

**ANNEX II**

**Model letter to be submitted by a management company to the competent authorities of the UCITS home Member State under Article 20(1) of Directive 2009/65/EC**

**NOTIFICATION LETTER**

NOTIFICATION OF THE INTENTION OF A MANAGEMENT COMPANY TO MANAGE A UCITS ESTABLISHED IN ANOTHER MEMBER STATE IN ACCORDANCE WITH ARTICLE 20(1) OF DIRECTIVE 2009/65/EC.

IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The host Member State(s))

Are you notifying amendments to information already provided in an initial notification? Yes  No

*If the answer to this question is ‘Yes’, please fill-in only the updated information compared to the previous notification.*

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**PART 1  
Information on the management company**

|  |  |
| --- | --- |
| **Information on the management company** | |
| Management company[[1]](#footnote-2) |  |
| Management company’s LEI1 |  |
| National identification code of the management company (where available)1 |  |
| Management company’s home Member State1 |  |
| Address and, where different from address, registered office/domicile |  |
| Details of management company’s website |  |

|  |  |
| --- | --- |
| **Contact details of the department (or contact point) responsible for application within the management company** | |
| Department (or contact point) |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| **Details of the third party (where the management company designates a third party to make the notification)** | |
| Third party |  |
| Address and, where different from address, registered office/domicile. |  |
| Department (or contact point) |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| **Contact point for the transmission of the invoice or for the communication of any applicable regulatory fee or charges (if applicable)** [[2]](#footnote-3) | |
| Name of the entity |  |
| Department (or contact point) |  |
| Address and, where different from address, registered office/domicile |  |
| Telephone number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Please specify which email address provided in this section (contact point at the management company, contact point within the appointed third party or contact point for the transmission of the invoice) is the preferred address to which the host NCA can transmit any confidential information (inter alia, login and password to access the national systems for reporting) |  |

**PART 2  
Identification of the delegate and the delegated functions**

*Please replicate the information in Part 2 for each delegate and delegated functions*

|  |  |
| --- | --- |
| Name of the delegate |  |
| Delegate’s home Member State |  |
| Address and registered office/domicile, where different from address |  |

The delegate will conduct the following activities and provide the following services in the host Member State(s) on behalf of the management company:

**Investment management**

**Administration**

Legal and fund management accounting services

Customer inquiries

Valuation and pricing (including tax returns)

Regulatory compliance monitoring

Maintenance of unit-holder register

Distribution of income

Unit issues and redemptions

Contract settlements (including certificate dispatch)

Record keeping

|  |  |
| --- | --- |
| Please describe the reporting line in place between the delegate and the management company |  |

**PART 3  
Attachments**

Written contract with the depositary of the concerned UCITS in the UCITS home Member State.

Other (where applicable, please specify).

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(Title of document or name of electronic file attachment)

**Note**:

The latest versions of the required documents listed above must be attached to this letter for onward transmission by the competent authorities of the management company’s home Member State, even where copies have been provided to that authority previously. Where any of the documents have previously been sent to the competent authorities of the management company’s host Member State and remain valid, the notification letter may refer to that fact.

|  |  |
| --- | --- |
| Provide the link to the latest electronic copies of the attachments |  |

|  |  |
| --- | --- |
| Date |  |
| Name and capacity of the signatory |  |
| Signature |  |

1. This field should always be filled-in, also in the case of updates. [↑](#footnote-ref-2)
2. Please indicate a single contact point for the transmission of the invoice or for the communication of any applicable regulatory fee or charge referred to in Article 9 of Regulation (EU) 2019/1156 and in Article 2 of Commission Implementing Regulation (EU) 2021/955. That contact point may be the same as the contact point designated within the management company, or a contact point within an appointed third party. [↑](#footnote-ref-3)