



BANK OF ENGLAND
PRUDENTIAL REGULATION
AUTHORITY



Application number
(for FCA/PRA use only)

Notification of Significant Changes in Responsibilities of a Senior Management Function Manager (Form J)

FCA Handbook Reference: SUP 10C Annex 6D

PRA Rulebook Reference: Senior Persons Regime - Applications and Notifications

7 March 2016

Name of *individual*
(to be completed by *firm*)

Name of *firm*
(as entered in 3.01)

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
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
Email PRA-ApprovedPersons@bankofengland.co.uk
Website www.bankofengland.co.uk/PRA
Registered as a Limited Company in England and Wales
No 07854923. Registered Office: 8 Lothbury Road,
London, EC2R 7HH

1.01 Contact for this notification

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



2.01 Individual Reference Number (IRN) †

2.02 Title
(e.g. Mr, Mrs, Ms, etc) †

2.03 Surname†

2.04 ALL forenames†

2.05 Date of birth†

2.06 National Insurance number†



3.01 Name of *firm*

3.02 *Firm* Reference Number (FRN)

3.03 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†

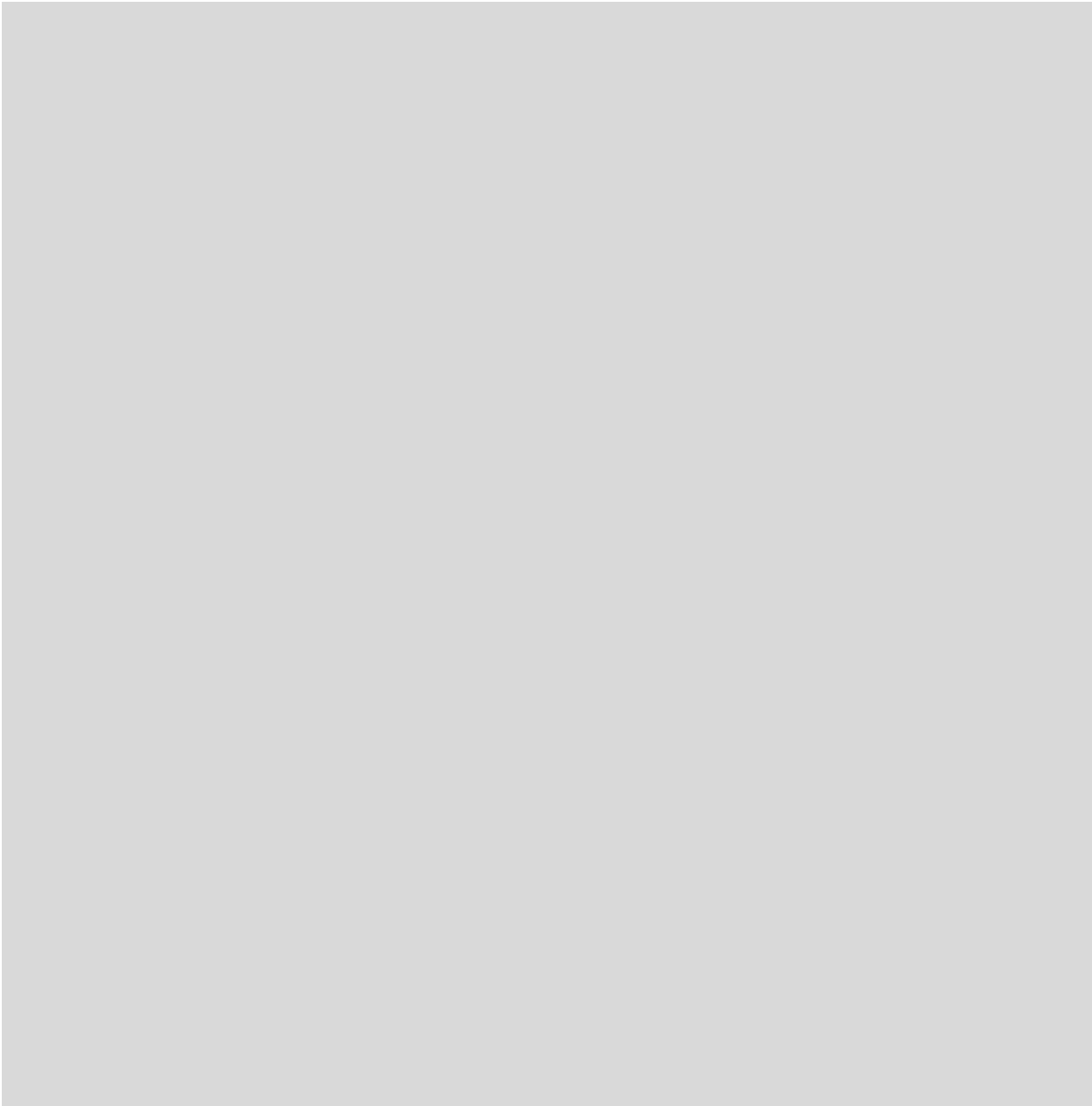
† The above questions appear on an electronic form submission and a paper form submission

4.1 Summary of Significant Changes made

Please provide a summary of the significant changes made since the date of the previously submitted statement

Please submit with this form an updated Statement of Responsibilities including the effective date.

Please submit with this form an updated Firm's Management Responsibilities Map.



Declaration by Approved Person

The *approved person* confirms that this 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.

This is given as at the *commencement date* or, for *candidates*, the date of approval if later.

Name of candidate/approved person

Signature

Date

Declaration by Firm

It is a criminal offence, knowingly or recklessly, to give us information that is materially false, misleading or deceptive.

The *firm* confirms that the information provided is accurate and complete to the best of its knowledge.

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 would reasonably expect to be notified. Failure to notify the *FCA* and/or *PRA* of such information may lead to the *FCA* and/or *PRA* taking disciplinary or other action against the firm and/or individuals.

The person signing on behalf of the Firm confirms that:

- he or she has read this declaration in full;
- he or she has confirmed that the information supplied is accurate and complete to the best of his or her knowledge, and the updated Statement of Responsibility accurately reflects the aspects of the affairs of the Firm which it is intended that the Individual will be responsible for managing.

Name of the *firm* submitting the form

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

Job title

Signature

Date