# notification pursuant to article 32 of directive 2014/17/eu for exercising the freedom of establishment

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| --- | --- | --- |
| 1 | Date of transmission of this notification from the home to the host competent authority | DD/MM/YYYY |
| 2 | Host Member State | enter text |
| 3 | Type of notification | [ ]  First notification [ ]  Change to previous notification  |
| 4 | Name of credit intermediary | enter text |
| 5 | Date of birth in case of natural person  |  |
| 6 | Home State registration number | enter text |
| 7 | Head office address | enter text |
| 8 | Email  | enter text |
| 9 | Telephone number | enter text |
| 10 | Fax number | enter text |
| 11 | Name of home competent authority | enter text |
| 12 | Home Member State | enter text |
| 13 | Web address of the online register | enter text |
| 14 | Branch details (to the extent available at the time of the notification)* Address
* Telephone number
* Email
* Fax number
 | enter text |

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| 15 | Name(s) and date(s) of birth of natural person(s) responsible for the management of the branch (to the extent available at the time of notification) | enter text |
| 16 | To the extent available, services to be provided by the credit intermediary in the host Member State | [ ]  Offers/presents credit agreements [ ]  Assists in preparatory/pre-contractual administration work [ ]  Concludes credit agreements [ ]  Provides advisory services  |
| 17 | Tied credit intermediary | Yes [ ] No [ ]  |
| 18 | In the case of a tied credit intermediary:1. Name and registration number of the creditor(s) or groups to which the intermediary is tied in the host Member State
2. Whether the credit intermediary is exclusively tied to only one creditor
3. Confirmation that the creditor(s) take full and unconditional responsibility for the credit intermediation activities
 | 1. enter text
2. enter text
3. enter text
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