

## 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 □ All Non-life classes □ Only one or more classes
6.	Date  Name and position of sender	