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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA53: Passporting – Notification of discontinuation to Freedom of Services or Establishment for Insurance Undertakings** |
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| 1. General

This form, **Form AA53:** **Passporting – Notification of discontinuation to Freedom of Services (“FOS”) or Establishment (“FOE”) for Insurance Undertakings (‘Notification’)**, emanates from the requirements contained in subsidiary legislation SL 403.14 European Passport Rights for Insurance and Reinsurance Undertaking Regulations and also from the Decision on Collaboration of the insurance supervisory authorities issued by EIOPA.**In case of FOS, a separate and fully complete Annex is to be submitted for each country where passported services across countries vary.****In case of FOE, a separate Annex should be completed for every country the Authorised Person intends to close the branch.** The Authorised Person shall, to the best of its knowledge, provide information, which is truthful, accurate and complete. The Authorised Person shall notify the MFSA immediately if the information provided changes or is no longer relevant.The Authorised Person is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Notification. The Authorised Person shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Authorised Person shall not tamper with, or modify in any manner, this Notification. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may, at its sole discretion, request from the Authorised Person further information/ documentation.

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| Type of Notification |

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| * Select item
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1. Definitions

For the purposes of this Notification the following shall mean:

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| **Authorised Person** | any person who is authorised by the MFSA under Article 7 of the Insurance Business Act  |

1. Instructions

The Authorised Person is required to complete all the respective sections under this Notification.1. **Section 1 – Insurance Undertaking Details** - This section should be duly completed by all Authorised Persons submitting this Notification.
2. **Section 2 - Freedom of Service (FOS)/ Freedom of Establishment (FOE) Passporting Details** - This section is to be completed by all Authorised Persons passporting under Freedom of Service (FoS) / Freedom of Establishment (FoE).
3. **Section 3 – Declaration** - This section should be duly completed by all Authorised Persons submitting this Notification.
4. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Insurance Undertaking Details
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|  | **Details of the Insurance Undertaking***Note:* *This section is applicable for Freedom of Service (FOS)/Freedom of Establishment (FOE)* |
|  | **Details** |
|  | Registered Name  | Enter text |  | LEI code *(If applicable)* | Enter text |
| * + 1.
 | **Address** |
|  | Number/Name | Enter text |  | Street Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Contact Details** |
|  | Contact Person | Enter text |
|  | Business Email Address | Enter text |

| 1. Freedom of Services (FOS) / Freedom of Establishment (FOE)
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|  | **FOS/FOE Passporting Details***Note:* *This section is applicable for Freedom of Service (FOS)/Freedom of Establishment (FOE)* |
|  | Select type of passporting regime | Select item |
|  | Confirm in which territory the Undertaking intends to discontinue its FOS/FOE activities: |
| Country | Select country |
|  | In case of FOS, confirm the name and address of the branches, situated in the Member States, other than the Home Member State, from which the Undertaking has been providing services from. *(if applicable)* |
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| **Name** |
| Registered Name | Enter text |
| **Address** |
| Number/Name | Enter text | Street/Road | Enter text |
| City/Town/Village | Enter text | Region/State | Enter text |
| Post Code | Enter text | Country | Select country |

*(Add multiple as applicable)* |
|  | **Passporting Details** |
|  | **In case of FOE Branch address in the Host Member State which will be closed:** |
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| **Address** |
| Number/Name | Enter text | Street/Road | Enter text |
| City/Town/Village | Enter text | Region/State | Enter text |
| Post Code | Enter text | Country | Select country |

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|  | Rationale for discontinuation or rationale as to why the Undertaking decided to close the branch |
| Enter text |
|  | Date of closure of this branch: | Enter date |
|  | In case of FOS/FOE, confirm whether there are any policies/claims which are still in force/outstanding in the territory where the Undertaking intends to cease its operations.*Note: If it is the case, please note that passporting rights in such territory have to remain until all the policies expire. Otherwise, the Undertaking is to explain how it intends to manage the existing policies/claims in particular where they are subject to litigation including any open claims. Please also provide the estimated number of years for the Run-off of such policies.* |
| Enter text |
|  | Effective date of discontinuation of active distribution of new policies under FOS: | Enter date |
|  | In case of FOS/FOE, confirmation of the effective discontinuation date of the insurance activities: | Enter date |
|  | In case of FOS/FOE number of policies still active and last date of expiry of the policies still in force: |
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| --- | --- |
| Active Policy Number | Policy Expiry Date |
| Enter text | Enter date |

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| --- | --- |
| Outstanding Claims | Reserves Allocated |
| Enter text | Enter date |

*(Add multiple as applicable)* |
|  | In case of FOS/FOE, explanation of how the policy holders/claimants will be notified of such closure: |
| Enter text |

| 1. Declaration
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|  | **Declaration** |
|  | The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Notification; AA53, is complete and accurate to the best of their knowledge.Signature must be in wet ink or a valid qualified electronic signature in accordance with the circular issued by MFSA on the use of electronic signatures dated 15th November 2022. |
|  | Signature |  |
|  | Name | Enter text |  | Surname | Enter text |
|  | Position | Enter text |
|  | Identification Number | Enter text |  | ID Type | Select item |
|  | Date | Enter date |