Reference number: ………………...

Date: ………………………………

#### **Part 1- Contact Information**

|  |  |  |
| --- | --- | --- |
| Type of notification: | Investment services and activities passport notification | [ ]  |
| Change of investment services and activities particulars notification | [ ]  |
| Cancelation of passport | [ ]  |
| Member State in which the investment firm intends to operate: |  |
| Name of investment firm: |  |
| Trading name |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |
| Name of the contact person at the investment firm: |  |
| Home Member State |  |
| Authorisation Status: | Authorised by [Home Member State Competent Authority] |
| Authorisation date: |  |

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.

#### **Parte 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 box(es). 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 |