

Application number
(for FSA use only)

The FSA has 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 FSA's website at http://fsahandbook.info/FSA/docs/notes/imap_formc_notes.doc Both the applicant and the approved person will be treated by the FSA as having taken these notes into consideration when completing their answers to the questions in this form.

Form C

Notice of ceasing to perform controlled functions

FSA Handbook Reference: SUP 10 Annex 6R (Notification under SUP 10.13.6R)

Name of *approved person*[†]
(to be completed by applicant)

Name of *firm*[†]

The Financial Services Authority
Permissions, Decisions & Reporting Division
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[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

Personal identification details

Section 1

1.01	FSA 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 †	

 I have supplied further information related to this page in Section 4 † YES NO

Firm identification details

Section 2

2.01	Name of firm *	
2.02	FSA Firm Reference Number (FRN) *	
2.03 a	Who should the FSA contact at the firm in relation to this notice? †	
b	Business address †	
c	Position †	
d	Telephone †	
e	Mobile †	

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f

Fax[†]

g

E-mail[†]



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3.01 List all *controlled 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 *FSA* should be notified in accordance with *SUP 10.13.7R* and *SUP 10.13.8G* (that is, within one *business day*, by telephone, fax or email) that this Form will be submitted

					Reason [†]	
	FRN [†]	Name of firm [†]	Controlled function [†]	Effective date [†]	A	B Full explanation in 4.02
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 4.02)
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 4.02)
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 4.02)
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 4.02)
e				/ /	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 4.02)

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7



I have supplied further information related to this page in Section 4[†] YES NO



[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

4.01 Is there any other information the approved person or the firm considers to be relevant to the application? †

Please provide full details†

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

	Question	Information

4.03 How many additional sheets are being submitted? †

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

Supporting Documents

Indicate the required supporting documents to accompany this form[†]

Documents	Mode (by email, fax or post)

Other information (please specify)[†]

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Warning[†]

Knowingly or recklessly giving the Financial Services Authority (FSA) information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.1R and 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FSA and to notify the FSA immediately if materially inaccurate information has been provided. APER 4.4.6E provides that, where an approved person is responsible for reporting matters to the FSA, failure to inform the FSA of materially significant information of which he is aware is a breach of Statement of Principle 4. Contravention of these requirements may lead to disciplinary sanctions or other enforcement action by the FSA. It should not be assumed that information is known to the FSA merely because it is in the public domain or has previously been disclosed to the FSA or another regulatory body. If there is any doubt about the relevance of information, it should be included.

Data Protection[†]

For the purpose of complying with the Data Protection Act, the personal information in this Form may be used by the FSA 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 purpose without the permission of the applicant.

I confirm that a permanent copy of this application, signed by the firm, will be retained for an appropriate period, for inspection at the FSA'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 relating to the Form.

Tick here to confirm you have read and understood this declaration:[∞]

First name of the person signing on behalf of the firm[†]

Surname of the person signing on behalf of the firm[†]

Date[†]

Signature^{*}

Job title[†]

Name of firm[†]

[∞] These questions should only be completed if submission of this form is online. It should not be completed if the form is being submitted in one of the other ways set out in SUP 15.7.

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

^{*} These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online.