section 4<sup>†</sup> YES  NO

**3.03.** For Relevant Authorised Persons, does the firm also seek to notify the *FCA* and/or *PRA* under one or more of section 63(2A) (Duty to notify regulator of grounds for withdrawal of approval), section 64B(5) (Breach of conduct rules) or section 64C (Requirement for Relevant Authorised Persons to notify regulator of disciplinary action) of the Financial Services and Markets Act 2000.

YES  NO

If the firm has answered “No”, please go to section 4

If the firm has answered “Yes”, please complete the below:

**3.04** If the firm is making a notification of any known or suspected breach(es) of the individual or senior manager conduct rules set out in the *FCA*'s C-CON or *PRA*'s Conduct Rules , please complete the relevant boxes below. .

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<sup>†</sup>The above question(s) appears on an electronic form submission and a paper form submission

	Tick the rule(s) relevant to this notification	Tick if this is a known breach	Tick if this is a suspected breach
<b>Individual Conduct Rules</b>			
Rule 1: You must act with integrity.			
Rule 2: You must act with due skill, care and diligence.			
Rule 3: You must be open and cooperative with the <i>FCA</i> , the <i>PRA</i> and other regulators.			
Rule 4: You must pay due regard to the interests of <i>customers</i> and treat them fairly.			
Rule 5: You must observe proper standards of market conduct.			
<b>Senior Manager Conduct Rules</b>			
SC1: You must take reasonable steps to ensure that the business of the <i>firm</i> for which you are responsible is controlled effectively.			
SC2: You must take reasonable steps to ensure that the business of the <i>firm</i> for which you are responsible complies with relevant requirements and standards of the <i>regulatory system</i> .			
SC3: You must take reasonable steps to ensure that any delegation of your responsibilities is to an appropriate person and that you oversee the discharge of the delegated responsibility effectively.			
SC4: You must disclose appropriately any information of which the <i>FCA</i> or <i>PRA</i> would reasonably expect notice.			

† The above question(s) appears on an electronic form submission and a paper form submission

**3.05** For each breach please provide the following information. Please attach additional sheets as necessary.

Details of the known or suspected breach:

**3.06** If the firm is making a notification under section 64C (Requirement for relevant authorised persons to notify regulator of disciplinary action) of the Financial Services and Markets Act 2000), please provide details below of disciplinary action taken and the reasons for this action.

**3.07** If the firm is making a notification under s section 63(2A) (Duty to notify regulator of grounds for withdrawal of approval) of the Financial Services and Markets Act 2000), please provide details below.

**4.01** Is there any other information the approved person or the firm considers to be relevant to this notice?

Please provide full details<sup>†</sup>

**4.02** Please indicate clearly which question the supplementary information relates to. <sup>†</sup>

Question	Information

**4.03** How many additional sheets are being submitted? <sup>†</sup>



## Supporting Documents

Indicate the required supporting documents to accompany this form<sup>†</sup>

Documents	Mode (by email, fax or post)

Other information (please specify)<sup>†</sup>

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<sup>†</sup> The above question(s) should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7 of the *FCA Handbook* and/or *Senior Managers Regime – Applications and Notifications of the PRA Rulebook*

Knowingly or recklessly giving the *FCA and/or PRA* information which is false or misleading in a material particular may be a criminal offence (section 398 of the Financial Services and Markets Act 2000). It should not be assumed that information is known to the *FCA and/or PRA* merely because it is in the public domain or has previously been disclosed to the *FCA and/or PRA* or another regulatory body. If there is any doubt about the relevance of information, it should be included.

In addition to other regulatory responsibilities, *firms*, SMF Managers and other *approved persons* have a responsibility to disclose to the *FCA and/or PRA* matters of which it or they would reasonably expect to be notified. Failure to notify the *FCA* of such information may lead to the *FCA and/or PRA* taking disciplinary or other action against the firm and/or the individuals.

For the purposes of complying with the Data Protection Act 1998, the personal information in this form will be used by the *FCA and/or PRA* to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation, and will not be disclosed for any other purposes without the permission of the firm.

**The *firm* confirms that the information in this Form is accurate and complete to the best of its knowledge and belief. The firm will notify the *FCA/PRA*, as applicable, immediately if there is a material change to the information provided.**

If the firm submits this Form on behalf of one or more other *firms*, the firm confirms that is duly authorised by such *firm(s)* to make such submission.

The *FCA and/or PRA* may seek to verify the information given in this Form. The *firm* authorises the *FCA and PRA*, as applicable, to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form.

**I confirm that a permanent copy of this application, signed by the firm, will be retained for an appropriate period, for inspection at the *FCA's* and/or *PRA's* request.** Confirm that you have read and understood the declaration:

**I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the explanatory note relating to the Form.**

Name of the *firm*

Name of *person* signing on behalf of the *firm*

Position

Signature

Date