# Form for the tied agent passport notification and change of tied agent particulars notification[[1]](#footnote-1)

## (Articles 13, 14 and 18 of Commission Implementing Regulation (EU) 2017/2382)

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| **Part 1 – Contact information** | |
| **Type of notification** |  |
| **Member State in which the investment firm intends to use a tied agent established in the host Member State(s)** | enter text |
| **Name of the investment firm** | enter text |
| **Address of the investment firm** | enter text |
| **Name of the contact person at the investment firm** | enter text |
| **Telephone number of the investment firm** | enter text |
| **Email of the investment firm** | enter text |
| **Name of the tied agent** | enter text |
| **Address of the tied agent** | enter text |
| **Telephone number of the tied agent** | enter text |
| **Email of the tied agent** | enter text |
| **Name(s) of those responsible for the management of the tied agent** | enter text |
| **Home Member State** | Luxembourg |
| **Authorisation status** | Authorised by the CSSF |
| **Authorisation date** | enter a date |
| **Reference or hyperlink to the public register where the tied agent is registered** | enter a text |

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| **Part 2 – Programme of operations** | | | | | | | | | | | | | | | | | |
| **Intended investment services or activities to be provided by the tied agent (\*)** | | | | | | | | | | | | | | | | | |
| Investment services and activities | | | | | | | | | | | Ancillary services | | | | | | |
|  |  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 | B1 | B2 | B3 | B4 | B5 | B6 | B7 |
| Financial instruments | C1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (\*) Please place an (x) in the appropriate box(es). | | | | | | | | | | | | | | | | | |

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| **Business plan and structural organisation of the tied agent** |
| ***Business plan*** |
| 1. **Explain how the tied agent will contribute to the strategy of the firm/group.** |
| enter text |
| 1. **Describe what the main functions of the tied agent will be.** |
| enter text |
| 1. **Describe the main objectives of the tied agent.** |
| enter text |
| ***Commercial strategy*** |
| 1. **Describe the types of clients/counterparties the tied agent will be dealing with.** |
| enter text |
| 1. **Describe how the firm will obtain and deal with these clients.** |
| enter text |
| ***Organisational structure*** |
| 1. **Briefly describe how the tied agent fits into the corporate structure of the firm/group. (This may be facilitated by attaching an organisational chart.)** |
| enter text |
| 1. **Set out the organisational structure of the tied agent, showing both functional and legal reporting lines.** |
| enter text |
| 1. **Identify who will be responsible for the tied agent operations on a day-to-day basis. Provide details of professional experience of the persons responsible for the management of the tied agent (Please attach CV).** |
| enter text |
| 1. **Identify who will be responsible for the internal control functions at the tied agent.** |
| enter text |
| 1. **Identify who will be responsible for dealing with complaints in relation to the tied agent.** |
| enter text |
| 1. **Identify how the tied agent will report to the head office.** |
| enter text |
| 1. **Detail any critical outsourcing arrangements.** |
| enter text |

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| **Systems & controls** |
| **Provide a brief summary of arrangements for:** |
| 1. **safeguarding client money and assets (where applicable);** |
| enter text |
| 1. **compliance with the conduct of business and other obligations that fall under the responsibility of the Competent Authority of the host Member State according to Article 35(8) and record keeping under Article 16(6);** |
| enter text |
| 1. **staff code of conduct, including personal account dealing;** |
| enter text |
| 1. **anti-money laundering;** |
| enter text |
| 1. **monitoring and control of critical outsourcing arrangements (where applicable);** |
| enter text |
| 1. **the name, address and contact details of the accredited compensation scheme of which the investment firm is a member.** |
| enter text |
| **Financial forecast** |
| **Attach a forecast statement for profit and loss and cash flow, both over an initial period of thirty-six months.** |

1. For the purpose of a change in the tied agent particulars notification, please complete only the parts of the form relevant to the notified changes. Where changes have been made to the investment services, activities or financial instruments, the firm shall list all investment services, activities or financial instruments to be provided by the tied agent. [↑](#footnote-ref-1)