SCHEDULE TO NOTIFICATION DATED [Date of letter] PURSUANT TO ARTICLE 31 OF THE MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE

Type of notification:	[e.g. first time / additional services / address change]
Notification reference:	[home Member State ref]
Member State in which firm intends to operate:	[host Member State]
Investment firm:	[name of firm]
Address:	[address]
Telephone number:	[tel. no]
Email:	[email]
Contact:	[name]
Home State:	[home Member State]
Authorisation status:	Authorised by [home Member State Competent Authority]
Authorisation date:	[TBA]
Date from which MiFID services will be provided:	With immediate effect

MiFID activities/services to be provided[7]:

		Investment services and activities								**Ancillary services**						
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7
Financial Instruments	1	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	2	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	3	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	4	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	5	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	6	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	7	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	8	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	9	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
	10	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

Name of tied agent based in its firm's home Member State: **[Name]**
Address of tied agent: **[Address]**

[7] If you are informing of changes to the investment services provided (extension or narrowing of the scope of investment services), please highlight current investment services provided and make clear the alterations