**ANNEX V**

**Model notification letter regarding persons responsible for a branch to be submitted by EU AIFM to the competent authority of its home Member State intending to establish a branch in other Member States under Article 33(3), letter (c), of Directive 2011/61/EU**

**NOTIFICATION LETTER**

NOTIFICATION OF PERSONS RESPONSIBLE FOR A BRANCH[[1]](#footnote-2) RELATED TO THE INTENTION OF AN AIFM TO ESTABLISH A BRANCH IN A MEMBER STATE OTHER THAN ITS HOME MEMBER STATE IN ACCORDANCE WITH ARTICLE 33, PARAGRAPH (3), LETTER (C), OF DIRECTIVE 2011/61/EU.

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

 (the host Member State)

|  |
| --- |
| **Identification of the AIFM** |
| AIFM |  |
| AIFM LEI |  |
| National identification code of the AIFM (where available) |  |
| AIFM’s home Member State |  |
| Address and, where different from address, registered office/domicile |  |

|  |
| --- |
| **Identification of the branch** |
| Name of the branch |  |
| Home State national identification code of the branch (where available) |  |
| Host State national identification code of the branch (where available) |  |
| Address and, where different from address, registered office/domicile |  |

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

*In case the answer to this question is ‘Yes’, please highlight below the updated information compared to the previous notification.*

**NOTIFICATION OF A PERSON RESPONSIBLE FOR:**

[ ]  The management of the branch

[ ]  The termination of the operations of the branch[[2]](#footnote-3)

|  |
| --- |
| **Identification of notified person and contact details**  |
| Surname  |  |
| First name  |  |
| Position or function performed |  |
| Start date for this position |  |
| End date for this position (where relevant) |  |
| Telephone number |  |
| Email address |  |

|  |
| --- |
| **Additional remarks** |
| Additional remarks, where indicated (e.g. former name in case of name changes, position changes etc.) |  |

|  |  |
| --- | --- |
| Date |  |
| Signature of notified person |  |

|  |  |
| --- | --- |
| Date |  |
| Name and capacity of the signatory for the AIFM / branch[[3]](#footnote-4) |  |
| Signature |  |

1. Please submit one separate form for each relevant person and one form per electronic file only. [↑](#footnote-ref-2)
2. Notification of a person responsible for the termination of a branch should only be filled as an update where the termination of the branch is envisaged. [↑](#footnote-ref-3)
3. Should not be identical with notified person. [↑](#footnote-ref-4)