# Form for a change in the tied agent particulars notification concerning the termination of the operation of a branch or the cessation ot the used of a tied agent established in another member state

(Articles 17(3) and 18(3) of Commission Implementing Regulation (EU) 2017/2382)

Date : Cliquez ici pour entrer une date.

Reference number : CIB

**Notification in accordance with Article 35(10) of Directive 2014/65/UE regarding the termination of the operation of a branch/the cessation of the use of a tied agent established in another member state**

**Part 1 - Contact Information**

Type of notification: [Termination of the operation of a branch / the use of a tied agent]

Member State in which the []   
branch/ tied agent is established:

Name of the investment firm/

Credit institution : []

Address of the investment firm/: []

credit institution

Telephone number of the []

investment firm/

credit institution:

Email of the investment firm/ []

credit institution:

Name of the contact person

responsible for the termination []

of the operations of the branch/

tied agent:

Name of the branch/tied agent []

in the territory of the host

Member State:

Home Member State: FRANCE

Home Member State competent ACPR

authority:

Authorisation Status: Authorised by the ACPR

Authorisation Date: []

Date from which the termination []

will be effective:

**Description of the schedule for the planned termination:**

[to be completed by the investment firm/credit institution]

**Information on the process of winding down the business operations, including details of how client interests to be protected, complaints resolved and any outstanding liabilities discharged:**

[to be completed by the investment firm/credit institution]

\* Please amend accordingly