# notification of information on changes to the membership of the management body

|  |  |
| --- | --- |
| Reference number: | enter text |
| Date: | enter text |

|  |  |
| --- | --- |
| FROM: | |
| Name of the applicant: | enter text |
| Address: | enter text |
|  | |
| (Contact details of the designated contact person) | |
| Name: | enter text |
| Telephone: | enter text |
| Email: | enter text |
|  | |
| TO: | |
| Competent Authority: | Commission de Surveillance du Secteur Financier |
| Address: | L-2991 Luxembourg |
|  | |
| (Contact details of the designated contact point if relevant) | |
| Address: | L-2991 Luxembourg |
| Telephone: | (+352) 26 25 1 - 2483 |
| Email: | [investmentfirms\_license@cssf.lu](mailto:investmentfirms_license@cssf.lu) |
|  | |
| Dear insert appropriate name  In accordance with Article 4 of the Commission Implementing Regulation (EU) 2017/1945 of 19 June 2017 laying down implementing technical standards with regard to standard forms, templates and procedures for notification or provision of information provided for in Article 7(5) of Directive 2014/65/EU to ensure uniform conditions of application of Article 9(5) of that Directive, kindly find attached the notification request. | |

— Person in charge of preparing the application:

Name: enter text

Status/position: enter text

Telephone: enter text

Fax (if available): enter text

Email: enter text

**Information on member(s) leaving the management body**

**Member 1**

Name: enter text

Contact details (Telephone, email, address): enter text

Position: enter text

Effective date of departure from management body: enter text

Reasons for the departure from management body: enter text

**Member 2**

Name: enter text

Contact details (Telephone, email, address): enter text

Position: enter text

Effective date of departure from management body: enter text

Reasons for the departure from management body: enter text

**Member n**

Name: enter text

Contact details (Telephone, email, address): enter text

Position: enter text

Effective date of departure from management body: enter text

Reasons for the departure from management body: enter text

**Information on new member(s) of the management body**

**Member 1**

Name: enter text

Contact details (Telephone, email, address): enter text

Position: enter text

Professional experience and other relevant experience: enter text

Educational qualification and relevant training: enter text

List of executive and non-executive directorships in other entities: enter text

Effective date: enter text

[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information]

**Member n**

Name: enter text

Contact details (Telephone, email, address): enter text

Position: enter text

Professional experience and other relevant experience: enter text

Educational qualification and relevant training: enter text

List of executive and non-executive directorships in other entities: enter text

Effective date: enter text

[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information]

**Complete updated list of members of the management body**

|  |  |  |
| --- | --- | --- |
| Name | Position | Effective date |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |

Please provide:

* Minutes of the general meeting acting the nomination of the new member of the management body.
* Minutes of the general meeting of the management body acting the nomination of the new member.