Update: December 2013

ANNEX II - A: Notification form for an Intermediary to operate under the freedom of establishment

Note:

Change(s) of original notifications will not be communicated through this notification form used for notifying <u>ONLY the initial activity</u> of FOE or FOS.

The Competent Authority of the home Member State shall communicate changes by **email** referring to at least the <u>name of the IM and the registration number/head</u> <u>office (or similar) of the home Member State</u>, if applicable.

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1.	First Name and Surname /	
	Name of legal person	
2.	Address / head office	
۷.		
	or	
	registration number	
_	Catanami of intermediani if	
3.	Category of intermediary, if	
	applicable	
	In case of an intermediary	
	carrying out insurance	
	mediation for and on behalf of	
	an insurance undertaking,	
	_	
	name of insurance	
	undertaking(s) represented	
4.	Authorised classes of insurance,	
	if applicable	□ All Life classes □ All Non-life
		classes
		☐ Only one or more
		3
		classes
1		

5.	Activity in host Member State	
	name and address of branch	
	Name of natural person	
	representing the branch	
6.	Name of current Competent Authority	
7.	Address of online register	
	G	
8.	Date	
	Name and marking of anything	
	Name and position of sender	