 

**Form for a change in the tied agent particulars 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**

[Articles 17 (3) and 18 (3) of Commission Implementing Regulation (EU) 2017/2382]

Reference number:………..

Date:……….

**Notification in accordance with Article 35(10) of Directive 2014/65/EU regarding the termination of the operation of a branch/the cessation of the use of a tied agent established in another Member state ([[1]](#footnote-1))**

**Part 1 – Contact Information**

Type of notification: Termination of the operation of a branch/the use of a tied agent

Member State in which the branch/tied agent is established:

Name of the investment firm/credit institution:

Address of the investment firm/credit institution:

Name of the contact person at the investment firm or

credit institution:

Telephone number of the investment firm/credit institution:

E-mail of the investment firm/credit institution:

Name of the contact person responsible for the termination

of the operation 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:

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| 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/credit institution]* |

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/credit institution]* |

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