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**NOTIFICATION FOR THE PROVISION OF ARRANGEMENTS**

**TO FACILITATE ACCESS TO AN MTF OR OTF**

**Name of CIF : «…..……………………………..»**

**Authorisation number : «…………………………………»**

**Purpose of this form**

You should complete this form if you are an Investment Firm or Market Operator that wishes to provide arrangements to facilitate the access to an MTF or OTF from another EEA state, or to make changes to existing arrangements.

Please submit this form both in hard copy form and **by email in pdf format at** [**mifid.notifications@cysec.gov.cy**](mailto:mifid.notifications@cysec.gov.cy)**.**

1. **Contact Information**

|  |  |
| --- | --- |
| Type of notification: | Provision of arrangements to facilitate access to an MTF / OTF /changes to the particulars of the notification for the provision of arrangements to facilitate access to an MTF / OTF |
| Member State in which the investment firm/ market operator intends to provide arrangements: |  |
| Name of investment firm/market operator: |  |
| Address: |  |
| Telephone number: |  |
| E-mail: |  |
| Name of the contact person at the investment firm/market operator: |  |
| Home Member State: | Cyprus |
| Authorisation Status (of the investment firm)/Applicable Law (of the market operator): | Authorised by Cyprus Securities and Exchange Commission/ Investment Services and Activities and Regulated Markets Laws of 2017 (Law 87(I)/2017) (the “Law”) |
| Authorisation Date (for investment firms): |  |
| Name of the MTF/OTF: |  |
| Date from which the arrangements will be provided: | With immediate effect |

**Note**

* Please submit one passport application for each country.
* Please submit one passport application per MTF/OTF for which you wish to provide arrangements.

1. **Description of business model**

**Type of traded financial instruments:**

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**Type of trading participants:**

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**Type of appropriate arrangements:**

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**Marketing:**

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|  |

**Ι responsibly declare, having full knowledge of the consequences of the Law, that:**

1. **I have exercised all due diligence in ensuring that all the information stated in this notification, as well as the details and documents that accompany it are correct, complete and accurate.**
2. **I am authorised to sign on behalf of the CIF.**

**I acknowledge and accept that the Commission may reveal information in the discharge of its duties, as these are defined in the Law.**

**In accordance with sections 71, 93 and 94 of the Law, I understand that the provision of false, or misleading information or data or documents or forms, or the withholding of material information from the current notification, is subject to an administrative fine and may constitute a criminal offence.**

Full name: …………………...…………….............................................................................

Position held in the Investment Firm: …………..………………………………………………………

Signature: ……………………………………..……………………………………………………………………..

Date: ……………………………………….…………………………………………………………………………..