IFM - TIED AGENT NOTIFICATION FORM CESSATION OF THE USE OF A TIED AGENT

# 1. Contact information

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| Type of notification: | Cessation of the use of a tied agent |
| Name of the Investment Fund Manager (“IFM”): | Insert text. |
| Home Member State of the IFM: | Luxembourg |
| Authorisation Status: | Authorised by the CSSF |
| Address of the IFM: | Insert text. |
| Name of the contact person at the IFM: | Insert text. |
| Telephone number of the contact person at the IFM: | Insert text. |
| Email of the contact person at the IFM: | Insert text. |
| Member State in which the IFM intends to cease to use a tied agent: | Insert text. |
| Name of the tied agent: | Insert text. |
| Address of the tied agent: | Insert text. |
| Telephone number of the tied agent: | Insert text. |
| Email of the tied agent: | Insert text. |

# 2. Cessation of the use of a tied agent

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| Name of the person responsible for the process of cessation of the use of a tied agent: |
| Insert text. |
| Date from which the cessation will be effective: |
| Select date. |
| Description of the schedule for the planned cessation: |
| Insert text. |
| Details and processes for winding down the business operations, including details of the measures to protect the interests of investors, the resolution of investor complaints and the discharge of any outstanding liabilities: |
| Insert text. |

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| IFM Representative |
| Name: |
| Insert text. |
| Date: |
| Select date. |
| Signature: |
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