**Schedule to Notification pursuant to Article 33 of the Alternative Investment Fund Manager’s Directive (2011/61/EU)**

***PART A***

**Type of Notification:** [First Time / Change to information provided]

**Home Member State E-mail:** AIFMDpassportingout@centralbank.ie

**AIFM:**

**Address of AIFM:**

***Contact Person for AIFM***

**Name:**

**Position:**

**Telephone Number:**

**Email:**

**Home Member State: Ireland**

**Authorisation Status:**

**Date from which services will be provided:**

|  |
| --- |
| ***Activities to be performed by the AIFM:*** |
| Management of AIFs (portfolio management & risk management) |  |
| Management of portfolios of investments, including those owned by pension funds and institutions for occupational retirement provision in accordance with Article 19(1) of Directive 2003/41/EC, in accordance with mandates given by investors on a discretionary, client-by-client basis. |  |
| Investment Advice |  |
| Safekeeping and administration in relation to units of collective investment undertakings |  |
| Reception and transmission of orders in relation to financial instruments |  |

***PART B***

**Schedule of AIFs to be managed in your jurisdiction by [name of AIFM]:**

|  |  |  |
| --- | --- | --- |
| **Name of AIF:** | **Status of AIF** **(Umbrella/ Sub/ Standalone)** | **Domicile of AIF** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***PART C***

**If the AIFM intends to establish a branch in the Member State, please provide the following:**

Details of the Branch from which documents may be obtained

**Name of the Branch:**

**Address / Registered office:**

Details of contact person(s) responsible for the management of the Branch

**Name:**

**Position:**

**Telephone Number:**

**Email:**

Please provide an attachment laying out the organisational structure of the branch and submit it along with the notification to AIFMDpassportingout@centralbank.ie

***PART D***

**Person Responsible for this Notification**

**Name:**

**Signature:**

**Date:**