



Notification of intention to provide cross-border services in another EEA state with respect to marketing an AIF

AIFM name:

FRN:

AIF name:

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide the *cross border services* in another *EEA State* under the Alternative Investment Fund Managers Directive ("*AIFMD*") to market a *UK AIF* or *EEA AIF* (that is not a *feeder AIF*, the *master AIF* of which is managed by a *non-EEA AIFM* or is a *non-EEA AIF*) to *professional clients*.

You may also use this form if you are a *UK firm* that wishes to notify us (the *FCA*) of changes to the details of that *cross border service*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of *AIFMD* (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 legal advice both in the *United Kingdom* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission and must be a *full scope UK AIFM*.

Filling in the Form

9. 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 4.
10. 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 4.
11. All firms should answer sections 1, 2, 3 and 4.
12. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

Applications should be sent to:

*AIFMD Team
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS*

An electronic copy must be submitted by email to AIFMDAuthorisations@fca.org.uk

Website: www.fca.org.uk

1 Contact details

1.2 Details of the person we will contact about this application.

Contact name	
Telephone number	
Fax number	
Email address	

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* into which services are to be provided.

Note to Question 2.1

UK firms have the right to provide cross border services to Gibraltar. References in this form to an EEA State include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Croatia	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

2.2 Please tell us the proposed start date for the *marketing*.

Date	dd/mm/yy
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3 Alternative investment fund managers

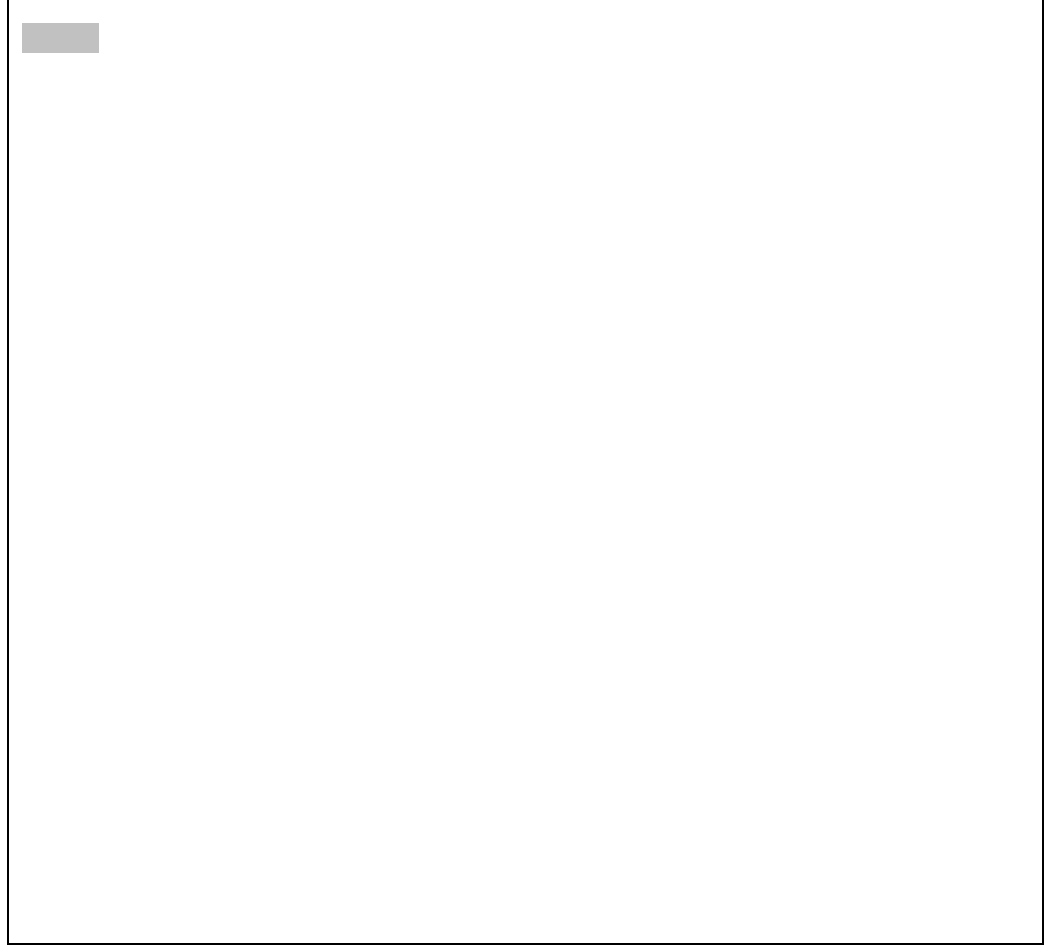
Please provide the following documentation and information

3.1 Details of the *firm's* programme of operations

**Note to
Question 3.1**

Provide a programme of operations stating in particular the services which the *AIFM* intends to perform.

Please also identify the *AIF* that the *AIFM* intends to *market* by providing the legal name and national identification code of the *AIF*.



3.2 The EEA state in which the AIF is established.

[Redacted]

3.3 A copy of the *instrument constituting the fund* Attached

3.4 The identity of the *depository* of the AIF.

[Redacted]

3.5 A description of, or any information on, the AIF available to investors.

[Redacted]

3.6 If the AIF is a *feeder AIF*, the jurisdiction in which the *master AIF* is established.¹


[Redacted]

3.7 Any additional information referred to in FUND 3.2.2R (Prior disclosure of information to investors), for the AIF the AIFM intends to market.

[Redacted]

¹ Where the AIF is a *feeder AIF* the right to *market* the AIF using the *marketing* passport is subject to the condition that the *master AIF* is an EEA AIF that is managed by a *full scope UK AIFM* or *full scope EEA AIFM*.

3.8 Information about arrangements made for the *marketing* of the *AIF*.



A large rectangular box with a black border, intended for the response to question 3.8. A small grey rectangular redaction mark is located in the top-left corner of the box.

3.9 Where relevant, arrangements established to prevent the *AIF* from being marketed to an investor that is a *retail client*, including in the case where the *AIFM* relies on the activities of independent entities to provide investment services in respect of the *AIF*.



A large rectangular box with a black border, intended for the response to question 3.9. A small grey rectangular redaction mark is located in the top-left corner of the box.

4 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

It is a criminal offence to knowingly or recklessly give us information that is false or misleading. If necessary, please seek appropriate professional advice before supplying information to us.

There will be a delay in processing the application if any information is inaccurate or incomplete. And failure to notify us immediately of any significant change to the information provided may result in a serious delay in the application process.

- **I understand it is a criminal offence knowingly or recklessly to give the FCA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*.**

Name	
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Position	
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Signature	
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Date	dd/mm/yy
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I enclose the following sections (mark the appropriate section)

Section 1 – Contact details	<input type="checkbox"/>
Section 2 – Details of the services to be provided	<input type="checkbox"/>
Section 3 – Alternative investment fund managers	<input type="checkbox"/>
Section 4 – Declaration	<input type="checkbox"/>