Update: December 2013

## ANNEX II - B: Notification form for an Intermediary to operate under the freedom to provide services

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.

1.	First Name and Surname / Name of legal person	
2.	Address / head office or registration number	
3.	Name of current Competent Authority	
4.	Address of online register	
5.	Authorised classes of insurance, if applicable	□ All Life classes □ All Non-life classes
		□ Only one or more classes
6.	Date	
	Name and position of sender	