****

**NOTIFICATION OF INTENTION TO USE A TIED AGENT ESTABLISHED IN ANOTHER EEA STATE**

**AND CHANGE OF TIED AGENT PARTICULARS**

**Name of CIF : «…..……………………………..»**

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

**Purpose of this form**

You should complete this form if you are an Investment Firm that wishes to exercise a passport right to use a tied agent established in another EEA state or wishes to make changes to the details of a tied agent established in another EEA state.

Please submit this form both in hard copy form and **by email in pdf format at** [**mifid.notifications@cysec.gov.cy**](mailto:mifid.notifications@cysec.gov.cy)**.**

|  |
| --- |
| 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 (DI87-02)”. The receipt is attached.  …….………………………………………. Signature |

**Contact Information**

|  |  |
| --- | --- |
| Type of notification: | Tied agent passport notification under the right of establishment/ Change of Tied Agent details notification |
| Member State in which the investment firm intends to use/ is using tied agent: |  |
| Name of investment firm: |  |
| Telephone number of Investment Firm: |  |
| Address of Investment Firm: |  |
| E-mail of Investment Firm: |  |
| Name of the contact person at the investment firm: |  |
| Name of the Tied Agent: |  |
| Address of the Tied Agent: |  |
| Telephone number of the Tied Agent: |  |
| Email of the Tied Agent: |  |
| Name(s) of those responsible for the management of the Tied Agent: |  |
| Home Member State: |  |
| Authorisation Status: | Authorised by |
| Authorisation Date:  Reference or hyperlink to the public register where the tied agent is registered |  |

1. **Programme of operations**

**Intended Investment services or activities 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.

* **Note:** For changeof tied agent particulars 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 or financial instruments, please list all the investment services, activities or financial instruments the tied agent will provide.

1. **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? | 1. **Business Plan and structural organisation of the tied agent** |
| **2. 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? | **2. Commercial Strategy** |
| **3. 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? Provide details of professional experience of the persons responsible for the management of the tied agent (Please attach CV)?  (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? | **3. Organisational Structure** |
| **4. 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; | **4. Systems &Controls** |
| **5. Financial Forecast**  Attach a forecast statement for profit and loss and cash flow, both over an initial period of thirty six month period; | **5. Financial Forecast** |

**Note:** Please complete a separate application for each tied agent you wish to appoint.

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