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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA49: Passporting – Notification of Changes to Freedom of Services or Establishment for Intermediaries** |
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| 1. General

This form, **Form AA49:** **Passporting – Notification of Changes to Freedom of Services or Establishment for Intermediaries (“Notification”)**, emanates from the requirements contained in subsidiary legislation SL 487.07 European Passport Rights for Intermediaries Regulations and also from the Decision on Collaboration of the insurance supervisory authorities issued by EIOPA.and shall be duly completed by Authorised Persons which are already authorised to passport their activities in an EEA country wishing to notify the Authority of one of the following changes: * Change of name;
* Change of address (Head Office and/or Branch);
* Changes to the Branch Manager or Representative / Contact Person / Claims Representative / Person responsible for the handling of complaints; and
* Change in business (additional/discontinuation of passporting classes or different product/s within the same category of classes for which passporting rights are already held).

Whenever there is a material change, which is not captured above, the Authorised Person should seek confirmation from the Authority whether this form is to be submitted. The Authorised Person shall, to the best of its knowledge, provide information, which is truthful, accurate and complete. The Authorised Person shall notify the MFSA immediately if the information provided changes or is no longer relevant.The Authorised Person is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Notification. The Authorised Person shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Authorised Person shall not tamper with, or modify in any manner, this Notification. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may, at its sole discretion, request from the Authorised Person further information/ documentation.

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| Type of Notification |

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| * Select item
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1. Definitions

For the purposes of this Notification the following shall mean:

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| **Authorised Person** | any person who is authorised by the MFSA under Article 13 of the Insurance Distribution Act.  |

1. Instructions

The Authorised Person is required to complete all the respective sections under this Notification.1. **Section 1 – Intermediary Details** - This section should be duly completed by all Authorised Persons submitting this Notification.
2. **Section 2 – General Passporting Details** – This section should be duly completed by all Authorised Persons submitting this Notification.
3. **Section 3 – Freedom of Service (FOS) Passporting Details** – This section is to be completed by Intermediaries passporting under Freedom of Services (FOS).
4. **Section 4 – Freedom of Establishment (FOE) Passporting Details** – This section is to be completed by Intermediaries passporting under Freedom of Establishment (FOE).
5. **Section 5 – Checklist and Declaration** – This section should be duly completed by all Authorised Persons submitting this Notification.
6. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| 1. Intermediary Details
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|  | **Changes to the details of the Insurance Intermediary***Complete the applicable section by indicating the old information and the applicable change(s). This section is applicable for all.* |
|  | **Current Details** |
|  | Registered Name  | Enter text |  | Registered Number | Enter text |
|  | **New Details** |
|  | Registered Name  | Enter text |  | Registered Number | Enter text |
|  | **Head office Current Address** |
|  | Number/Name | Enter text |  | Street Road | Enter text |
|  | City/Town/Village | Enter text |  | Post Code | Enter text |
|  | Country | Select country |
|  | **Head office New Address** |
|  | Number/Name | Enter text |  | Street Road | Enter text |
|  | City/Town/Village | Enter text |  | Post Code | Enter text |
|  | Country | Select country |

1. General Passporting Details

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|  | **Additional Intermediary Passporting Details***Note: This section is applicable to Insurance Agents, TIIs and AIIs distributing insurance business according to the classes passported by the principal Undertaking represented.*  |
|  | Provide the classes of insurance according to Annexes I and II to the Solvency II Directive and/or the type of reinsurance activity, according to Article 15(5) of the Solvency II Directive which the Authorised Person would like to add or discontinue from passporting into the Host Member State. |
|  | * 1. Complete the applicable section by indicating whether you want to add or discontinue the applicable class/es.

*Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* |
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| **Long-Term Business Classes** |
| 1. Life and annuity
 | - | Select item |
| 1. Marriage and birth
 | - | Select item |
| 1. Linked long term
 | - | Select item |
| 1. Permanent health
 | - | Select item |
| 1. Tontines
 | - | Select item |
| 1. Capital redemption
 | - | Select item |
| 1. Pension fund management
 | - | Select item |
| 1. Collective insurance
 | - | Select item |
| 1. Social insurance
 | - | Select item |

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|  | * 1. Indicate the class of general business which the Authorised Person would like to add or discontinue from passporting into the Host Member State.

*Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* |
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| Groups | Classes | Insurance/ Reinsurance/ Combined Business | New/Discontinue |
| Accident and health *(classes 1 and 2)* |

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| Select item | Select item | Select item |

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| Motor *(classes 1(d), 3, 7 and 10)* |

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| Select item | Select item | Select item |

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| Marine and transport *(classes 1(d), 4, 6, 7 and 12)* |

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| Select item | Select item | Select item |

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| Aviation *(classes 1(d), 5, 7 and 11)* |

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| Select item | Select item | Select item |

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| Fire and other damage to property *(classes 8 and 9)* |

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| Select item | Select item | Select item |

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| Liability *(classes 10, 11, 12 and 13)* |

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| Select item | Select item | Select item |

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| Credit and suretyship (*classes 14 and 15)* |

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| Select item | Select item | Select item |

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| General *(all classes)* |

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| Select item | Select item | Select item |

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|  | Indicate the changes to the nature of the risks or commitments which the insurance Intermediary proposes to cover in the Host Member State and any other changes that are deemed to be relevant to the Host Member State. |
|  | Enter text |
| * + - 1.
 | Provide rationale for changes |
|  | Enter text |

| 1. Freedom of Service (FOS) Passporting Details
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|  | **FOS Passporting Details***Note:* *Complete the applicable section by indicating the old information and the applicable change(s).* *This section is applicable to Freedom of Service (FOS) only.* |
|  | **Changes to the name and/or address of the establishments (branches), situated in the Member States, other than the Home Member State, from which the Intermediary provides services.** |
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| **Current Details**  |
| Registered Name | Enter text | Registered Number | Enter text |
| **New Details** |
| Registered Name  | Enter text | Registered Number | Enter text |
| **Current Address** |
| Number/Name | Enter text | Street Road | Enter text |
| City/Town/Village | Enter text | Post Code | Enter text |
| Country | Select country |  |
| **New Address** |
| Number/Name | Enter text | Street Road | Enter text |
| City/Town/Village | Enter text | Post Code | Enter text |
| Country | Select country |  |  |

*(Add multiple as applicable)* |

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 | **Changes to the Contact Person / Claims Representative / Person responsible for the handling of complaints.***Complete the applicable section by indicating the old information and the applicable change(s). This section is applicable to FOS only.* |
|  | **Current Natural Person** |
|  | Role | Select item |  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | **New Natural Person** |
|  | Role | Select item |  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |
|  | Business Email Address | Enter text |  | MFSA PQ Code*(if applicable)* | Enter text |
|  | **Attachment | Identification Document** |

| 1. Freedom of Establishment (FOE) Passporting Details
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|  | **FOE Passporting Details**Note: *Complete the applicable section by indicating the old information and the applicable change(s). This section is applicable to Freedom of Establishment (FOE) only.* |
|  | **Changes to the Branch Manager or Representative / Contact Person / Claims Representative / Person responsible for the handling of complaints***Complete the applicable section by indicating the old information and the applicable change(s). This section is applicable to FOE only. Please note that an updated copy of the Power of Attorney is to be submitted to reflect this change.* |
|  | **Current Natural Person** |
|  | Role | Select item |  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | **New Natural Person** |
|  | Role | Select item |  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |
|  | Business Email Address | Enter text |  | MFSA PQ Code*(if applicable)* | Enter text |
|  | **Attachment | Identification Document** |
|  | **Changes to the address of the branch in the Host Member State, from which documents, including all communications to the authorised Intermediary, may be obtained, or delivered to.** |
|  | **Current Branch Address and Contact Details** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | Branch Email Address | Enter text |
|  | **New Branch Address and Contact Details** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | Branch Email Address | Enter text |
|  | **Changes to the scheme of operations of the Intermediary including but not limited to:**  |
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| a) in case of FOE, the nature of the risks or commitments which the Intermediary is proposing to cover through the branch | Enter text |
| b) in case of FOE/FOS, details of the change in business and rationale | Enter text |
| c) in case of FOE/FOS, any changes in the distribution channels | Enter text |
| d) in case of FOE, changes to the scheme of operations originally submitted to the Authority by the Intermediary with respect to the branch operations (including the guiding principles as to reinsurance and to retrocession, if applicable and the organisational structure of the branch) | Enter text |
|  | Enter text |

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|  | Additional changes |
| Enter text |

| 1. Checklist and Declaration
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|  | **Checklist** |
|  | Please fill in the below checklist and ensure that all necessary documentation is attached and submitted together with this Notification. |
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|  | Group Structure *(if applicable)* | Select item |
|  | Identification Document/s *(if applicable)* | Enter number of submissions |
|  | Personal Questionnaire/s *(if applicable)* | Enter number of submissions |
|  | Power of Attorney *(if applicable)* | Select item |
|  | Three years financial projection per country per class for any additional class | Select item |

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|  | **Declaration** |
|  | The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Notification; AA49, is complete and accurate to the best of their knowledge.Signature must be in wet ink or a valid qualified electronic signature in accordance with the circular issued by MFSA on the use of electronic signatures dated 15th November 2022. |
| Signature  |  |  |
| 5.2.2 | Name | Enter text | 5.2.3 | Surname | Enter text |
| 5.2.4 | Position | Enter text |
| 5.2.5 | Identification Number | Enter text | 5.2.6 | ID Type | Select item |
| 5.2.7 | Date | Enter date |