

**Notification form for exercising the freedom to provide services**

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| Date of transmission of this notification from the home to the host competent authority  |

 | DD/MM/YYYYYClick here to enter text. |
| 2 | Host Member State | Click here to enter text. |
| 3 | Type of notification  | [ ] First notification [ ]  Change to previous notification  |
| 4 | Name of mortgage credit intermediary | Click here to enter text. |
| 5 | Date of birth in case of natural person  | DD/MM/YYYYY Click here to enter text. |
| 6 | Home State registration number | Click here to enter text. |
| 7 | Head office address | Click here to enter text. |
| 8 | Email | Click here to enter text. |
| 9 | Telephone number | Click here to enter text. |
| 10 | Fax number | Click here to enter text. |
| 11 | Name of home competent authority | Malta Financial Services Authority |
| 12 | Home Member State | Malta |
| 13 | Web address of the online register | [www.mfsa.com.mt](http://www.mfsa.com.mt)  |
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| Services to be provided by the mortgage credit intermediary in the host Member State  |

 | [ ]  offers/presents credit agreements[ ]  assists in preparatory/pre-contractual administration work[ ]  concludes credit agreements[ ]  provides advisory services |
| 15 | Tied mortgage credit intermediary | [ ]  Yes[ ]  No |
| 16 |

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| In the case of a tied mortgage credit intermediary: a) Name and registration number of the creditor or group to which the intermediary is tied in the host Member State b) Whether the mortgage credit intermediary is exclusively tied to only one creditor c) Confirmation that the creditor takes full and unconditional responsibility for the mortgage credit intermediation activities  |

 | 1. ..……Click here to enter text.….
2. ……Click here to enter text.……
3. ………Click here to enter text.…
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