

Form for the Investment Services and Activities Passport Notification and the Change of Investment Services and Activities Particulars Notification



Name of Investment Services Licence Holder:

**[Insert name here]**

**MFSA - RESTRICTED**

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# **Part 1A – Notification Letter: Investment Services [other than the Operation of Multilateral Trading Facility (‘MTF’) or Organised Trading Facility (‘OTF’)]**

*NB: Investment Services Licence Holders wishing to provide arrangements to facilitate access to and use of their MTF or OTF systems by remote users in addition to the provision of other investment and ancillary services in another EU/EEA Member State, should fill in both Part 1 and Part 2 of this Form, in terms of Regulation 4(2) of the European Passport Rights for Persons Operating Multilateral Trading Facilities Regulations, 2007, Subsidiary Legislation 370.13 of the Laws of Malta.*

**Head – Securities and Markets Supervision**

**Malta Financial Services Authority**

**Triq l-Imdina, Zone 1Central Business District**

**Birkirkara CBD 1010**

[Insert date here]

Dear Sir/ Madam

**Re: Notification in accordance with Regulation 10(2) of the European Passport Rights for Investment Firms Regulations, 2007 (Subsidiary Legislation 370.10 of the Laws of Malta)**

We wish to notify the Malta Financial Services Authority (‘MFSA’) that[insert name here](‘the Investment Firm’[[1]](#footnote-1)) intends to carry out the services listed in the attached schedules [choose an item], under the freedom to provide services, in the following Member States:

[Insert Member States here]

In carrying out the services and activities, the Investment Firm [choose an item] to use tied agents. Please refer to Part 1D, listing the identity and address of each tied agent the Investment Firm intends to use, if applicable.[[2]](#footnote-2)

We undertake to notify the MFSA in the event of any change in any of the particulars provided in this notification, at least one month before implementing the change.

**I/We confirm that the information contained in this form is true, correct, and accurate and that I/we am/are duly authorised to sign on behalf of and bind the Investment Firm when submitting this form.**

Name: [Insert text here]

Signature:

Title: [Insert text here]

# **Part 1B – Contact Information**

|  |  |
| --- | --- |
| Type of Notification[[3]](#footnote-3): | [Choose an item] |
|  |  |
| Member State in which the Investment Firm/credit institution intends to operate: | [Insert text here] |
| Name of the Investment Firm/credit institution: | [Insert text here] |
|  |  |
| Trading Name: | [Insert text here] |
|  |  |
| Address of the Investment Firm/credit institution: | [Insert text here] |
|  |  |
| Telephone number of the Investment Firm/credit institution: | [Insert text here] |
|  |  |
| E-mail of the Investment Firm/credit institution: | [Insert text here] |
|  |  |
| Name of the contact person at the Investment Firm/credit institution: | [Insert text here] |
|  |  |
|  |  |
|  |  |
| Home Member State: | Malta |
|  |  |
| Authorisation Status: | Authorised by the MFSA |
|  |  |
| Authorisation Date[[4]](#footnote-4): | [Insert text here] |

# **Part 1C – Programme of Operations**

***Intended Investment Services, Activities, and Ancillary Activities (\*)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Investment Services and Activities****[[5]](#footnote-5)** | | | | | | | | | **Ancillary Services5** | | | | | | |
| **A1** | **A2** | **A3** | **A4** | **A5** | **A6** | **A7** | **A8** | **A9** | **B1** | **B2** | **B3** | **B4** | **B5** | **B6** | **B7** |
| **Financial Instruments5** | **C1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (\*) Please tick the appropriate box(es). | | | | | | | | | | | | | | | | | |

# **Part 1D – Details of Tied Agent located in the Home Member State****[[6]](#footnote-6):**

|  |  |
| --- | --- |
| Name of the Tied Agent: | [Insert text here] |
| Address of the Tied Agent: | [Insert text here] |
| Telephone Number of the Tied Agent: | [Insert text here] |
| E-mail of the Tied Agent:  Name(s) of those responsible for the management of the Tied Agent: | [Insert text here]  [Insert text here] |

***Intended Investment Services to be provided by the Tied Agent (\*)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Investment Services and Activities****[[7]](#footnote-7)** | | | | | | | | | **Ancillary Services7** | | | | | | |
| **A1** | **A2** | **A3** | **A4** | **A5** | **A6** | **A7** | **A8** | **A9** | **B1** | **B2** | **B3** | **B4** | **B5** | **B6** | **B7** |
| **Financial Instruments7** | **C1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (\*) Please tick the appropriate box(es). 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. | | | | | | | | | | | | | | | | | |

# **Part 2A – Notification Letter: The Operation of a Multilateral Trading Facility (‘MTF’) or Organised Trading Facility (‘OTF’)**

*NB: Investment Services Licence Holders wishing to provide other investment and ancillary services in addition to the provision of arrangements to facilitate access to and use of their MTF or OTF systems by remote users in another EU/EEA Member State should send, in addition to this notification letter, another notification letter (Part 1A – Notification Letter to this Schedule) in terms of Regulation 10(2) of the European Passport Rights for Investment Firms Regulations, 2007 (Subsidiary Legislation 370.10 of the Laws of Malta) with respect to such services.*

**The Director – Securities and Markets**

**Malta Financial Services Authority**

**Triq l-Imdina, Zone 1, Central Business District,**

**Birkirkara CBD 1010**

**[**Insert date here**]**

Dear Sir/ Madam

**Re: Notification in terms of Regulation 4(2) of the European Passport Rights for Persons Operating Multilateral Trading Facilities Regulations, 2007 (Subsidiary Legislation 370.13 of the Laws of Malta)**

We wish to notify the Malta Financial Services Authority (‘MFSA’) that[insert name here](‘the Investment Firm’) intends to provide appropriate arrangements to facilitate access to and use of its systems by remote users as indicated in the attached schedule, choose an item, under the freedom to provide services, in the following Member States:

[Insert Member States here]

We undertake to notify the MFSA in the event of any change in any of the particulars provided in this notification, at least one month before implementing the change.

**I/We confirm that the information contained in this form is true, correct, and accurate and that I/we am/are duly authorised to sign on behalf of and bind the Investment Firm when submitting this form.**

Name: [Insert text here]

Signature:

Title: [Insert text here]

# **Part 2B – Contact Information**

|  |  |
| --- | --- |
| Type of Notification: | Choose an item. |
|  |  |
| Member State(s) in which the Investment Firm/market operator intends to provide arrangements: | [Insert text here] |
| Name of Investment Firm/market operator: | [Insert text here] |
|  |  |
| Address: | [Insert text here] |
|  |  |
| Telephone Number: | [Insert text here] |
|  |  |
| Email of the Investment Firm/market operator: | [Insert text here] |
|  |  |
| Name of the contact person at the Investment Firm/market operator: | [Insert text here] |
|  |  |
|  |  |
|  |  |
|  |  |
| Home Member State: | Malta |
|  |  |
| Authorisation Status (of the Investment Firm)/Applicable Law (of the market operator): | Authorised/Licensed/Supervised by the MFSA |
|  |  |
| Authorisation Date (for Investment Firms): | [Insert text here] |
|  |  |
| Name of the MTF/OTF: | [Insert text here] |
|  |  |
| Date from which the arrangements will be provided: | With immediate effect. |

# **Part 2C – Business Model**

*Please include at least the following information on the Business Model of* [insert name of MTF/OTF].

1. Type of traded financial instruments:

[Insert text here]

1. Type of trading participants:

[Insert text here]

1. Type of appropriate arrangements:

[Insert text here]

1. Marketing:

[Insert text here]

1. Any additional information:

[Insert text here]

1. As defined under Article 4(1)(1) of the Markets in Financial Instruments Directive II (2014/65/EU) [↑](#footnote-ref-1)
2. If applicable, the Investment Firm shall submit a separate passport notification in respect of each tied agent it intends to use. [↑](#footnote-ref-2)
3. 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 activities, or financial instruments the firm will provide. [↑](#footnote-ref-3)
4. The date on which the Investment Firm was granted an Investment Services Licence pursuant to article 6 of the Investment Services Act, 1994. [↑](#footnote-ref-4)
5. Refer to Annex I of the Markets in Financial Instruments Directive II (2014/65/EU) [↑](#footnote-ref-5)
6. Please provide separate matrices with the intended investment services for each tied agent the Investment Firm intends to use. [↑](#footnote-ref-6)
7. Refer to Annex I of the Markets in Financial Instruments Directive II (2014/65/EU). [↑](#footnote-ref-7)