# Form for the cessation of the use of a tied agent established in another Member State

## (Articles 17(3) and 18(3) of Commission Implementing Regulation (EU) 2017/2382)

|  |
| --- |
| **Part 1 – Contact information** |
| **Type of notification** | Cessation of the use of a tied agent |
| **Member State in which the tied agent is established** | enter text |
| **Name of the credit institution** | enter text |
| **Address of the credit institution** | enter text |
| **Telephone number of the credit institution** | enter text |
| **Email of the credit institution** | enter text |
| **Name of the contact person responsible for the termination of the operations of the tied agent** | enter text |
| **Name of the tied agent in the territory of the host Member State** | enter text |
| **Home Member State** | Luxembourg |
| **Home Member State competent authority** | CSSF |
| **Authorisation status** | Authorised by the CSSF |
| **Authorisation date** | enter a date |
| **Date from which the cessation will be effective** | enter a date |

|  |
| --- |
| **Description of the schedule for the planned cessation** |
| to be completed by the credit institution |
| **Information on the process of winding down the business operations, including details regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged** |
| to be completed by the credit institution |