****

**NOTIFICATION OF REGISTRATION AND APPOINTMENT OF A TIED AGENT (LEGAL ENTITY) IN THE REPUBLIC**

|  |  |
| --- | --- |
| **Principal's name** |  |
| **Principal's Authorization Number** |  |
| **Tied Agent's name** |  |

**Purpose of this notification**

You should complete this notification if you are:

1. A Cyprus Investment Firm that wishes to appoint a tied agent established in the Republic.
2. An Investment Firm established in another Member State that wishes to appoint a tied agent established in the Republic (Part II).

In relation to Cyprus Investment Firms, this notification should be submitted in relation to any amendment of the tied agent particulars. In this case, only the relevant sections of the notification which relate to new information shall be completed. If the intention is to make changes to the investment services, activities or financial instruments, please list all the investment services, activities or financial instruments the tied agent will provide in Part III.

Τhis form has been prepared on the basis of the Directive for Tied Agents (DI87-06).

|  |
| --- |
| For official use only:  The fees have been paid to the Accounting Department of the Cyprus Securities and Exchange Commission, as these are defined in the “Directive on Payable Charges and Fees (DI87-03)”. The receipt is attached.  …….………………………………………. Signature |

**General Instructions:**

1. This notification must be completed in electronic form. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (“the Commission”) at the address [www.cysec.gov.cy](http://www.cysec.gov.cy).
2. The questions should remain unaltered and the answers must be provided below each question or in the designated section.
3. All questions applicable to the case of the applicant should be duly completed, or, if they are not applicable state “N/A”. Incomplete applications will be returned.
4. All additional reference documents set out in Part VI must accompany this notification. Part VI is an integral part of the application form.
5. Where there are no competent authorities for the issue of certificates, attach equivalent documents from an independent and reliable source.
6. When this notification is submitted to the Commission it must be accompanied by the required charge, in accordance with Directive DI87-02 for the charges and annual fees.
7. When completing the form, information which is publicly available or have previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
8. Where applicants are required to “confirm”, a tick (**✓**) or an (x) placed in the relevant box will be taken as confirmation.
9. If insufficient space has been provided for a reply, please provide that information on a separate sheet/document and refer to it in the space provided for the answer. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant organisation and reference the appropriate question.
10. In the notification:
11. “Law” shall mean the Investment Services and Activities and Regulated Markets Law of 2017.
12. “Directive” shall mean Directive DI87-06 on Tied Agents.
13. “Principal” shall mean the CIF or IF of another Member State intending to appoint a tied agent.
14. This form should be signed by the principal's directors.
15. Investment Firms of another Member State must submit Form 87-00-07 and complete only Part IIof this notification.
16. Submission of the notification
17. Cyprus Investment Firms: Please submit this form in hard copy and via CySEC Portal.
18. Investment Firms of another Member State: Please submit this form by email in PDF format at [mifid.notifications@cysec.gov.cy](mailto:mifid.notifications@cysec.gov.cy).

**PERSON IN CHARGE OF PREPARING THE APPLICATION**

|  |  |
| --- | --- |
| Full name |  |
| Status/Position |  |
| Postal address |  |
| Telephone number |  |
| Mobile phone number (if any) |  |
| Fax number (and country code) |  |
| E-mail address |  |

**PART I: INFORMATION ON THE TIED AGENT**

|  |  |
| --- | --- |
| Full Name of the tied agent |  |
| Registered name |  |
| Date of incorporation and registration number (attach the certificate of incorporation) |  |
| Address of registered office (attach the certificate of registered office) |  |
| Telephone number of the tied agent |  |
| Email of the tied agent |  |
| Website address |  |
| Business Activities |  |

**PART II: REPUTATION AND PROFESSIONAL ABILITY OF THE TIED AGENT AND NATURAL PERSONS EMPLOYED FOR THE PROVISION OF INVESTMENT SERVICES**

1. **Is the legal entity subject to a regulatory framework and supervision as a financial institution by the Commission or another competent authority in the Republic or in another Member State or in a third country which imposes procedures and takes measures for preventing money laundering financing equivalent to those laid down by the Directive (EU) 2015/849.**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| Name of the Supervisory Authority | Country of incorporation |
|  |  |

1. **Does the legal person act or has acted in the past as tied agent on behalf of a CIF or IF licensed in the Republic or in another Member State:**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

|  |  |  |
| --- | --- | --- |
| Name of CIF/IF | Country of incorporation | Time period (from-to) |
|  |  |  |

1. **Is the legal person registered or was registered in the public register(s) of other Member States, which have been established by virtue of their local legislations adopted in compliance with Directive 2014/65/EU, and acts or acted on behalf of a CIF or IF licensed in the Republic or in another Member State?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes please state below:

|  |  |  |
| --- | --- | --- |
| Name of CIF/IF | Time period (from-to) | Public Register (country/Member state) |
|  |  |  |

1. **State below the composition of the Board of Directors (attach the Certificate of Directors).**

|  |  |
| --- | --- |
| **Full name** | **Date of appointment** |
|  |  |
|  |  |
|  |  |
|  |  |
| **For each of the persons mentioned above, attach the Personal Questionnaire of the members of the Board Of Directors (Form 87-00-11).** | |

1. **State below the shareholders with special participation (i.e. those holding more than 10% of the tied agent’s share capital). Attach the Certificate of Shareholders.**

|  |  |
| --- | --- |
| **Full Name** | **Percentage holding** |
|  |  |
|  |  |
|  |  |
|  |  |
| **For each of the persons mentioned above, attach the Personal Questionnaire of an applicant’s shareholder who is a natural person (Form 87-00-12), Personal Questionnaire of an applicant’s shareholder who is a legal person (Form 87-00-13) or Personal Questionnaire of an applicant’s shareholder who is a trust (Form 87-00-14). Where the holder of a qualifying holding is not a natural person, the documentation shall also relate to all members of the management body and the general manager, or any other person performing equivalent duties.** | |

1. **State below the natural person to be employed by the legal entity for the provision of investment services (as defined in article 30(3) of the Law) provided that this person is different from the persons mentioned in points 4 and 5 above.**

|  |  |
| --- | --- |
| **Full name** | **Date of appointment** |
|  |  |
|  |  |
|  |  |
|  |  |
| **For each of the persons mentioned above, attach the Personal Questionnaire of the members of the Board Of Directors (Form 87-00-11).** | |

1. **Are the natural persons to be employed by the tied agent for the provision of investment services registered in the public register of article 30 of the Law?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes please state below:

|  |  |
| --- | --- |
| Date of registration |  |
| Services/ duties he may perform by virtue of paragraph 4 (1) of the Directive regarding the Certification of persons and the public register[[1]](#footnote-1) |  |

1. **Do the natural person(s) to be employed by the legal entity for the provision of investment services act or has acted in the past as tied agent on behalf of a CIF or IF licensed in the Republic or in another Member State?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes please state below:

|  |  |  |
| --- | --- | --- |
| Name of CIF/IF | Country of incorporation | Time period (from-to) |
|  |  |  |

1. **Is the natural person(s) to be employed by the legal entity for the provision of investment services registered or was registered in the public registers of other Member States, which have been established by virtue of their local legislations adopted in compliance with Directive 2014/65/EC, and acts or acted on behalf of a CIF or IF licensed in the Republic or in another Member State?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes, state below:

|  |  |  |
| --- | --- | --- |
| Name of CIF/IF | Time period (from-to) | Public Register (country/Member state) |
|  |  |  |

1. **Does the tied agent perform any other professional activity or will s/he provide any other services other than the proposed representation of the Principal?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes, provide details below.

|  |
| --- |
|  |

**PART III:** **INFORMATION ON THE REPRESENTATION**

1. **Intended investment services or activities to be provided by the Tied Agent on behalf of the principal:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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.

**PART IV: BUSINESS PLAN AND STRUCTURAL ORGANIZATION OF THE TIED AGENT**

|  |  |
| --- | --- |
| 1. **Business Plan and structural organisation of the tied agent**   (a) How will the tied agent contribute to the strategy of the firm/group?  (b) What will the main functions of the tied agent be?  (c) Describe the main objectives of the tied agent? | **Business Plan and structural organisation of the tied agent** |
| **13. Commercial Strategy**  (a) Describe the types of clients/counterparties the tied agent will be dealing with?  (b) Describe how the firm will obtain and deal with these clients? | **Commercial Strategy** |
| **14. Organisational Structure**  (a) Briefly describe how the tied agent fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)  (b) Set out the organisational structure of the tied agent, showing functional, geographical and legal reporting lines?  (c) Who will be responsible for the tied agent operations on a day to day basis? As per Part II of this notification, Form 87-00-11 should be attached (along with all accompanying documents stated therein) for the persons responsible for the management of the tied agent.  (d) Who will be responsible for the internal control functions at the tied agent?  (e) Who will be responsible for dealing with complaints in relation to the tied agent?  (f) How will the tied agent report to the head office?  (g) Detail any critical outsourcing arrangements? | **Organisational Structure** |
| **15. Systems & Controls**  Provide a brief summary of arrangements for:  (a)safeguarding client money and assets; (where applicable)  (b)compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to Art 35(8) and record keeping under Art 16(6);  (c) staff code of Conduct, including personal account dealing;  (d) anti-money laundering;  (e) monitoring and control of critical outsourcing arrangements (if applicable);  (f) details of the accredited compensation scheme of which the investment firm or credit institution is a member; | **Systems &Controls** |
| **16. Financial Forecast**  Attach a forecast statement for profit and loss and cash flow, both over an initial period of thirty six month period. | **Financial Forecast** |
| **17.** A certificate by the tied agent that he is aware of this notification and that the information regarding him contained therein is true and correct, should be attached. | |

**PART V - CONFIRMATION STATEMENT**

**Ι responsibly declare, having full knowledge of the consequences of the Law, that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this notification, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **We shall fully and unconditionally assume responsibility for any action or omission of the tied agent, when he acts on behalf of the principal.**
3. **We shall control the tied agent’s activities, in order to ensure that the principal shall always comply with the provisions of the Law or with the Directives issued by virtue of this Law, even when it acts through the tied agent.**
4. **I am authorised to sign on behalf of the CIF.**

**I am aware and hereby acknowledge and consent that the Commission may process information/data and disclose such information/data in the discharge of its duties, as these are defined in the legislation that is in force.**

**In accordance with sections 71, 93 and 94 of the Law, I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence.**

Full name: …………………...…………….............................................................................

Position held in the Principal : …………..……………………………………………………….

Signature: ……………………………………..………………………………………………………………………

Date: ……………………………………….………………………………………………………………………….

**PART VI - LIST OF ADDITIONAL DOCUMENTS THAT ACCOMPANY THE APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **TITLE OF DOCUMENT** | **NUMBER OF REFERENCE DOCUMENT** | **FOR INTERNAL USE BY THE COMMISSION** |
| Certificate of incorporation of the legal entity | 1 |  |
| Certificate of registered office of the legal entity | 2 |  |
| Memorandum and Articles of Association of the legal entity | 3 |  |
| Certificate of Good Standing | 4 |  |
| Certificate of Directors | 5 |  |
| Certificate of Shareholders | 6 |  |
| Personal Questionnaire of the members of the Board Of Directors (Form 87-00-11) on the members of the Board of Directors (along with the accompanied documents). | 7 |  |
| Personal Questionnaire of an applicant’s shareholder who is a natural person (Form 87-00-12), Personal Questionnaire of an applicant’s shareholder who is a legal person (Form 87-00-13) or Personal Questionnaire of an applicant’s shareholder who is a trust (Form 87-00-14) for the holders of a qualifying holding in the tied agent. If the holder of the qualifying holding is not a natural person provide the questionnaires for all members of the management body and the general manager, or any other person performing equivalent duties. | 8 |  |
| Personal Questionnaire of the members of the Board Of Directors (Form 87-00-11) for the natural person to be employed by the legal entity for the provision of investment services | 9 |  |
| Organizational chart of the tied agent showing the persons employed and their working position | 10 |  |
| Forecast statement for profit and loss and cash flow, both over an initial period of thirty six month period. | 11 |  |
| Certificate by the tied agent that he is aware of this notification and that the information regarding him contained therein is true and correct. | 12 |  |

1. R.A.D. 174/2015 as in force from time to time. [↑](#footnote-ref-1)