**Notification for an Intermediary or Ancillary Intermediary to operate under the freedom to provide services**

Initial notification  Change of notification

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | First Name and Surname /  Name of legal Person | Klicken Sie hier, um Text einzugeben. | |
| 2. | Address / head office | Klicken Sie hier, um Text einzugeben. | |
| e-mail address | Klicken Sie hier, um Text einzugeben. | |
| Registration number | Klicken Sie hier, um Text einzugeben. | |
| 3. | Category of (ancillary)  Intermediary | Broker | Agent  Klicken Sie hier, um Text einzugeben.  (Name of any insurance or reinsurance undertaking represented) |
| 4. | Authorised classes of insurance | Life insurance Klicken Sie hier, um Text einzugeben.  Non-life insurance Klicken Sie hier, um Text einzugeben.  Reinsurance | |
| 5. | Member States in which the intermediary plans to provide services | Klicken Sie hier, um Text einzugeben. | |
| 6. | Activity in Host Member State  Risks and commitments covered by the insurance contracts  distributed: | Klicken Sie hier, um Text einzugeben. | |
| 7. | Name of Home Competent  Authority | Klicken Sie hier, um Text einzugeben. | |
| 8. | Address of online register | <http://register.fma-li.li> | |
| 9. | Date | Klicken Sie hier, um Text einzugeben. | |