**Form for the submission of a change in branch particulars notification, which concerns a planned termination of the operation of a branch**

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| **Date:** |       |
| **Reference:** |       |

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| **Name of contact person at the credit institution or branch:** | *[to be completed by the credit institution]*      |
| **Telephone number:** | *[to be completed by the credit institution]*      |
| **E-mail:** | *[to be completed by the credit institution]*      |
| **Address of the competent authorities of the home Member State:** | *[to be completed by the credit institution]* |
| **Address of the competent authorities of the host Member State:** | *[to be completed by the credit institution]* |

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| **Name and reference number of the credit institution:** | *[to be completed by the credit institution]*      |
| **Name of the branch in the territory of the host Member State:** | *[to be completed by the credit institution]*      |
| **Competent authorities responsible for the authorisation and supervision of the credit****institution:** | *[to be completed by the credit institution]*      |
| **Statement on the credit institution's intention to terminate the operation of the branch in the territory of the host Member State and the date by which the termination will be****effective:** | *[to be completed by the credit institution]* |
| **Name and contact details of the persons who will be responsible for the process of terminating the operation of the branch:** | *[to be completed by the credit institution]* |
| **Estimated schedule for the planned termination:** | *[to be completed by the credit institution]* |
| **Information on the process of terminating the business relations with branch customers:** | *[to be completed by the credit institution]* |