SUBMISSION OF A CHANGE IN BRANCH PARTICULARS NOTIFICATION WHICH CONCERNS A PLANNED TERMINATION OF THE OPERATION OF A BRANCH

# Contact information

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| Name of the contact person at the credit institution or branch |       |
| Telephone number |       |
| E-mail |       |
| Address of the competent authorities of the home Member State |       |
| Address of the competent authorities of the host Member State |       |

# Change in branch particulars notification which concerns a planned termination of the operation of a branch

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| Name and national reference code of the credit institution as available in the credit institution register maintained by the EBA |       |
| LEI of the credit institution |       |
| Name of the branch in the territory of the host Member State |       |
| Competent authorities responsible for the authorisation and supervision of the credit institution |       |
| Statement on the credit institution’s intention to terminate the operation of the branch in the territory of the host Member State and the date by which the termination will be effective |       |
| Name and contact details of the persons who will be responsible for the process of terminating the operation of the branch |       |
| Estimated schedule for the planned termination |       |
| Information on the process of terminating the business relations with branch customers. |       |
| Where the branch provides activity N. 1 (Taking deposits and other repayable funds), statement by the credit institution indicating the measures that have been or are being undertaken to ensure that the branch will no longer hold deposits or other repayable funds from the public through the branch after the termination of the operation of that branch. |       |