**Form for the investment services and activities passport and the change of investment services and activities particulars notification[[1]](#footnote-1)**

(Articles 3 and 6 of Commission Implementing Regulation (EU) 2017/2382)

Date: Click or tap here to enter text.

**Part 1 ­– Contact information**

Type of notification: Choose an item.

Member State in which the investment firm / credit institution intends to operate:

Click or tap here to enter text.

Name of investment firm/credit institution:

Click or tap here to enter text.

Trading name:

Click or tap here to enter text.

Address:

Click or tap here to enter text.

Telephone:

Click or tap here to enter text.

Email:

Click or tap here to enter text.

Name of the contact person at the investment firm / credit institution:

Click or tap here to enter text.

Home Member State:

Click or tap here to enter text.

Authorisation status:

Click or tap here to enter text.

Authorised by Financial Supervisory Authority FIN-FSA

Authorisation date:

Click or tap here to enter text.

**Part – 2 Programme of operations**

Intended investment services, activities, and ancillary services \*

|  |  |  |
| --- | --- | --- |
|  | Investment services and activities | Ancillary services |
|  |  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | B1 | B2 | B3 | B4 | B5 | B6 | B7 |
| **Financial instruments** | C1 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C3 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C4 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C5 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C6 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C7 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C8 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C9 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C10 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C11 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| \*Please place an (x) in the appropriate boxes. |

Details of Tied Agent located in the home Member State \*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Tied Agent | Address | Telephone | Email | Contact |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| \*Please provide separate matrices with the intended investment services for each tied agent the investment firm intends to use. |

Intended investment services to be provided by the tied agent\*

|  |  |  |
| --- | --- | --- |
|  | Investment services and activities | Ancillary services |
|  |  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | B1 | B2 | B3 | B4 | B5 | B6 | B7 |
| **Financial instruments** | C1 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C2 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C3 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C4 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C5 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C6 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C7 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C8 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C9 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C10 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C11 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
| \*Please place an (x) in the appropriate boxes. |

1. For the purposes of a change of investment services and activities particulars notification please complete only the parts of the form which are relevant to the notified changes. If the intention is to make changes to the investment services activities ancillary services or financial instruments, please list all the investment services, activities ancillary services or financial instruments the firm will provide. [↑](#footnote-ref-1)