



Notice of the termination of the operation of a branch or cessation of the use of a tied agent established in another EEA state in accordance with the Markets in Financial Instruments Directive (MiFID)

FIRM NAME:	
FIRM REFERENCE NUMBER (FRN):	
DATE:	

Purpose of this form

This form replicates Annex X of ITS 4A and should be completed in accordance with ITS 4A and RTS 3A

You should complete this form if you are a UK firm that wishes to notify us of the termination of the operation of a branch or cessation of the use of a tied agent established in another EEA state under MiFID.

Important information you should read before completing this form

A UK firm can only use this form if it is entitled to establish a branch in another EEA State subject to the conditions of MiFID (see Schedule 3 to the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. UK firms should consult the legislation or take professional advice both in the UK and in the relevant EEA State(s) if they are in any doubt.

We give guidance on this in the Supervision manual (SUP). In particular, a UK firm that wants to exercise an EEA right must have the corresponding permission included in its Scope of Permission.

Filling in the form

1. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 3.
2. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 3.
3. All firms should answer sections 1 and 2.

1. Contact Information	
Type of notification:	Termination of the operation of a branch/ the use of a tied agent
Member State in which the branch/ tied agent is established:	
Name of investment firm:	
Address of investment firm:	
Telephone number of investment firm:	
E-mail of investment firm:	
Name of the contact person responsible for the termination of the operations of the branch/ tied agent:	
Name of the branch/ tied agent in the territory of the host Member State:	
Home Member State:	United Kingdom
Home Member State Competent Authority:	Financial Conduct Authority
Authorisation Status:	Authorised by the Financial Conduct Authority
Authorisation Date:	
Date from which the termination will be effective:	

2 Schedule for the planned termination

Description of the schedule for the planned termination:

Information on the process of winding down the business operations, including details of regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged:

3 Declaration

Warning

Knowingly or recklessly giving the FCA information which is false or misleading in a material particular may be a criminal offence (sections 398 and 400 of the Financial Services and Markets Act 2000). SUP 15.6.1R and SUP 15.6.4R require an authorised person to take reasonable steps to ensure the accuracy and completeness of information given to the FCA and to notify the FCA immediately if materially inaccurate information has been provided. If necessary, please take appropriate professional advice before supplying information to us.

If any information is inaccurate or incomplete this notification may take longer to be processed.

You must notify us immediately of any significant change to the information provided. If you do not, it may take longer to be processed.

Data Protection

For the purpose of complying with the Data Protection Act, the personal information in this notification may be used by the FCA to discharge its statutory functions under the Financial Services and Markets Act 2000 and other relevant legislation and will not be disclosed for any other purpose without the permission of the notifying firm.

Declaration

I am authorised to make this notification on behalf of the notifying firm named on the front of this notification.

I have attached the relevant documents where requested.

I confirm that the information in this notification is accurate and complete to the best of my knowledge and belief.

I authorise the FCA to make such enquiries and to seek such further information as it thinks appropriate to verify the information given in this notification.

I understand that the FCA may require the notifying firm to provide further information or documents at any time after I have sent this notification.

- Tick here to confirm that the person submitting this notification on behalf of the notifying firm and (if applicable) the individual named below have read and understood the declaration.

Signature

- I confirm that a permanent copy of this notification will be retained for an appropriate period, for inspection at the FCA's request.

Name of authorised signatory	
Signature (to be signed on the printed version only)	
Date	