

**Request for removal of a Counter-Signatory from  
CSAS CRB Reg Body Account (CRB 12)**

**Requesting Diocesan Office:**

Full Name of Counter-Signatory:

Counter-Signatory Reference Number:

Role of Counter-Signatory i.e. SC/SO/Support Staff:

Date from which Counter-Signatory should be removed from Reg Body account:

Please state name of Counter-Signatory who will continue to Counter-Sign CRB applications following removal of the above named person:

**Approved by Counter-Signatory's Line Manager –**

Name (*Please print*):

Signature:

**To be completed by CSAS national office:**

Date completed request received:

Date written confirmation sent to CRB requesting removal of the Counter-Signatory named above:

Date CRB confirmed inactive status of above named Counter-Signatory:

Date details updated on relevant Contact List / Email groups / Counter-Signatory List:

Date National Database user profile made inactive: