**Notification on the Investment Services and Activities Passport and**

**Change of Services and Activities Notification**

|  |  |
| --- | --- |
| **Type of notification:** | [e.g. Investment services and activities passport notification / change of investment services and activities particulars notification] |
| **Notification reference:** | Securities and Markets Division, Legal Section |
| **Member State in which the firm intends to operate:** | [Host Member State] |
| **Investment firm:** | [Name of the firm] |
| **Address:** | [address] |
| **Telephone Number:** | [tel. no] |
| **E-mail:** | [email] |
| **Contact:** | [name] |
| **Home State:** | Principality of Liechtenstein |
| **Authorisation Status:** | Authorised by Financial Market Authority (FMA) |
| **Authorisation Date of the company:** | [TBA] |
| **Date from the investment services, activities and ancillary services will be provided:** | With immediate effect |
| **Intended investment services, activities, ancillary services \*:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A - Investment services and activities** | | | | | | | | | | **B - Ancillary services** | | | | | | | |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **C - Financial Instruments** | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Please check (x) the appropriate boxes.

|  |  |
| --- | --- |
| **Use of tied agent?** | 🞎 no 🞎 yes 🡪 please fill in below |
| **Name of tied agent located in the home Member State:** | [Name] |
| **Address:** | [address] |
| **Telephone:** | [tel. no] |
| **E-mail:** | [email] |
| **Contact:** | [name] |

**Intended investment services to be provided by the tied agent\*?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Investment srvices and activities** | | | | | | | | | | **Ancillary services** | | | | | | | |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Financial Instruments** | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Please check (x) the appropriate boxes. If you intend to make changes to the intended services, please list all of the intended services the tied agent is intending to provide.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, date Authorised signature of the applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Place, date Authorised signature of the Financial Market Authority