# Form for the investment services and activities passport notification and the change of investment services and activities particulars notification[[1]](#footnote-1)

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

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| **Part 1 – Contact information** |
| **Type of notification** |  |
| **Member States in which the investment firm intends to operate** | enter text |
| **Name of the investment firm** | enter text |
| **Trading name** | enter text |
| **Address** | enter text |
| **Telephone number** | enter text |
| **Email** | enter text |
| **Name of the contact person at the investment firm** | enter text |
| **Home Member State** | Luxembourg |
| **Authorisation status** | Authorised by the CSSF |
| **Authorisation date** | enter a date |

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| **Part 2 – Programme of operations** |
| **Intended investment services, activities and ancillary services (\*)** |
| Investment services and activities | Ancillary services |
|  |  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | B1 | B2 | B3 | B4 | B5 | B6 | B7 |
| Financial instruments | C1 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C2 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C3 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C4 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C5 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C6 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C7 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C8 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C9 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C10 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | C11 |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| (\*) Please place an (x) in the appropriate box(es). |

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| **Details of Tied Agent located in the home Member State (\*)** |
| **Name of the tied agent** | **Address** | **Telephone** | **Email** | **Contact** |
|  |  |  |  |  |
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|  |  |  |  |  |
| (\*) Please provide separate matrices with the intended investment services for each tied agent the investment firm intends to use. |

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| **Intended investment services to be provided by the tied agent (\*)** |
| Investment services and activities | Ancillary services |
|  |  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | B1 | B2 | B3 | B4 | B5 | B6 | B7 |
| Financial instruments | C1 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C2 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C3 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C4 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C5 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C6 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C7 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C8 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C9 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C10 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
|  | C11 |[ ]   |  |  |[ ]   |[ ]   |  |  |  |  |  |  |  |  |
| (\*) Please place an (x) in the appropriate box(es). If you intend to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all investment services, activities or financial instruments the tied agent will provide. |

1. For the purpose of a change of investment services and activities particulars notification, please complete only the parts of the form which are relevant to the notified changes. If the intention is to make changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments the firm will provide. [↑](#footnote-ref-1)