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**NOTIFICATION OF INFORMATION ON CHANGES TO THE MEMBERSHIP**

**OF THE MANAGEMENT BODY OF A CYPRUS INVESTMENT FIRM**

**Name of CIF: «…..……………………………..»**

**Purpose of this form**

This form should be completed in case of changes to the membership of the management body as per Article 4 of Commission Implementing Regulation (EU) 2017/1945 laying down implementing technical standards with regard to notifications by and to applicant and authorised investment firms according to Directive 2014/65/EU of the European Parliament and of the Council.

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

**General instructions:**

1. The Form must be completed in electronic form. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (“the Commission”) at the address www.cysec.gov.cy.
2. The questions should remain unaltered and the answers must be provided below each question.
3. All applicable questions should be duly completed, or, if they are not applicable state “N/A”.
4. If insufficient space has been provided for all members of the management body, please add additional pages or provide that information on a separate sheet/document. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant organisation and reference the appropriate question.
5. When completing the form, information which is publicly available or have previously been disclosed to the Commission or to another supervisory authority, should not be considered as known by the Commission.
6. This Form does not substitute the personal questionnaires that need to be submitted by each Director as part of a complete application. The applicant may cross reference information that needs to be submitted in this Form to the appropriate section of the relevant personal questionnaire.

**LIST OF MEMBERS OF THE MANAGEMENT BODY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Reference Number: | | | | | | | | | | | | | | | |  | | |
| Date: | | | | | | | | | | | | | | | |  | | |
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| **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: | | | | | |  | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
| Telephone: | | | | | |  | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
| Email: | | | | | |  | | | | | | | | | | | | |
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| **TO:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Member State: | | | | | | CYPRUS | | | | | | | | | | | | |
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| Competent Authority: | | | | | | CYPRUS SECURITIES AND EXCHANGE COMMISSION (CySEC) | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
| Address: | | | | | | ERA HOUSE,  2 DIAGOROU STREET,  NICOSIA, 1097  CYPRUS | | | | | | | | | | | | |
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| Dear [insert appropriate name]  In accordance with Article 2 of the Commission Implementing Regulation (EU) No. 2017/1945 laying down implementing technical standards with regard to standard forms, templates and procedures for notification or provision of information provided for in Article 7(5) of Directive 2014/65/EU to ensure uniform conditions of application of Article 9(5), kindly find attached the notification request. | | | | | | | | | | | | | | | | | | |

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| **Person in charge of preparing the application:** | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | |  | | | | | | | | | | | | |
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| Status/Position: | | | | | |  | | | | | | | | | | | | |
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| Telephone: | | | | | |  | | | | | | | | | | | | |
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| Fax (if available): | | | | | |  | | | | | | | | | | | | |
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| Email: | | | | | |  | | | | | | | | | | | | |
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**Date:**

**Signature:**

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| **INFORMATION ON MEMBER(S) LEAVING THE MANAGEMENT BODY** | | | | | | |
|  |  |  |  |  |  |
| **Member 1** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
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|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Position | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Effective date of departure from management body | | | | | | |
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|  |  |  |  |  |  |
| Reasons for departure from management body | | | | | | |
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| **Member 2** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Position | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Effective date of departure from management body | | | | | | |
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|  |  |  |  |  |  |
| Reasons for departure from management body | | | | | | |
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| **Information on new member(s) of the management body**  **Member 1** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Position | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Professional experience and other relevant experience | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Educational qualification and relevant training | | | | | | |
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|  |  |  |  |  |  |
| List of executive and non-executive directorships in other entities | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Effective date | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | |

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| **Member 2** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
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|  |  |  |  |  |  |
| Position | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Professional experience and other relevant experience | | | | | | |
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|  |  |  |  |  |  |
| Educational qualification and relevant training | | | | | | |
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| List of executive and non-executive directorships in other entities | | | | | | |
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|  |  |  |  |  |  |
| Effective date | | | | | | |
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| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | |

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| **Member 3** | | | | | | |
|  |  |  |  |  |  |
| Name | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Contact details (Telephone, email, address) | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Position | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |
| Professional experience and other relevant experience | | | | | | |
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|  |  |  |  |  |  |
| Educational qualification and relevant training | | | | | | |
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|  |  |  |  |  |  |
| List of executive and non-executive directorships in other entities | | | | | | |
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| Effective date | | | | | | |
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| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | |

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| **COMPLETE UPDATED LIST OF MEMBERS OF THE MANAGEMENT BODY**   |  |  |  | | --- | --- | --- | | **Name** | **Position** | **Effective date** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Please provide:   * Minutes of the general meeting confirming the nomination of the new member of the management body * Minutes of the general meeting of the management body confirming the nomination of the new members * The proposed organisational structure of the Company. |

**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 application, 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 applicant.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law 87(Ι)/2017.**

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

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

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