

**Notification of intention to provide cross border services and/or activities in another EEA state in accordance with Article 34(2) of the Markets in Financial Instruments Directive (2014/65/EU) (MiFID)** (including changes to the particulars of an investment services and activities passport notification under MiFID)[[1]](#footnote-1).

(Articles 3 and 6 of Commission Implementing Regulation (EU) 2017/2382))

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| --- | --- |
| **Firm Name:** |  |
| **Firm C Code (CBI Ref No):** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **1. Contact Information** | |
| **Type of Notification:** | Investment services and activities passport notification / change of investment services and activities particulars notification |
| **Member State in which the investment firm**  **intends to operate[[2]](#footnote-2):** |  |
| **Name of investment firm:** |  |
| **Trading Name:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Name of the contact person at the investment firm:** |  |
| **Home Member State:** | Ireland |
| **Authorisation Status:** | Authorised by the Central Bank of Ireland |
| **Authorisation Date:** |  |

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| **2. Programme of Operations** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | **Investment services and activities** | | | | | | | | | **Ancillary services** | | | | | | |
|  | |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Financial Instruments** | | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| --- |
| **3. Details of Tied Agent located in the home Member State** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the tied agent** | **Address** | **Telephone** | **Email** | **Contact** |
|  |  |  |  |  |
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|  |  |  |  |  |

Please provide separate matrixes with the intended investment services for each tied agent the investment firm intends to use.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Investment services and activities** | | | | | | | | | **Ancillary services** | | | | | | |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Financial Instruments** | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Please place an (x) in the appropriate boxes. If the intention is to notify of changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, or financial instruments that the tied agent will provide.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name of Signatory:** |  |
| **Date:** |  |

1. For the purpose of a change of investment services and activities particulars notification please complete only the parts of the form relevant to the notified changes. If the intention is to notify of changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments that the firm will provide. [↑](#footnote-ref-1)
2. An individual notification is required for each individual Member State. [↑](#footnote-ref-2)