

ANNEX II–A: Notification form for an Intermediary to operate under the freedom of establishment

1.	First Name and Surname / Name of legal person
2.	Address / head office or registration number
3.	<p>Category of intermediary, if applicable</p> <p>In case of an intermediary carrying out insurance mediation for and on behalf of an insurance undertaking, and who acts under the full responsibility of that insurance undertaking, name of insurance undertaking(s) represented</p>
4.	Authorised classes of insurance, if applicable	<input type="checkbox"/> All Life classes <input type="checkbox"/> All Non-life classes <input type="checkbox"/> Only one or more classes
5.	<p>Activity in host Member State</p> <p>name and address of branch</p> <p>Name of natural person representing the branch</p>

6.	Name of current Competent Authority
7.	Address of online register
8.	Date
	Name and position of sender