**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**

**Part 1- Contact Information**

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| **Type of Notification** | [ ]  Termination of the operation of a branch[ ]  Termination of the use of a tied agent |
|  |  |
| **Member State in which the branch/ tied agent is established** |       |
|  |  |
| **Name of the investment firm** |       |
|  |  |
| **Address of the investment firm** |       |
|  |  |
| **Telephone number of the investment firm** |       |
|  |  |
| **Email of the investment firm** |       |
|  |  |
| **Name of the contact person responsible for the termination of the operations of the branch/ tied agent** |       |
|  |  |
| **Home Member State**  | Austria |
|  |  |
| **Authorisation Status** | Authorised by the Austrian Financial Market Authority |
|  |  |
| **Authorisation Date** |       |
|  |  |
| **Date from which the termination will be effective** |       |

Description of the schedule for the planned termination:

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|       |

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:

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|       |