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**APPROVED REPORTING MECHANISMS
APPLICATION FOR CONNECTION TO THE COMMISSION
TRS (TRANSACTION REPORTING SYSTEM)**

**Name of applicant: «…..……………………………..»**

**Purpose of this form**

You should complete this form if you are an Approved Reporting Mechanism (“ARM”) as defined in Article 4(1) (54) of Directive 2014/65/EU, registered under an EEA National Competent Authority (“NCA”) and wish to provide the service of reporting details of transactions to Cyprus Securities and Exchange Commission (the “Commission”) TRS System on behalf of Cypriot Investment Firms.

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| 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 |

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GENERAL INSTRUCTIONS:

1. This Form must be completed in electronic format. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (the “Commission”) at the address <https://www.cysec.gov.cy/legislation/services-markets/epey/mifid-ii-mifir/mifid-ii-mifir-forms/>.
2. Payments should be made using one of the methods/Bank Institutions found at <https://www.cysec.gov.cy/en-GB/cysec/fees/Commissions-Fees/>.
3. After the completion, the signed application form should be forwarded to the email of the Information Technology Department, at the email information.technology@cysec.gov.cy, attaching the payment receipt as well.
4. This connectivity application form is only for the purposes of the connectivity of ARMs, that are authorised (or in the process of getting authorisation) by the Commission or another NCA and wish to expand their service of reporting details of transactions on behalf of Cypriot Investment Firms to the Commission, thus need to apply for connectivity with the Commission’s TRS System.
5. In addition, to the application form, the ARMs would need to attach to their application a letter from their Home NCA, that they are authorised, or that they are in the process of acquiring authorisation from an NCA.

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| PART A: ARM APPLICATION FORM FOR CONNECTIVITY TO THE COMMISSION TRS SYSTEM |
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| Date: |  |
| **FROM:** |
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| Name of the applicant: |  |
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| Address: |  |
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| **Contact details of the designated contact person** |
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| Name: |  |
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| Telephone: |  |
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| Email: |  |
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| **Contact details of the IT person** |
| Contact for IT related enquiries |
| Name: |  |
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| Telephone: |  |
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| Email: |  |
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| **TO:** |
| Member State: | CYPRUS |
|  |  |
| Competent Authority: | CYPRUS SECURITIES AND EXCHANGE COMMISSION (CySEC) |
|  |  |
| Address: | KRITIKOS TOWER, 27 DIAGOROU STREET,NICOSIA, 1097CYPRUS |
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| **Contact details of the designated contact point** |
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| Name: | CySEC - Information Technology Department  |
| Address: | KRITIKOS TOWER, 1st floor27 DIAGOROU STREET,NICOSIA, 1097CYPRUS |
|  |  |
| Telephone: | +357 22506600 |
|  |  |
| Email: | information.technology@cysec.gov.cy  |
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| **Person in charge of preparing the application:** |
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| Name: |  |
|  |  |
| Status/Position: |  |
|  |  |
| Telephone: |  |
|  |  |
| Fax (if available): |  |
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| Email: |  |
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| **Is the ARM authorised or current applicant to an NCA (tick (✓) only one relevant box)?** |
|  |
| Authorised ARM under an NCA |  |[ ]   |  |  |  |  |  |  |
| Pending ARM application under an NCA |  |[ ]   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **What is the ARM’s Home NCA?** |
| Home NCA: |  |
| ARM Name: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **What is the LEI of the ARM?** |
| LEI of the ARM: |  |

# PART B: DECLARATION

**I hereby responsibly declare and confirm, having full knowledge of the consequences of the Investment Services and Activities and Regulated Markets Law of 2017 (the “Law”), that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this application is correct, complete and accurate.**
2. **I am authorized to make this application on behalf of the ΑRM.**
3. **I understand that the Commission may require the ARM to provide further information or documents at any time after the submission of this application.**
4. **I understand that the Commission must be notified immediately of any significant change to the information provided which renders this application invalid.**

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

**By this statement and in full comprehension of its contents, I give my express consent for the processing of my personal data, sensitive and not, in accordance with the Processing of Personal Data (Protection of Individuals) Law of 2001, as amended from time to time by national and/or European legislation.**

**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 application, is subject to an administrative fine and may constitute a criminal offence.**

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

**Position held**

**in the Entity:** …………..……………………….……………………………………………………………...........

**Signature** …………..……………………………………………….……………………………………...........

**Date** …………..……………………………………………………………………….……………...........