CEIOPS-DOC-02/06

ANNEX II–B: Notification form for an Intermediary to operate under the freedom to provide services

1.	First Name and Surname / Name of legal person	……..
2.	Address / head office or registration number	…….. …….. …….. ……..
3.	Name of current Competent Authority	……..
4.	Address of online register	…….… …
5.	Authorised classes of insurance, if applicable	❑ All Life classes ❑ Only one or more classes ❑ All Non-life classes ……. …….. ……. …….
6.	Date Name and position of sender	…….… … …….… … …….