**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 | [ ]  AgentKlicken 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 StateRisks 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. |