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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA50: Passporting – Notification of discontinuation to Freedom of Services or Establishment for Intermediaries** |
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| 1. General   This form, **Form AA50:** **Passporting – Notification of discontinuation to Freedom of Services or Establishment for Intermediaries (‘Notification’)**, emanates from the requirements contained in subsidiary legislation SL 487.07 European Passport Rights for Intermediaries 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 Notification is to be submitted for each country where passported services across countries vary.**  **In case of FOE, a separate Notification 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.   |  |  |  | | --- | --- | --- | | Type of Notification | |  | | --- | | * Select item | |  1. Definitions   For the purposes of this Notification the following shall mean:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | | | **Authorised Person** | | any person who is authorised by the MFSA under Article 13 of the Insurance Distribution Act. |  1. Instructions   The Authorised Person is required to complete all the respective sections under this Notification.   1. **Section 1 – Intermediary Details** - This section should be duly completed by all Authorised Persons submitting this Notification. 2. **Section 2 - General Passporting Details** - This section should be duly completed by all Authorised Persons submitting this Notification. 3. **Section 3 - Freedom of Service (FOS) Passporting Details** - This section is to be completed by Intermediaries passporting under Freedom of Service (FoS). 4. **Section 4 - Freedom of Establishment (FOE) Passporting Details** - This section is to be completed by Intermediaries passporting under Freedom of Establishment (FoE). 5. **Section 5 – Checklist and Declaration** - This section should be duly completed by all Authorised Persons submitting this Notification. 6. 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. Intermediary Details | | | | | |
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|  | **Details of the Insurance Intermediary**  *Note: This section is applicable to all.* | | | | |
|  | **Details** | | | | |
|  | Registered Name | Enter text |  | Registered Number | Enter text |
|  | LEI code  *(If available)* | 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 |
|  | **Contact** | | | | |
|  | Contact Person | Enter text | | | |
|  | Business Email Address | Enter text | | | |

| 1. General Passporting Details | |
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|  | **Additional Intermediary Passporting Details**  *Note: This section is applicable to all.* |
|  | Confirm whether there are any policies which are still in force or any outstanding claims in the territory where the Intermediary intends to cease its operations.  *Note: If it is the case, please note that the passporting rights in such territory have to remain until all the policies expire. Otherwise, the Intermediary/Undertaking is to explain how it intends to manage the existing policies, 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 |
|  | Number of policies/claims still active/outstanding and last date of expiry of the policies still in force: |
|  | |  |  | | --- | --- | | Active Policy Number | Policy Expiry Date | | Enter text | Enter date |  |  |  | | --- | --- | | Outstanding Claims |  | | Enter text |  |   *(Add multiple as applicable)* |
|  | Explanation of how the policy holders / claimants will be notified of such closure: |
|  | Enter text |

| 1. Freedom of Service (FOS) Passporting Details | | | |
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|  | **FOS Passporting Details**  *Note:* *This section is applicable for Freedom of Service (FOS) only.* | | |
|  | Confirm in which territory the Intermediary intends to discontinue its FOS activities: | | |
|  | Country | Select country  *(Add multiple as applicable)* | |
|  | Confirm the name and address of the establishments (branches), situated in the Member States, other than the Home Member State, from which the Intermediary has been providing services from. *(If applicable)* | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | **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)* | | |
|  | Effective date of discontinuation of active distribution of new policies under FOS: | | Enter date |
|  | Please indicate the rationale for the discontinuation of FOS activities. | | Enter text |

| 1. Freedom of Establishment (FOE) Passporting Details | | | | | | |
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|  | **FOE Passporting Details**  Note: *This section is applicable for Freedom of Establishment (FOE) only.* | | | | | |
|  | Branch Address in the Host Member State which will be closed: | | | | | |
|  | Number/Name | Enter text |  | Street Road | Enter text | |
|  | City/Town/Village | Enter text |  | Region/State | Enter text | |
|  | Post Code | Enter text |  | Country | Select country | |
|  | Date of the closure of the branch: | | Enter date | | | |
|  | Rationale for discontinuation/closure of branch: | | | | |
| Enter text | | | | |

| 1. Checklist and Declaration | | | | | | | |
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|  | **Checklist** | | | | | | |
|  | Please fill in the below checklist and ensure that all necessary documentation is attached and submitted together with this Notification. | | | | | | |
| |  |  |  | | --- | --- | --- | |  | Group Structure *(if applicable)* | Select item | |  | Identification Document/s *(if applicable)* | Enter number of submissions | |  | Personal Questionnaire/s *(if applicable)* | Enter number of submissions | |  | Power of Attorney *(if applicable)* | Select item | | | | | | | |
|  | **Declaration** | | | | | | |
|  | *The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Notification; AA50, 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 | | | | |