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# Form for the notification for the provision of arrangements to facilitate access to an MTF or OTF

[Articles 8 and 10 of Commission Implementing Regulation (EU) 2017/2382]

Date: [Date]

**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 |
| Reference number: | [Home Member State ref] |
| Member State(s) in which the investment firm/market operator intends to provide arrangements: | [Host Member State(s)] |
| N Name of the investment firm/market operator | [name of firm/market operator] |
| Adress: | [address of firm/market operator] |
| Telephone number: | [tel.no of firm/market operator] |
| Email: | [email of firm/market operator] |
| Name of the contact person at the investment firm/ market operator: | [name of contact person] |
| Home Member State: | Liechtenstein |
| Authorisation Status (of the investment firm)/ Applicable Law (of the market operator): | [Authorised/Licensed/Supervised by the FMA |
| Authorisation Date (for the investment firms): | [date] |
| Name of the MTF/OTF: | [name of MTF/OTF] |
| Date from which the arrangements will be provided | [with immediate effect] |

**Description of [name of MTF/OTF]**

[Please include at least the following information]

**Type of traded financial instruments:**

[to be completed by the investment firm/market operator]

**Type of trading participants:**

[to be completed by the investment firm/market operator]

**Type of appropriate arrangements:**

[to be completed by the investment firm/market operator]

**Marketing:**

[to be completed by the investment firm/market operator]

Signature:

Name: [Name of Signer]