

## 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 <sup>(1)</sup> 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	
National identification code of the branch in AIFM's Home State (where available)	
National identification of the branch in the Member State where the branch is established (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 and indicate the date of the previous notification: \_\_\_\_\_*

**NOTIFICATION OF A PERSON RESPONSIBLE FOR:**

- ☐ The management of the branch
- ☐ The termination of the operations of the branch <sup>(2)</sup>

<sup>(1)</sup> Please submit one separate form for each relevant person and one form per electronic file only.

<sup>(2)</sup> 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.

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 <sup>(1)</sup>	
Signature	
<sup>(1)</sup> Should not be identical with notified person.	