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**NOTIFICATION OF THE TERMINATION OF THE OPERATION OF A BRANCH OR CESSATION OF THE USE OF A TIED AGENT ESTABLISHED IN ANOTHER EEA STATE OR IN THE REPUBLIC**

**Name of CIF : «…..……………………………..»**

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

**Purpose of this form**

You should complete this form if you are an Investment Firm that wishes to notify of the termination of the operation of a Branch or cessation of the use of a tied agent established in another EEA state or in the Republic.

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)

1. **Contact Information**

|  |  |
| --- | --- |
| Type of notification: | Termination of the operation of a branch/the use of a tied agent |
| Member State in which the branch/tied agent is established: |  |
| Name of investment firm: |  |
| Telephone number of Investment Firm: |  |
| Address of Investment Firm: |  |
| E-mail of Investment Firm: |  |
| Name of the contact person responsible for the termination of the operations of the branch/tied agent: |  |
| Name of the Branch/tied agent in the territory of the host Member State: |  |
| Home Member State: |  |
| Authorisation Status: | Authorised by |
| Authorisation Date: |  |
| Date from which the termination will be effective: |  |

1. **Schedule for the planned termination:**

**Description of the schedule for the planned termination:**

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**Information on the process of winding down the business operations, including details of how client interests are to be protected, complaints resolved and any outstanding liabilities discharged:**

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