



BANK OF ENGLAND  
PRUDENTIAL REGULATION  
AUTHORITY



Application number  
(for FCA/PRA use only)

## Form I – Application for the Variation of a Conditional Approval for the performance of a Senior Management Function

*FCA Handbook* Reference: SUP 10 C Annex 4D

*PRA Rulebook* Reference: Senior Persons Regime - Application and Notifications

7 March 2016

Name of individual  
(to be completed by applicant)

Name of *firm*  
(as entered in 2.01)

Financial Conduct Authority

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United Kingdom

Telephone +44 (0) 300 500 0597

E-mail [iva@fca.org.uk](mailto:iva@fca.org.uk)

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No 1920623. Registered Office as above

Prudential Regulation Authority

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Registered as a Limited Company in England and Wales No  
07854923. Registered Office: 8 Lothbury Road, London, EC2R  
7HH

**1.01** Contact for this application

Title	
First Name	
Surname	
Job Title	
Business address	
Post code	
Phone number (including STD code)	
Email address	
Mobile No	
Fax No.	

## Identification details

## Section 2

**2.01** Name of *firm*

**2.02** *Firm* Reference Number (FRN)

**2.03** Name of individual

**2.04** *Individual* Reference Number (IRN)

**3.01** Are you applying to add, vary or remove a condition?

Add	
Vary	
Remove	

**3.02** If you are applying to vary an existing condition please provide details of the current condition, proposed variation and reason for the proposed variation .

<b><u>Applicable SMF</u></b>	
<b><u>Current condition</u></b>	
<b><u>Proposed variation</u></b>	
<b><u>Reason for variation</u></b>	

**3.03** If you are applying to add a condition to an existing conditional approval please provide details and reason for proposed condition.

<b><u>Applicable SMF</u></b>	
<b><u>Proposed condition</u></b>	
<b><u>Reason for proposed condition</u></b>	

3.04 If you are applying to remove a condition from an existing conditional approval please provide details of the current condition and the reason for the proposed removal.

<b><u>Applicable SMF</u></b>	
<b><u>Current condition</u></b>	
<b><u>Reason for removal of condition</u></b>	



I have supplied further information related to this page in Section 4

YES

NO

**4.01** Is there any other information that the firm considers to be relevant to the application?  
Please indicate clearly which section the supplementary information relates to.  
Please submit an updated Statement of Responsibilities with this form.

Section	Information

**4.02** How many additional sheets are being submitted?

**Declaration of Firm**

In this declaration, the *firm* seeking the variation of the conditional approval previously granted in relation to the performance of a senior management function by an individual is referred to as the “Applicant”. The individual in relation to whom the *FCA/PRA* (as applicable) gave the conditional approval is referred to as the “Individual”.

It is a criminal offence, knowingly or recklessly, to give the *FCA/PRA* (as applicable) information that is materially false, misleading or deceptive (see sections 398 and 400 of the Financial Services and Markets Act 2000).

The Applicant will notify the *FCA/PRA* (as applicable) immediately if there is a material change to the information provided.

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

The Applicant understands that the *FCA/PRA* (as applicable) may require it to provide further information or documents at any time.

For the purpose of complying with the data protection legislation, personal data may be used by the *FCA/PRA* (as applicable) to discharge its statutory functions and in accordance with the Data Protection Act, and otherwise will not be disclosed for other purposes without the permission of the Applicant.

The Applicant confirms that the Statement of Responsibilities submitted with this form accurately reflects the aspects of the affairs of the Applicant which it is intended that the individual will be responsible for managing.

The person submitting this Form on behalf of the Applicant confirms that he or she has authority to submit this form and, on behalf of the Applicant confirms that he or she has read and understood the notes to this Form and the declaration given by the Applicant,

**Name of the *firm*****Name of *person*  
signing****on behalf of the *firm*****Position****Signature****Date**

## Declaration of candidate/ approved person

The *approved person* confirms that the attached Statement of Responsibilities accurately reflects the aspects of the affairs of the firm which it is intended that the *approved person* will be responsible for managing. The *approved person* confirms that they have accepted all the responsibilities set out in this Statement of Responsibilities.

Name of candidate/approved person

Signature

Date