Reference number: ………………...

Date: ………………………………

#### **FROM:**

|  |  |
| --- | --- |
| Name of the applicant: | …………………………………………………………….………………..…………………………….. |
| Address | ……………………….……………………………………………………..…………………………….. |
| Contact details of the designated contact person | Name:……………………….……………. | Telephone:……………………………….……… |
| E-mail:……………………………………………… |

#### **TO:**

|  |  |
| --- | --- |
| Member State: | ……………………………………………………………………..…………………………….……….. |
| Competent Authority | ……………………………………………………………………..……………………………….…….. |
| Address | ……………………………………………………………………..……………………………….…….. |
| Contact details of the designated contact point | Address:…………………………………. | Telephone: ……………………………………… |
| E-mail: …………………………....……….……… |

#### **Dear** [insert appropriate name]

In accordance with Article 2 of the Commission Implementing Regulation (EU) 2017/1945 laying down implementing technical standards with regard to standard forms, templates and procedures for notification or provision of information provided for in Article 7(5) of Directive 2014/65/EU to ensure uniform conditions of application of Article 7(2) of that Directive, please find attached the authorisation application.

#### **Person in charge of preparing the application:**

|  |  |
| --- | --- |
| Name: | ……………………………………………………………………………….…………………..……….. |
| Status/position: | ……………………………………………………………………..……………………………….…….. |
| Telephone: | ……………………………………………………………………..…………………………….……….. |
| Fax (if available): | ……………………………………………………………………..…………………………….……….. |
| E-mail:  | ……………………………………………………………………..……………………….…………….. |

#### **Nature of the application** (tick the relevant box):

[ ]  Authorisation

[ ]  Change to the authorisation already obtained

#### **CONTENT:**

* General information on the applicant firm

……………………………….……………………………………………………………………………………………………………..……

[Please insert the information referred to under Article 1 of Commission Delegated Regulation (EU) 2017/1943, of 14 July 2016, supplementing Directive 2014/65/EU of the European Parliament and of the Council with regard to regulatory technical standards on information and requirements for the authorisation of investment firms. Please provide the information here or make reference to the relevant annexes containing the information.]

* Information on the capital

………………………………………………………………………………..……………………………………………………………………

[Please insert the information referred to under Article 2 of Commission Delegated Regulation (EU) 2017/1943. Please provide the information here or make reference to the relevant annexes containing the information.]

* Information on the shareholders

……………………………………………………………………………………………………………………………………………….……

[Please insert the information referred to under Article 3 of Commission Delegated Regulation (EU) 2017/1943. Please provide the information here or make reference to the relevant annexes containing the information.]

* Information on the management body and persons directing the business

…………………………………………………………………………………………………………………………………………………….

[Please insert the information referred to under Article 4 of Commission Delegated Regulation (EU) 2017/1943. Please provide the information here or make reference to the relevant annexes containing the information.]

* Financial information

……………………………………………….……………………………………………………………………………………………………

[Please insert the information referred to under Article 5 of Commission Delegated Regulation (EU) 2017/1943. Please provide the information here or make reference to the relevant annexes containing the information.]

* Information on the organisation

……………………………………………………………………..………………………………………………………………………………

[Please insert the information referred to under Article 6 of Commission Delegated Regulation (EU) 2017/1943. Please provide the information here or make reference to the relevant annexes containing the information.]

The MiFID Authorisation Form available on our website ([www.cnmv.es](http://www.cnmv.es)) is the form included as Annex 1 to Commission Implementing Regulation (EU) 2017/1945.

The notes below will help you complete the MiFID Authorisation Form.

**Reference number**

This reference number (RN) must be the number that the firm is using for the authorisation application. Once the applicant has been assigned a firm reference number the CNMV will use it as your reference number. The applicant will be assigned a RN after the submission of the application, therefore, when submitting the application you must leave this section blank.

**Date**

This must be the date on which the application is submitted.

**From**

This must be the name of the applicant firm and the address of the applicant firm’s principal place of business.

**Contact details of the designated contact person**

This must be the contact person at the applicant firm.

**To**

This must be the CNMV’s details.

**Contact details of the designated contact point**

You must address the application to the Institutions Authorisation and Registration Department of the CNMV. Once a case officer is allocated, you will be contacted.

**Person in charge of preparing the application**

If this is the same person as the contact person at the applicant firm indicated on this Form, please specify it.

**Nature of the application**

No additional notes

**CONTENT**

You may complete this form using the Mifid II Guide. Please ensure that you write under each section, the relevant section(s) of the Mifid II Guide and/or other forms used to provide us with the information referred to in Commission Delegated Regulation (EU) 2017/1943. For example, for section 3 of the MiFID Authorisation Form you may write: ‘The information specified in Article 3 of the Commission Delegated Regulation (EU) 2017/1943 has been provided in Section 3 of the Mifid II Guide and the controller forms are appended to the annex’. Ultimately, it is your responsibility to ensure that you have provided us with all of the information specified in Commission Delegated Regulation (EU) 2017/1943.