EuVECA notification letter for marketing to potential investors in the European Union

for the purpose of notifying marketing arrangements by Luxembourg managers of qualifying venture capital funds (“EuVECA managers”) pursuant to Article 4a of Regulation (EU) n° 345/2013 on European venture capital funds (the “EuVECA Regulation”).

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| The EuVECA manager: |
| Insert text. |
| With the following contact details (registered address of the manager): |
| Address: Insert text.Contact person: Insert text.Email: Insert text.Phone: Insert text. |
| is registered by the CSSF in accordance with Article 14(2) of the EuVECA Regulation to manage the funds indicated in the table below. The manager intends to market the EuVECA in the Member States indicated in the table below. |
| Name of the EuVECA | LEI code | Domicile | Host member States |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Insert text. | Insert text. | Insert text. | Insert text. |
| Please indicate if you are notifying amendments to information already provided in an initial notification: |
| [ ]  Yes [ ]  No |
| If yes, please specify the information that you would like to amend: |
| [ ]  Cease of marketing with effect from Insert text. in the host member States listed above[ ]  Addition of a new EuVECA[ ]  Addition of a new domicile for the establishment of a EuVECA[ ]  Addition of a new Member State where the manager intends to market the EuVECA[ ]  Removal from the national register of EuVECA managers in accordance with Article 21(2)(b) of the EuVECA Regulation.[[1]](#footnote-1)[ ]  Other: Insert text. |

# Declaration

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| I hereby confirm (i) that the information provided in this notification letter contains all the relevant information as required by the applicable legislation, (ii) that the information in this form is accurate and complete to the best of my knowledge and belief and (iii) that I am authorized to sign on behalf of the EuVECA manager: |
| [ ]  Yes [ ]  No |

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| --- |
| Signature: |
| Date: | Select date. |
| Last name: | Insert text. |
| First name: | Insert text. |
| Company: | Insert text. |
| Position: | Insert text. |
| Phone: | Insert text. |
| Email address: | Insert text. |

1. If this is the case, please replace the text after the address of the manager with the following text: “has been removed from the national register of EuVECA managers in accordance with Article 21(2)(b) of the EuVECA Regulation”. [↑](#footnote-ref-1)