# logo mediano_cmykForm for a notification concerning the termination of the operation of a branch or the cessation of the use of a tied agent established in another Member State in accordance with Article 35 (10) of the Markets in Financial Instruments Directive (2014/65/EU) (MIFID) (Articles 17 (3) and 18 (3) of Commission Implementing Regulation (EU) 2017/2382)[[1]](#footnote-1)

Reference number: ………………...

Date: ………………………………

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

|  |  |  |
| --- | --- | --- |
| Type of notification: | Termination of the operation of a branch  | [ ]  |
| Termination of the use of a tied agent | [ ]  |
| Member State in which branch/ tied agent is established: |  |
| Name of investment firm: |  |
| Address of the investment firm: |  |
| Telephone number of the investment firm: |  |
| Email of the investment firm: |  |
| Name of the contact person responsible for the termination of the operations of the branch/tied agent: |  |
| Name of the branch/tied agent in the territory of the host Member State: |  |
| Home Member State |  |
| Home Member State competent authority: |  |
| Authorisation Status: | **Authorised by [Home Member State Competent Authority]** |
| Authorisation date: |  |
| Date from which the termination will be effective: |  |

* Description of the schedule for the planned termination:

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| --- |
| (To be completed by the investment firm) |

* Information on the process of winding down the business operations, including details regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged:

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| (To be completed by the investment firm) |

1. Please amend accordingly [↑](#footnote-ref-1)