**ANNEX IV**

**Form for the submission of a change in branch particulars notification which concerns a planned termination of the operation of a branch**

|  |  |
| --- | --- |
| Name of the contact person at the credit institution or branch: | Klicka här för att ange text. |
| Telephone number: | Klicka här för att ange text. |
| E-mail: | Klicka här för att ange text. |
|  |  |
| Address of the competent authorities of the home Member State: | Klicka här för att ange text. |
| Address of the competent authorities of the host Member State: | Klicka här för att ange text. |
|  |  |
|  | [Date] |
|  | [Ref:] |
|  |  |
|  |  |
| **Submission of a change in branch particulars notification which concerns a planned termination of the operation of a branch** | |
| [The notification shall include at least the following information: |  |
| — name and reference number of the credit institution; | Klicka här för att ange text. |
| — name of the branch in the territory of the host Member State; | Klicka här för att ange text. |
| — competent authorities responsible for the authorisation and supervision of the credit institution; | Klicka här för att ange text. |
| — statement on the credit institution's intention to terminate the operation of the branch in the territory of the host Member State and the date by which the termination will be effective; | Klicka här för att ange text. |
| — name and contact details of the persons who will be responsible for the process of terminating the operation of the branch; | Klicka här för att ange text. |
| — estimated schedule for the planned termination; | Klicka här för att ange text. |
| — information on the process of terminating the business relations with branch customers.] | Klicka här för att ange text. |
| [Contact details] | Klicka här för att ange text. |