SCHEDULE TO NOTIFICATION DATED [Date of letter] PURSUANT TO ARTICLE 34 OF THE MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE

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

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

**intends to operate:**

Investment firm: [Name of Firm]

Trading name: [Name of Firm]

Address: [address]

Telephone Number: [tel. no]

**Email:** [email]

Contact Person: [name]

**Home State:** [Home Member State]

**Authorisation Status**: Authorised by [Home Member State Competent Authority]

Authorisation Date: [TBA]

**MiFID activities/services to be**

**provided:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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 (x) in the appropriate boxes.

1) For the purposes of a changes of investment services and activities particulars notification please complete only the parts of the form which are relevant to the notified changes. If the intention is to make changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments the firm will provide.

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

Will the investment firm use tied agent? **Yes  No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of tied agent** | **Address** | **Telephone** | **E-mail** | **Contact** | **Hyperlink to the register where the tied agent is registered** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*Please provide separate matrixes 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\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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 boxes. If you intend to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all investment services, activities or financial instruments the tied agent will provide.