

Application number  
(for FCA/PRA use only)

Click or tap here to enter  
text.

The FCA has produced notes which will assist both the applicant *firm* and the *approved person* in answering the questions in this form. Please read these notes, which are available on the FCA website at <https://www.handbook.fca.org.uk/handbook/SUP/10C/Annex5.html>

Both the applicant *firm* and the *approved person* will be treated by the FCA and PRA as having taken these notes into consideration when completing this form. Terms defined in either or both of the *FCA Handbook* or the *PRA Rulebook* are italicised and should be construed accordingly.

## Form C - Notice of ceasing to perform *controlled functions* including *senior management functions*

FCA Handbook Reference: SUP 10C Annex 5R (Notifications)

PRA Rulebook Reference: Notifications and Senior Managers Regime - Applications and Notifications<sup>1</sup>

21 December 2023

Name of *approved person*

Click or tap here to enter text.

Name of *firm* (as entered in 2.01)

Click or tap here to enter text.

Financial Conduct Authority  
12 Endeavour Square  
Stratford  
London E20 1JN  
United Kingdom  
Telephone +44 (0) 300 500 0597  
E-mail [firm.queries@fca.org.uk](mailto:firm.queries@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:ApprovedPersons@bankofengland.co.uk)  
Website [www.bankofengland.co.uk/PRA](http://www.bankofengland.co.uk/PRA)

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<sup>1</sup> The relevant section of the *PRA Rulebook* should be referred to depending on which *firm* is applying. For example: *CRR firms*: Senior Managers Regime - Applications and Notifications; Non – *CRR firms*: Senior Managers Regime - Applications and Notifications; *Solvency II firms*: Insurance - Senior Managers Regime – Applications and Notifications; Large Non-Solvency II firms: Insurance - Senior Managers Regime – Applications and Notifications; Non-*Solvency II firms*: Insurance - Senior Managers Regime – Applications and Notifications

<b>1.01</b>	Individual Reference Number (IRN)	Click or tap here to enter text.
<b>1.02</b>	Title (e.g. Mr, Mrs, Ms)	Click or tap here to enter text.
<b>1.03</b>	Surname	Click or tap here to enter text.
<b>1.04</b>	ALL forenames	Click or tap here to enter text.
<b>1.05</b>	Date of birth	Click or tap here to enter text.
<b>1.06</b>	National Insurance number	Click or tap here to enter text.
<b>1.07</b>	<i>Approved person's private address</i>	Click or tap here to enter text.
<b>1.08</b>	Phone number	Click or tap here to enter text.
<b>1.09</b>	Email address	Click or tap here to enter text.

<b>2.01</b>	Name of applicant <i>firm</i>	Click or tap here to enter text.
<b>2.02</b>	<i>Firm</i> Reference Number (FRN)	Click or tap here to enter text.
<b>2.03 a</b>	Who should the <i>FCA/PRA</i> contact at the applicant <i>firm</i> in relation to this notice?	Click or tap here to enter text.
<b>b</b>	Business address	Click or tap here to enter text.
<b>c</b>	Position	Click or tap here to enter text.
<b>d</b>	Phone number	Click or tap here to enter text.
<b>g</b>	E-mail	Click or tap here to enter text.

**3A.01** If the *firm* is submitting this notification on behalf of an *appointed representative*, please complete Section 3B instead.

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 of the *FCA Handbook* and/or *Notifications; Senior Managers Regime - Applications and Notifications* parts of the *PRA Rulebook*, as applicable by telephone, fax or email) that this Form will be submitted.

	FRN	Name of <i>firm</i>	Senior management function	Effective date	Reason	
					A	B Full explanation in section 4
a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Internal move-ment 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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Internal move-ment 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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Internal move-ment 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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Internal move-ment 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)

e	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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 Section 4)
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➔ I have supplied further information related to this page in Section 4<sup>†</sup> YES  NO

**3A.02** Does the *firm* also seek to notify the *FCA* and/or *PRA* under one or both of section 63(2A) (withdrawal of approval) 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.

**3A.03** If the *firm* is making a notification under question **3.02** based on any breach(es) of the individual or senior manager conduct rules set out in the *FCA*'s *COCON* or *PRA*'s Conduct Rules, Insurance – Conduct Standards, Non-Solvency II Firms – Conduct Standards and Large Non-Solvency II Firms – Conduct Standards, please complete the relevant boxes below.

	Tick the rule(s) relevant to this notification
<b>Individual Conduct Rules</b>	
Rule 1: You must act with integrity.	<input type="checkbox"/>
Rule 2: You must act with due skill, care and diligence.	<input type="checkbox"/>
Rule 3: You must be open and cooperative with the <i>FCA</i> , the <i>PRA</i> and other regulators.	<input type="checkbox"/>
Rule 4: You must pay due regard to the interests of <i>customers</i> and treat them fairly.	<input type="checkbox"/>
Rule 5: You must observe proper standards of market conduct.	<input type="checkbox"/>
Rule 6: You must act to deliver good outcomes for retail customers.	<input type="checkbox"/>

	Tick the rule(s) relevant to this notification
<b>Individual Conduct Rules</b>	
<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.	<input type="checkbox"/>
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> .	<input type="checkbox"/>
SC3: You must take reasonable steps to ensure that any delegation of your responsibilities is to an appropriate <i>person</i> and that you oversee the discharge of the delegated responsibility effectively.	<input type="checkbox"/>
SC4: You must disclose appropriately any information of which the <i>FCA</i> or <i>PRA</i> would reasonably expect notice.	<input type="checkbox"/>
SC5: When exercising your responsibilities, you must pay due regard to the interests of current and potential future <a href="#">policyholders</a> in ensuring the provision by the <i>firm</i> of an appropriate degree of protection for their insured benefits.	<input type="checkbox"/>

**3A.04** For each breach please provide the following information. Please attach additional sheets as necessary.

Details of the breach:

Click or tap here to enter text.

**3A.05** If the *firm* is making a notification under section 64C (Requirement for *Relevant Authorised Persons* to notify the regulator of disciplinary action) of Financial Services and Markets Act 2000, please provide details below of disciplinary action taken and the reasons for this action. Please do not repeat information already included in the answers to Questions **3A.03** and **3A.04** above. If necessary please cross refer to the answers provided.

**3A.06** If the *firm* is making a notification under section 63(2A) (withdrawal of approval) of the Financial Services and Markets Act 2000, please provide details below. Please do not repeat information already included in the answers to Questions **3A.05** and **3A.06** above. If necessary please cross refer to the answers provided.

Click or tap here to enter text.

If the *firm* is submitting this notification on behalf of an *approved person* performing *controlled functions* at an *appointed representative*, please complete this section.

**3B.01** Please complete this section if you are submitting this notification on behalf of an *approved person* performing *controlled functions* at an *FCA* solo regulated *firm* prior to commencement of the *SMCR*. Following commencement of the *SMCR* only *appointed representatives* should complete this section. All other *SMCR firms* should complete Section 3A instead.

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 reason for ceasing to perform the *controlled function* is indicated in column B, the *FCA* should be notified in accordance with *SUP 10A.14* and *SUP 10B.12* (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted).

	FRN	Name of <i>firm</i>	Controlled function	Effective date	Reason	
					A	B Full explanation in section 4
a	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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>e</b> Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	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)
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I have supplied further information related to this page in Section 4    YES     NO

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

Click or tap here to enter text.

Please provide full details

Click or tap here to enter text.

**4.02** Please indicate clearly to which question the supplementary information relates.

Question	Information
Click or tap here to enter text.	Click or tap here to enter text.

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

Click or tap here to enter text.

## Supporting Documents

Indicate the required supporting documents to accompany this form.

Documents	Mode (by email, fax or post)
Click or tap here to enter text.	Click or tap here to enter text.

Other information (please specify)

Click or tap here to enter text.

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 FSMA). 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* and *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 the *individuals*.

For the purposes of complying with data protection legislation, please read our privacy notices:

*FCA's* privacy notice <https://www.fca.org.uk/data-protection>

Bank of England's privacy notice <https://www.bankofengland.co.uk/prudential-regulation/authorisations>

These notices will tell you what to expect when the *FCA* and/or the Bank of England collects personal information, including how and why we use your personal information and who to contact if you have any queries or wish to exercise your rights.

**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* and/or *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 it 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.**

**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.**

**By signing below you confirm that you have read and understood the above declaration.**

Name of the *firm*

Click or tap here to enter text.

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

Click or tap here to enter text.

Position

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Date

Click or tap here to enter text.