SCHEDULE TO NOTIFICATION DATED [Date of letter] PURSUANT TO ARTICLES 35 OF THE MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE (TIED AGENT)

Type of tied agent notification: [e.g. first time / additional services / address change]

**Member State in which firm** [Host Member State]

**intends to use a tied agent:**

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| **Name of the investment firm:** [Name of Firm]**Address of the investment firm:** [Address]**Name of the contact person:** [Name]**Telephone number:** [Tel. no]**Email of the investment firm:** [Email]**Home State:** [Home Member State]**Authorisation Status**: Authorised by [Home Member State Competent Authority] Authorisation Date: [TBA] |
| Name of the tied agent: [Name of the Agent]Address of the tied agent: [Address] Telephone number of the tied agent: [Tel. no]**Email of the tied agent:** [Email]Name(s) of the managers ofthe tied agent: [Name]Hyperlink to the registerwhere the tied agent is registered: [Link] |

1) For the purposes of a change in the tied agent particulars notification, please complete only the parts of the forms which are relevant to the notified changes. Where changes have been made to the investment services, activities or financial instruments, the firm shall list all investment services, activities or financial instruments to be provided by the tied agent.

**Intended investment services or activities to be provided by the tied agent\***

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

\*Please place an (x) in the appropriate box(es).

**Business plan and structural organisation of the tied agent**

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| **Business plan:**Explain how the tied agent will contribute to the strategy of the firm/group?Click here to enter text.Describe what the main functions of the tied agent will be?Click here to enter text.Describe the main objectives of the tied agent:Click here to enter text. |
| **Commercial Strategy:**Describe the types of clients/counterparties the tied agent will be dealing with:Click here to enter text.Describe how the firm will obtain and deal with these clients:Click here to enter text. |
| **Organisational structure:**Briefly describe how the tied agent fits into the corporate structure of the firm/group? (This may be facilitated by attaching an organisational chart)Click here to enter text.Set out the organisational structure of the tied agent, showing both functional and legal reporting lines:Click here to enter text.Identify who will be responsible for the tied agent operations on a day to day basis? Provide details of professional experience of the persons responsible for the management of the tied agent (Please attach CV)Click here to enter text.Identify who will be responsible for the internal control functions at the tied agent?Click here to enter text.Identify who will be responsible for dealing with complaints in relation to the tied agent?Click here to enter text.Identify how will the tied agent report to the head office:Click here to enter text.Detail any critical outsourcing arrangements:Click here to enter text. |
| **Systems & Controls**Provide a brief summary of arrangements for:Safeguarding client money and assets (where applicable):Click here to enter text.Compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to Art 35(8) and record keeping under Art 16(6):Click here to enter text.Staff code of Conduct, including personal account dealing:Click here to enter text.Anti-money laundering:Click here to enter text.Monitoring and control of critical outsourcing arrangements (where applicable): Click here to enter text.The name, address and contact details of the accredited compensation scheme of which the investment firm is a member:Click here to enter text. |
| **Financial forecast**Attach a forecast statement for profit and loss and cash flow, both over an initial period of thirty six month period: Click here to enter text. |