**Form for the investment services and activities passport notification and the change of investment services and activities particulars notification**

Date:

**Part 1- Contact Information**

|  |  |
| --- | --- |
| **Type of notification** | Investment services and activities passport notification  change of investment services and activities particulars notification |
|  |  |
| **Member State in which the investment firm intends to operate** | BE BG CY CZ DE DK EE ES FI FR GR HR HU IE IS IT LI LT LU LV MT NL NO PL PT RO SE SI SK |
|  |  |
| **Name of investment firm** |  |
|  |  |
| **Trading name** |  |
|  |  |
| **Address** |  |
|  |  |
| **Telephone number** |  |
|  |  |
| **Email** |  |
|  |  |
| **Name oft he contact person at the investment firm** |  |
|  |  |
| **Home Member State** | Austria |
|  |  |
| **Authorisation Status** | Authorised by the Austrian Financial Market Authority Member of an accredited compensation scheme |
|  |  |
| **Authorisation Date** |  |
|  |  |
| **Date from which services**  **will be provided** |  |

**Part 2 – Programme of operations**

**Intended investment services, activities and ancillary services**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial**  **instruments** | **Investment services and activities** | | | | | | | | | **Ancillary services** | | | | | | |
|  | **A1** | **A2** | **A3** | **A4** | **A5** | **A6** | **A7** | **A8** | **A9** | **B1** | **B2** | **B3** | **B4** | **B5** | **B6** | **B7** |
| **C1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Details of Tied Agent located in the home Member State**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the tied agent** | **Address** | **Telephone** | **Email** | **Contact** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Please provide separate matrices with the intended investment services for each tied agent the investment firm intends to use | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial**  **instruments** | **Investment services and activities** | | | | | | | | | **Ancillary services** | | | | | | |
|  | **A1** | **A2** | **A3** | **A4** | **A5** | **A6** | **A7** | **A8** | **A9** | **B1** | **B2** | **B3** | **B4** | **B5** | **B6** | **B7** |
| **C1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please place an (x) in the appropriate box(es). If you intend to make changes to the investment services, activities or financial instruments provides by the tied agent, please list all investment services or financial instruments the tied agent will provide.