

Notification form for an insurance or reinsurance intermediary proposing to provide services in other Member States[[1]](#footnote-1) on a freedom of establishment basis

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| 1. | Legal Name of Firm: |  |
| 2. | Address of Firm: |  |
| 3. | Contact Person:Telephone:E-mail: |  |
| 4 | Category of Intermediary:  | Insurance Intermediary Tied Insurance Intermediary Reinsurance Intermediary  |
| 5 | Authorised Classes of Insurance, if applicable | Life Insurance Non- Life Insurance Reinsurance  |
| 6 | In the case of a tied insurance intermediary, the name of the insurance undertaking to which the intermediary is tied: |  |
| 7.  | Regulated by: | Central Bank of Ireland |
| 8. | Reference Number: |  |
| 9. | Address of Online Register | [www.centralbank.ie](http://www.centralbank.ie) |
| 10. | List the Member States in which the intermediary proposes to establish a branch office  |  |
| 11. | Branch Address:Name of Branch Manager: |  |
| 12. | Date:Name of SenderPosition in Firm: |  |

1. Includes the EEA States of Norway, Iceland and Liechtenstein [↑](#footnote-ref-1)