SCHEDULE TO NOTIFICATION DATED [Date of letter] PURSUANT TO ARTICLE 35 OF THE MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE (BRANCH)

Type of notification: [e.g. first time / additional services / address change]

**Member State in which firm** [Host Member State]

**intends to establish a branch:**

|  |
| --- |
| **Name of the investment firm:** [Name of Firm]  **Address of the investment firm:** [Address]  **Telephone number:** [Tel. no]  **Email of the investment firm:** [Email]  **Name of the contact person:** [Name] |
| Name of the branch: [Name of Firm]  Address of the branch: [Address]    Telephone Number of the branch: [Tel. no]  **Email of the branch:** [Email]  Name(s) of the managers of the branch: [Name]  **Home State:** [Home Member State]  **Authorisation Status**: Authorised by [Home Member State Competent Authority]  Authorisation Date: [TBA]  Date of Closure: [Date] |

**MiFID activities/services to be**

**provided:**

**Intended investment services, activities and ancillary services provided by the branch\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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 (x) in the appropriate boxes.

1) For the purposes of a changes of branch particulars notification please complete only the parts of the forms which are relevant to the notified changes. When the investment firm intends to make changes to the investment services, activities, ancillary services or financial instruments provided by the branch, the firm shall list all investment services, activities ancillary services or financial instruments the branch will provide.

2) Please note that national corporate law may require the previous registration to a commercial registry prior to the commencement of operations by the branch.

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

Will the branch use tied agent? **Yes  No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of tied agent** | **Address** | **Telephone** | **E-mail** | **Contact** | **Hyperlink to the register where the tied agent is registered** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*Please provide separate matrixes with the intended investment services for each tied agent the branch 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. If you intend to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all investment services, activities or financial instruments the tied agent will provide.

The investment firm shall submit a separate passport notification in respect of each tied agent the branch intends to use.

**Business plan and structural organisation of the branch**

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| **Business plan:**  How will the branch contribute to the strategy of the firm/group?  Click here to enter text.  What will the main functions of the branch be?  Click here to enter text.  Describe the main objectives of the branch:  Click here to enter text. |
| **Commercial Strategy:**  Describe the types of clients/counterparties the branch will be dealing with:  Click here to enter text.  Describe how the firm will obtain and deal with these clients:  Click here to enter text. |
| **Organisational structure:**  Briefly describe how the branch fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)  Click here to enter text.  Set out the organisational structure of the branch, showing functional, geographical and legal reporting lines:  Click here to enter text.  Identify who will be responsible for the branch operations on a day to day basis? Provide details of professional experience of the persons responsible for the management of the branch (Please attach CV)  Click here to enter text.  Identify who will be responsible for the internal control functions at the branch?  Click here to enter text.  Identify who will be responsible for dealing with complaints in relation to the branch?  Click here to enter text.  Explain who will the branch report to the head office?  Click here to enter text.  Detail any critical outsourcing arrangements:  Click here to enter text. |
| **Systems & Controls**  Provide a brief summary of arrangements for:  Safeguarding client money and assets:  Click here to enter text.  Compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to Art 35(8) and record keeping under Art 16(6):  Click here to enter text.  Staff code of Conduct, including personal account dealing:  Click here to enter text.  Anti-money laundering:  Click here to enter text.  Monitoring and control of critical outsourcing arrangements (if applicable):  Click here to enter text.  The name, address and contact details of the accredited compensation scheme of which the investment firm is a member:  Click here to enter text. |
| **Financial forecast**  Attach a forecast statement for profit and loss cash flow, both over an initial period of thirty six month period: Click here to enter text. |