

Company Service Providers

Termination of provision of CSP Services - Notification Form

**MFSA - PUBLIC**

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Details of the Notifier



1. **Notification being made by:**

[ ]  A person authorised to act as a trustee or to provide other fiduciary duties in terms of the Trust and Trustees Act; **or**

[ ]  A person registered to act as a VFA agent in terms of the Virtual Financial Assets Act, when providing the activity of a company service provider as part of its activity under the said Act provided that the said activity shall not be or include the service of acting as director or secretary of a company, as a partner in a partnership or of acting in a similar position in relation to any other legal person



1. **Name of the notifier**

Full name (including identification document or company registration number):

Click or tap here to enter text.



1. **Date when the notifier started providing company services by way of business:**

Date: Click or tap here to enter text.



1. **Date when the notifier ceased providing company services by way of business:**

Date: Click or tap here to enter text.



1. **Registered Address:**

Address Line 1: Click or tap here to enter text.

Address Line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Post code: Click or tap here to enter text.



1. **Contact details:**

Telephone number: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Website: Click or tap here to enter text.



Notification

I/we hereby notify the Malta Financial Services Authority (MFSA) that I am/ We are no longer providing any of the services of a company service provider through the exemption that is contained in the Company Service Providers (Exemption) Regulations, 2021, witheffect from the date indicated above.

Name and Surname: Click or tap here to enter text.

Designation (if applicable): Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.



 Kindly note that the notification will only be considered as valid if all the salient fields are completed and if the form is duly signed by the individual Authorised Person or, in the case of an entity, an authorised representative.

Completed forms should be submitted by email on fiduciariesoffsite@mfsa.mt and in original by mail, addressed to:

Trustees & CSPs Supervision

Malta Financial Services Authority

Triq l-Imdina, Zone 1,

Central Business District,

Birkirkara, CBD 1010, Malta