****

**NOTIFICATION OF INTENTION**

**TO FREELY PROVIDE/PERFORM SERVICES/ACTIVITIES**

**IN ANOTHER MEMBER STATE (EEA)**

**Name of CIF : «…..……………………………..»**

**Authorisation number : «…………………………………»**

**Purpose of this form**

You should complete this form if you are: (a) a Cyprus Investment Firm that wishes to exercise a passport right for free provision/performance of investment services/activities in another member state (EEA), or (b) wish to notify the Cyprus Securities and Exchange Commission of changes to the details of your current free provision/performance of services/activities, or )c) use one or several tied agent(s) established in the CY to provide investment services in another EEA State.

Please submit this form both through the CySEC Portal, as per CySEC Announcement (dated 30 September 2019) and **by email in pdf format at** **mifid.notifications@cysec.gov.cy****.**

1. **Contact Information**

|  |  |
| --- | --- |
| Type of notification:  | Investment services and activities passport notification/change of investment services and activities passport notification |
| Member State in which the investment firm intends to operate: |  |
| Name of investment firm: |  |
| Trading name: |  |
| Address: |  |
| Telephone number: |  |
| E-mail: |  |
| Name of the contact person at the investment firm: |  |
| Home Member State: | Cyprus |
| Authorisation Status: | Authorised by Cyprus Securities and Exchange Commission |
| Authorisation Date: |  |

**Note**

* Please submit one passport application for each country.
* For change of investment services and activities passport notification only the parts of the forms which contain new information shall be completed. If the intention is to make changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments the firm will provide.
1. **Programme of operations**

**Intended Investment services, activities and ancillary services**

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

1. **Details of Tied Agent located in the home Member State**

*Please provide separate matrixes with the intended investment services for each tied agent the investment firm intends to use.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of tied agent** | **Address** | **Telephone** | **E-mail** | **Contact**  |
|  |  |  |  |  |
|  |  |  |  |  |

**Intended investment services to be provided by the tied agent\*:**

|  |  |  |
| --- | --- | --- |
|  | 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. If the intention is to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all the investment services, activities or financial instruments the firm will provide.

**Ι responsibly declare, having full knowledge of the consequences of the Investment Services and Activities and Regulated Markets Law of 2017 (Law 87(I)/2017) (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. **I am authorised to sign on behalf of the CIF.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law.**

**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 Investment Firm: …………..………………………………………………………

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

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