NOTIFICATION LETTER

NOTIFICATION OF PERSONS RESPONSIBLE FOR A BRANCH[[1]](#footnote-1) RELATED TO THE INTENTION OF A MANAGEMENT COMPANY TO ESTABLISH A BRANCH IN A MEMBER STATE OTHER THAN ITS HOME MEMBER STATE IN ACCORDANCE WITH ARTICLE 17, PARAGRAPH (2), LETTER (D) OF DIRECTIVE 2009/65/EC.

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

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

|  |  |
| --- | --- |
| Identification of the branch | |
| Name of the branch: | Insert text. |
| National identification code of the branch in the management company’s home Member State (where available): | Insert text. |
| National identification code of the branch in the Member State where the branch is established: | 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) |

|  |  |
| --- | --- |
| Identification of notified person | |
| 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. |

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

|  |  |
| --- | --- |
| Date: | Select date. |
| Name and capacity of the signatory for the management company / 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 the branch should only be filed 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)