# Form for the termination of the operation of a branch or 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)

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| **Part 1 – Contact information** |
| **Type of notification** |  |
| **Member State in which the branch/tied agent is established** | enter text |
| **Name of the investment firm** | enter text |
| **Address of the investment firm** | enter text |
| **Telephone number of the investment firm** | enter text |
| **Email of the investment firm** | enter text |
| **Name of the contact person responsible for the termination of the operations of the branch/tied agent** | enter text |
| **Name of the branch/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 termination will be effective** | enter a date |

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| **Description of the schedule for the planned termination** |
| to be completed by the investment firm |
| **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 investment firm |