**Signed „Declaration“ to be sent to FMA (IGT@fma.gv.at)**

Please refer to the [IGT Manual](https://www.fma.gv.at/download.php?d=1480) for more information and support on [FMA IGT Tool](https://webhost.fma.gv.at/IGT/frmLogin.aspx?ReturnUrl=%2fIGT) and this declaration.

By submitting this declaration, I confirm that:

1. The information in this application or notification is accurate and complete to the best of my knowledge and belief and that I will take all reasonable steps to ensure that this is the case.

1. I am aware that if I knowingly or negligently provide information that is false and misleading, I will contravene a legislative requirement and may be the subject to enforcement action.
2. The counterparty registered in the [FMA IGT Tool](https://webhost.fma.gv.at/IGT/frmLogin.aspx?ReturnUrl=%2fIGT) for notifying or applying to make use of the exemptions for intragroup transactions as defined in Articles 4(2), 9(1) and 11 (6) to (10) EMIR on behalf of other counterparties within the same group

* has received the consent from all other intragroup counterparties in this notification or application that the notification or application is made on their behalf; and
* has received the consent from all other intragroup counterparties in this notification or application that they are aware of their responsibilities and obligations under EMIR.

Consequently, supporting evidence and records are available upon request to demonstrate the consent of all intragroup counterparties to the notification or application and to confirm their awareness of their responsibilities and obligations under EMIR.

1. I will notify FMA immediately via the [FMA IGT Tool](https://webhost.fma.gv.at/IGT/frmLogin.aspx?ReturnUrl=%2fIGT) if there is a significant change to the information provided.

1. *Please provide details on the group’s parent undertaking.*

|  |  |
| --- | --- |
| **Group parent undertaking** | |
| Company Name: | *Click or tap here to enter parent undertaking’s name.* |
| LEI: | *Click or tap here to enter parent undertaking’s name.* |

1. *Please provide details on the company applying for IGT tool access (if different to I.).*

|  |  |
| --- | --- |
| **Company applying for IGT tool access** | |
| Company Name: | *Click or tap here to enter applying company’s name.* |
| LEI: | *Click or tap here to enter applying company’s name.* |

1. *Please provide contact details on the person applying for IGT tool access.*

|  |  |
| --- | --- |
| **Contact details on person applying for access to IGT tool** | |
| Name: | *Click or tap here to enter applying person’s name.* |
| Position: | *Click or tap here to enter applying person’s position.* |
| Email: | *Click or tap here to enter applying person’s email address.* |
| Phone: | *Click or tap here to enter applying person’s phone number.* |

1. *Please provide contact details on the person with power of representation (authorised signatory) of the company applying for IGT tool access.*

|  |  |
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| **Contact details on person with power of representation (authorised signatory)** | |
| Name: | *Click or tap here to enter authorised signatory’s name.* |
| Position: | *Click or tap here to enter authorised signatory’s position.* |
| Email: | *Click or tap here to enter authorised signatory’s email address.* |
| Phone: | *Click or tap here to enter authorised signatory’s phone number.* |

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| *Click or tap here to enter place & date.* | |
| **Applying person’s** (see III.) **signature** | **Authorised signatory’s** (see IV.) **signature** |
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