Reference number: ………………...

Date: ………………………………

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

|  |  |  |
| --- | --- | --- |
| Type of notification: | Provision of arrangements to facilitate access to an MTF/OTF |  |
| Changes to the particulars of the notification for the provision of arrangements to facilitate access to an MTF/OTF |  |
| Member State in which the investment firm intends to provide arrangements: |  | |
| Name of investment firm: |  | |
| Address: |  | |
| Telephone number: |  | |
| Email: |  | |
| Name of the contact person at the investment firm |  | |
| Home Member State |  | |
| Authorisation Status (of the investment firm)/applicable Law (of the market operator): | Authorised/licensed/Supervised by [Home Member State Competent Authority] | |
| Authorisation date (for investment firms): |  | |
| Name of the MTF/OTF: |  | |
| Date from which the arrangements will be provided: | With immediate effect | |

#### **Part 2- Description of (name of the MTF/OTF) business model:**

* (please include at least the following information:

**Type of traded financial instruments:**

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

**Type of trading participants:**

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

**Type of appropriate arrangements:**

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

**Marketing:**

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