NOTIFICATION LETTER

NOTIFICATION OF PERSONS RESPONSIBLE FOR A BRANCH[[1]](#footnote-1) RELATED TO THE INTENTION OF AN AIFM TO ESTABLISH A BRANCH IN A MEMBER STATE OTHER THAN ITS HOME MEMBER STATE IN ACCORDANCE WITH ARTICLE 33, PARAGRAPH (3), LETTER (C), OF DIRECTIVE 2011/61/EU.

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| IN (the host Member State) | Insert text. |

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| Identification of the AIFM |
| AIFM: | Insert text. |
| AIFM LEI: | Insert text. |
| National identification code of the AIFM (where available): | Insert text. |
| AIFM’s home Member State: | Insert text. |
| Address and, where different from address, registered office/domicile: | Insert text. |

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| Identification of the branch |
| Name of the branch: | Insert text. |
| National identification code of the branch in AIFM’s Home State (where available): | Insert text. |
| National identification of the branch in the Member State where the branch is established (where available): | Insert text. |
| Address and, where different from address, registered office/domicile: | Insert text. |

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| Are you notifying amendments to information already provided in an initial notification?[ ]  Yes [ ]  No*In case the answer to this question is ‘Yes’, please highlight below the updated information compared to the previous notification and indicate the date of the previous notification:*Select date. |

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| NOTIFICATION OF A PERSON RESPONSIBLE FOR: |
| [ ]  The management of the branch[ ]  The termination of the operations of the branch[[2]](#footnote-2) |

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| Identification of notified person and contact details |
| Last name: | Insert text. |
| First name: | Insert text. |
| Position or function performed: | Insert text. |
| Start date for this position: | Select date. |
| End date for this position (where relevant): | Select date. |
| Telephone number: | Insert text. |
| Email address: | Insert text. |

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| Additional remarks |
| Additional remarks, where indicated (e.g. former name in case of name changes, position changes etc.): | Insert text. |

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| Date: | Select date. |
| Signature of notified person : |

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| Date: | Select date. |
| Name and capacity of the signatory for the AIFM / branch[[3]](#footnote-3): | Insert text. |
| Signature: |

1. Please submit one separate form for each relevant person and one form per electronic file only. [↑](#footnote-ref-1)
2. Notification of a person responsible for the termination of a branch should only be filled as an update where the termination of the branch is envisaged. [↑](#footnote-ref-2)
3. Should not be identical with notified person. [↑](#footnote-ref-3)