**SUBJECT:**

#  Form 87-04-01

#  English Version

**NOTIFICATION OF INTENTION**

**OF UK INVESTMENT FIRMS TO OFFER SERVICES TO PROFESSIONAL CLIENTS AND/OR ELIGIBLE COUNTERPARTIES IN CYPRUS**

**Name of UK Investment Firm : «…..……………………………..»**

**FCA Authorisation Number : «…………………………………»**

**Purpose of this form**

This form should be completed by investment firms located in the United Kingdom, in the context of Paragraph 6A of the [Directive DI87-04 of the Cyprus Securities and Exchange Commission](https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=7d653de6-373f-47a7-950d-facdd5fafe70) [for the provision of services by third country firms in the Republic](https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=7d653de6-373f-47a7-950d-facdd5fafe70) [of Cyprus to eligible counterparties and professional clients in](https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=7d653de6-373f-47a7-950d-facdd5fafe70) [those cases that do not fall within the scope of Regulation (EU) no.](https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=7d653de6-373f-47a7-950d-facdd5fafe70) [600/2014 on financial markets (MiFIR)](https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=7d653de6-373f-47a7-950d-facdd5fafe70)

Please submit this form **by email in pdf format at** **TPR@cysec.gov.cy****.**

**Section 1.**

**Information about the Investment Firm**

|  |  |
| --- | --- |
| * 1. Name of investment firm:
 |  |
| 1.2 Trading name: |  |
| 1.3 Address: |  |
| 1.4 Telephone number: |  |
| 1.5 E-mail: |  |
| 1.6 Name of the contact person at the investment firm: |  |
| 1.7 Authorisation Status: | Authorised by: |
| 1.8 Authorisation Date: |  |
| 1.9 Please indicate whether you have previously notified your intention to carry out investment services and activities as well as ancillary services (if any) in Cyprus. | 🞎 Yes🞎NoIf your answer is ‘YES’, please continue to the question 1.10.If your answer is ‘NO’, please fill in the information in the Table of Section 2 and continue to question 1.11 |
| 1.10 Please indicate whether the investment services and activities, ancillary services as well as the financial instruments for which you intend to provide services remain the same as per your previous notification | 🞎Yes🞎NoIf your answer is ‘NO’, please fill in the information in the Table of Section 2 |
| 1.11 Please confirm that the investment services and activities, and financial instruments notified are still covered by your license with FCA and provide the relevant reference number and the link to the FCA public registry. |  |

**Section 2**

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

This section should only be filled by Applicants which have provided a negative answer in section **1.10.**

Please indicate the investment services and activities, ancillary services as well as financial instruments that the Applicant wishes to provide and/or perform (as the case may be) to/towards eligible counterparties and professional clients in Cyprus.

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

**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 IF.**

**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: ……………………………………….…………………………………………………………………………