

Notification form for an insurance or reinsurance intermediary proposing to provide services in other Member States[[1]](#footnote-1) on a freedom of services 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. | Regulated by: | Central Bank of Ireland |
| 7. | Reference Number: |  |
| 8. | Address of Online Register | [www.centralbank.ie](http://www.centralbank.ie) |
| 9. | List the Member States in which the intermediary proposes to provide services |  |
| 10. | Date:  Name of Sender:  Position in Firm: |  |

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