*ANNEX X*

**Form for a change in the tied agent particulars notification concerning the termination of the operation of a branch or the cessation of the use of a tied agent established in another Member State**

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

Reference number:………………..

Date: …...................

Notification in accordance with Article 35(10) of Directive 2014/65/EU regarding the termination of the operation of a branch/the cessation of the use of a tied agent established in another Member State (1)

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:  **Republic of Bulgaria**

Home Member State competent authority: **Financial Supervision Commission**

Authorisation Status: **Authorised by the Financial Supervision Commission**

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 regarding the manner in which client interests are going to be protected, complaints resolved and any outstanding liabilities discharged:

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