**Form for a change in the tied agent particulars notification concerning the termination of the operation of a branch or the cessation of the use of a tied agent established in another Member State**

[Articles 17(3) and 18(3) of Commission Implementing Regulation (EU) 2017/2382]

|  |  |
| --- | --- |
| **Type of notification:** | [Termination of the operation of a branch/the use of a tied agent] |
| **Reference:** | Securities and Markets Division, Legal Section |
| **Member State in which the branch/**  **tied agent is established:** | [Host Member State] |
| **Name of the investment firm:** | [name of firm] |
| **Address of the investment firm:** | [address of firm] |
| **Telephone number of the investment firm:** | [tel.no of firm] |
| **Email of the investment firm:** | [email of firm] |
| **Name of the contact person**  **responsible for the termination of the operations of the branch/ cessation of the use of the**  **tied agent:** | [name of contact person] |
| **Name of the branch/tied agent in the territory of the host Member State:** | [name of branch/tied agent] |
| **Address of the branch/tied agent:** | [Address of the branch/tied agent] |
| **Phone number of the branch/tied agent:** | [Phone number of the branch/tied agent] |
| **E-Mail of the branch/tied agent:** | [E-Mail of the branch/tied agent] |
| **Name(s) of those responsible for the management of the branch/contact point of the tied agent:** | [name(s)] |
| **Home Member State:** | Principality of Liechtenstein |
| **Home Member State Competent**  **Authority:** | Financial Market Authority (FMA) |
| **Authorisation Status:** | Authorised by Financial Market Authority (FMA) |
| **Authorisation Date:** | [TBA] |
| **Date from which the terminationof the operation of the branch or the cessation of the use of a tied agent will be effective:** | [with immediate effect] |

**Description of the schedule for the planned termination:**

[to be completed by the investment firm]

**Information on the process of winding down the business operations, including   
details regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged:**

[to be completed by the investment firm]

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

Place, date Authorised signature of the applicant

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