Form for the investment services and activities passport notification and the change of
investment services and activities particulars notification (1)

(Articles 3 and 6 of Commission Implementing Regulation (EU) 2017/2382)

Reference number:

Date:

Part 1 — Contact Information

Type of notification: Investment services and activities passport notification/

change of investment services and activities particulars notification

Member State in which the investment firm/credit institution

intends to operate: ……………………………………………………………………..

Name of investment firm/credit institution: ……………………………………………………………………..

Trading name: ……………………………………………………………………..

Address: ……………………………………………………………………..

Telephone number: ……………………………………………………………………..

Email: ……………………………………………………………………..

Name of the contact person at the investment firm/credit

institution: ……………………………………………………………………..

Home Member State: Hungary

Authorisation Status: Authorised by the Central Bank of Hungary

Authorisation Date: ……………………………………………………………………..

Part 2 — Programme of operations

Intended investment services, activities and ancillary services (\*)

|  |  |  |
| --- | --- | --- |
|  | 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 boxes.

(1) For the purposes of a change of investment services and activities particulars notification please complete only the parts of the form which are relevant to the notified changes. If the intention is to make changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments the firm will provide.

Details of Tied Agent located in the home Member State (\*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the tied agent | Address | Telephone | Email | Contact |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (\*) Please provide separate matrices with the intended investment services for each tied agent the investment firm intends to use. |

Intended investment services 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 boxes. If you intend to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all investment services, activities or financial instruments the tied agent will provide. |