Form for the notification for the provision of arrangements to facilitate access to an MTF or OTF

(Articles 8 and 10 of Commission Implementing Regulation (EU) 2017/2382)

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| **Part 1 – Contact information** |
| **Type of notification** | Provision of arrangements to facilitate access to an MTF/OTFChanges to the particulars of the notification for the provision ofarrangements to facilitate access to an MTF/OTF |
| **Member State(s) in which the investment firm/market operator intends to provide arrangements** | enter text |
| **Name of the investment firm/market operator** | enter text |
| **Address** | enter text |
| **Telephone number** | enter text |
| **Email** | enter text |
| **Name of the contact person at the investment firm/market operator** | enter text |
| **Home Member State** | Luxembourg |
| **Authorisation status (of the investment firm)/Applicable Law (of****the market operator)** |  by the CSSF |
| **Authorisation date (for investment firms)** | Click or tap to enter a date. |
| **Name of the MTF/OTF** | enter text |
| **Date from which the arrangementswill be provided** | with immediate effect |

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| **Part 2 – Description of** **name of the MTF/OTF business model** |
| **[Please include at least the following information]** |
| **Type of traded financial instruments** |
| to be completed by investment firm/market operator |
| **Type of trading participants** |
| to be completed by investment firm/market operator |
| **Type of appropriate arrangements** |
| to be completed by investment firm/market operator |
| **Marketing** |
| to be completed by investment firm/market operator |