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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA121: Passporting – Notification of Discontinuation of Cross-Border provision of Crypto-Asset Services by Crypto-Asset Service Providers Authorised in Malta** | |
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| 1. General   This form, **Form AA121:** **Passporting – Notification of Discontinuation of Cross-Border provision of Crypto-Asset Services by Crypto-Asset Service Providers (“CASP”) authorised in Malta (‘Notification’)**, emanates from the requirements contained in Markets in Crypto-Assets Act (Chapter 647 of the Laws of Malta).  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.   |  |  | | --- | --- | | Notification Type | Notification of Discontinuation of Services |  1. Definitions   For the purposes of this Notification the following shall mean:   |  |  | | --- | --- | | **Authorised Person** | any person who is authorised by the MFSA under the Markets in Crypto-Assets Act (Act XXXVI of 2024), who wishes to exercise a European right to provide crypto services in another Member State. | | **Maltese Crypto-Asset Service Provider**  **(CASP)** | A legal person or other undertaking, licensed by the Malta Financial Services Authority, whose occupation or business is the provision of one or more crypto-asset services on a professional basis, and that is allowed to provide crypto-asset services in accordance with Article 26 of Chapter 647 of the Laws of Malta. Hereinafter to be referred to as “CASP”. |  1. Instructions   The Authorised Person is required to complete all sections under this Notification.   1. **Section 1 – Identification Details** 2. **Section 2 – Passporting Discontinuation Details** 3. **Section 3 – Declaration** 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/>. | |
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| Section 1 – Identification Details | | |
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|  | **Crypto-Asset Service Provider Identification Details** | |
|  | **Identification Details** | |
|  | Authorisation ID | Enter text |

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|  | LEI Code  *(if available)* | Enter text | | | |
|  | Registered Name | Enter text |  | Registered Number | Enter text |
|  | Home Member State | Malta | | | |
|  | Name of the Competent Authority in the Home Member State | Malta Financial Services Authority | | | |

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|  | **General Passporting Details** |

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|  | Nature of Passporting | Select item |

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|  | **Contact Person for Passporting**  *(Note: This refers to a contact point for passporting of the Crypto-Asset Service Provider)* | | | | |
|  | Title | Select item | | | |
|  | Name | Enter text |  | Surname | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |

**Section 2 – Passporting Discontinuation Details**

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| 2.1 | **Passporting Discontinuation Details**  *Note: This sub-section can be repeated)* | |
| 2.1.1 | Type of Discontinuation | Select item |
| 2.1.2 | Indicate in which Host Member State/s the CSP intends to discontinue its activity/ies and the effective date of the discontinuation | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | No. | Host Member State/s | Activity/ies to be discontinued | If ‘Other’, specify the type of activity/ies | Effective date of discontinuation of activity/ies | |  | Select country | Select item | Enter text | Enter text | | |
| 2.1.3 | Specify the rationale for the discontinuation of activity/ies | Enter text |

| Section 3 - Declaration | | | | | |
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| **3.1** | **Declaration** | | | | |
| 3.1.1 | The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Notification; AA121, 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 | | | | |
| 3.1.2 | Name | Enter text | 3.1.3 | Surname | Enter text |
| 3.1.4 | Position | Enter text |  |  | |
| 3.1.5 | Identification Number | Enter text | 3.1.6 | ID type | Select item |
| 3.1.7 | Date | Enter date | | | |