



Notification of intention to provide cross-border services in another EEA state with respect to managing an AIF

FIRM NAME:

FRN:

Purpose of this form

You should complete this form if you are a *UK firm* that wishes to exercise a passport right to provide *cross border services* in another *EEA State* under the Alternative Investment Fund Managers Directive ("*AIFMD*") to manage an *EEA AIF*.

You may also use this form if you are a *UK firm* that wishes to notify us (the *FCA*) of changes to the details of that *cross border services*.

Important information you should read before completing this form

A *UK firm* can only use this form if it is entitled to provide *cross border services* into another *EEA State* subject to the conditions of *AIFMD* (see Schedule 3 to the Financial Services and Markets Act 2000 (FSMA)). By completing this form, you are confirming this is the case. *UK firms* should consult the legislation or take legal advice both in the *United Kingdom* and in the relevant *EEA State(s)* if they are in any doubt.

We give guidance on this in Chapter 13 of the Supervision manual (*SUP*). In particular, a *UK firm* that wants to exercise an *EEA right* must have the specific activity included in its Scope of Permission and must be a *full scope UK AIFM*.

Filling in the Form

5. If you are using your computer to complete the form, use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question. Once completed, print the relevant sections and sign the declaration in section 4.
6. If you are filling in the form by hand, use black ink, write clearly and, once you have completed the relevant sections, sign the declaration in section 4.
7. All firms should answer sections 1, 2, 3 and 4.
8. If there is not enough space on the form, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

Applications should be sent to:

*AIFMD Team
Financial Conduct Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS*

Telephone: +44 (0)20 7066 7188

Website: www.fca.org.uk

E-mail: passport.notifications@fca.org.uk

1 Contact details

1.1 Details of the person we will contact about this application.

Firm reference number †	
Title †	
Contact name†	
Address Line 1†	
Address Line 2†	
Postcode†	
Country†	
Telephone number†	
Fax number†	
Email address†	

† These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

2 Details of the services to be provided

2.1 Please indicate the *EEA State(s)* in which services are to be provided.

Note to Question 2.1

UK firms have the right to provide cross border services to Gibraltar. References in this form to an *EEA State* include references to Gibraltar (see the Financial Services and Markets Act (Gibraltar) Order 2001).

States required	
Austria	<input type="checkbox"/>
Belgium	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>
Croatia	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Estonia	<input type="checkbox"/>
Finland	<input type="checkbox"/>
France	<input type="checkbox"/>
Germany	<input type="checkbox"/>
Gibraltar	<input type="checkbox"/>
Greece	<input type="checkbox"/>
Hungary	<input type="checkbox"/>
Iceland	<input type="checkbox"/>
Ireland	<input type="checkbox"/>
Italy	<input type="checkbox"/>
Latvia	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>
Malta	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Poland	<input type="checkbox"/>
Portugal	<input type="checkbox"/>
Romania	<input type="checkbox"/>
Slovak Republic	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>
Spain	<input type="checkbox"/>
Sweden	<input type="checkbox"/>
All States	<input type="checkbox"/>

2.2 If the *firm* intends to provide services into more than one *EEA State*, will these services vary for each State?

Yes (If yes please provide a separate application form for each state)
 No

2.3 Tell us the proposed date for the business to start.

Date	dd/mm/yy
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3

Alternative Investment Fund Managers Directive ('AIFMD')

3.1 You must select those activities that you wish to carry out under *AIFMD* as listed in article 6(2) and 6(4) of *AIFMD*.

Management of <i>AIFs</i>	<input type="checkbox"/>
Management of portfolios of investments, including those owned by pension funds and institutions for occupational retirement provision in accordance with Article 19(1) of Directive 2003/41/EC, in accordance with mandates given by investors on a discretionary, client-by-client basis.	<input type="checkbox"/>
Investment advice	<input type="checkbox"/>
Safekeeping and administration in relation to <i>units</i> of collective investment undertakings.	<input type="checkbox"/>
Reception and transmission of orders in relation to <i>financial instruments</i> .	<input type="checkbox"/>

3.2 Please give details of the *firm's* programme of operations.

Note to Question 3.2

Provide a programme of operations stating in particular the services which the *AIFM* intends to perform.

Please also identify the *AIFs* that the *AIFM* intends to manage and the domiciles of these *AIFs*.

4 Declaration

Note to Declaration

If you are submitting this notification electronically you do not need to provide a signature here. However, you still need to have the authority to make this notification on behalf of the *firm*.

It is a criminal offence to knowingly or recklessly give us information that is false or misleading. If necessary, please take appropriate professional advice before supplying information to us.

There will be a delay in processing the application if any information is inaccurate or incomplete. And failure to notify us immediately of any significant change to the information provided may result in a serious delay in the application process.

- **I understand it is a criminal offence knowingly or recklessly to give the FCA information that is false or misleading in a material particular.**
- **I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.**
- **I confirm that I am authorised to sign on behalf of the *firm*.**

Name [†]	<input type="text"/>
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Position [†]	<input type="text"/>
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Signature*	<input type="text"/>
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Date [†]	<input type="text" value="dd/mm/yy"/>
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*I enclose the following sections (mark the appropriate section) **

Section 1 – Contact Details (mandatory)	<input type="checkbox"/>
Section 2 – Details of the services to be provided (mandatory)	<input type="checkbox"/>
Section 3 – Alternative Investment Fund Managers Directive	<input type="checkbox"/>
Section 4 – Declaration (mandatory)	<input type="checkbox"/>

[†] These questions should be completed whether submission of this form is online or in one of the other ways set out in SUP 15.7

* These questions should only be completed if the form is being submitted in one of the ways set out in SUP 15.7 other than online submission. It should not be completed if the submission of this form is online