NOTIFICATION OF FREEDOM OF ESTABLISHMENT (FoE)

of a (re)insurance intermediary within the European economic area (EEA)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Host Member State in which the intermediary intends to set up the branch for the purpose of carrying on (re)insurance distribution activities[[1]](#footnote-1) :**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Austria | [ ]  | 11. | Germany | [ ]  | 21. | Netherlands | [ ]  |
| 2. | Belgium | [ ]  | 12. | Greece | [ ]  | 22. | Norway | [ ]  |
| 3. | Bulgaria | [ ]  | 13. | Hungary | [ ]  | 23.  | Poland | [ ]  |
| 4. | Croatia | [ ]  | 14. | Iceland | [ ]  | 24.  | Portugal | [ ]  |
| 5. | Cyprus | [ ]  | 15. | Ireland | [ ]  | 25. | Romania | [ ]  |
| 6. | Czechia | [ ]  | 16. | Italy | [ ]  | 26. | Slovakia | [ ]  |
| 7. | Denmark | [ ]  | 17. | Latvia | [ ]  | 27.  | Slovenia | [ ]  |
| 8. | Estonia | [ ]  | 18. | Liechtenstein | [ ]  | 28. | Spain | [ ]  |
| 9. | Finland  | [ ]  | 19. | Lithuania | [ ]  | 29. | Sweden | [ ]  |
| 10. | France | [ ]  | 20.  | Malta | [ ]  |  |  |  |

 |

|  |  |
| --- | --- |
| 2. | **Details regarding the (re)insurance intermediary intending to be active under FoE:** |
| Name:  | Fill in here … |
| Address of the registered office in Luxembourg:  | Fill in here … |
| CAA Registration number:  | Fill in here … |
| LEI code:  | Fill in here … |

|  |  |
| --- | --- |
| 3. | **Classes of insurance in which, or insurance undertaking for which, the intermediary intends to be active under FoE:** |
| **Broker[[2]](#footnote-2):**[ ]  all classes of insurance the broker is authorised for Only specific classes of insurance the broker is authorised for:[ ]  Life insurance classes[ ]  Non-life insurance classes[ ]  Reinsurance brokerage | **Agent[[3]](#footnote-3):**Insurance undertaking for which the branch intends to be active: |
| Name: | Fill in here … |
| LEI code:  | Fill in here … |
| Name: | Fill in here … |
| LEI code: | Fill in here … |
| Name: | Fill in here … |
| LEI code: | Fill in here … |
| Name: | Fill in here … |
| LEI code:  | Fill in here … |
| Name: | Fill in here … |
| LEI code: | Fill in here … |
| Name: | Fill in here … |
| LEI code: | Fill in here … |

|  |  |
| --- | --- |
| 4. | **Details regarding the branch in the Host Member State:**  |
| Commercial name (if any):  | Fill in here … |
| Address:  | Fill in here … |
| Tel. n°:  | Fill in here … |
| Address in the Host Member State from which documents may be obtained (if different): | Fill in here … |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | **Details regarding the branch manager:**

|  |  |
| --- | --- |
| Name:  | Fill in here … |
| Address of private residence: | Fill in here … |
| Professional email address:  | Fill in here … |
| Registration in register of distributors in Host Member State:  | Yes [ ]   | No [ ]   |
| * If yes, please provide:
 |
| * registration number:
 | Fill in here … |
| * local category of intermediary:
 | Fill in here … |
| * If no, please provide proof that he/she fulfils equivalent conditions of professional competence and good repute necessary for such registration
 |
| Contractual link between branch manager and intermediary : | employment contract ☐  |
| other ☐ (please specify:) | Fill in here … |

 |
| Documents required regarding the branch manager: 1. a copy of a valid identity document
2. a duly signed declaration\* from the intermediary stating

- the usual place of work of the branch manager and - the number of working hours per week contractually agreed upon 1. the appropriate notification form[[4]](#footnote-4) (agent (FP\_2) or broker (FP\_3)) duly completed by the branch manager\*
2. an extract from the criminal record of the branch manager’s current country of residence and of the predominant country of residence during the past 5 years, if different \*
3. an extract from the Luxembourg criminal record \*

\* *Please note that these documents must also be provided in their original version.* |

|  |  |
| --- | --- |
| Fill in here ...(Place and date of signature) |  |
| (in case of notifications for an insurance agency: Name and signature of representative of insurance undertaking  | (Name and signature of the representative of the (re)insurance broker[[5]](#footnote-5) / insurance agent) |

The duly completed original of the present form should be sent by post to the CAA and a scanned version by email to gouvernanceIDD@caa.lu.

1. Any permanent presence of an intermediary in the territory of another EEA Member State which is equivalent to a branch shall be treated in the same way as a branch, unless it lawfully sets up its permanent presence in the form of a legal person (Art. 291, paragraph 1, subparagraph 2, of the Law of 7 December 2015 on the insurance sector, as amended).  [↑](#footnote-ref-1)
2. The term “broker” refers to both (re)insurance brokerage firms and (re)insurance brokers, being natural persons, not linked to a (re)insurance brokerage firm. [↑](#footnote-ref-2)
3. The term “agent” refers to both insurance agencies and insurance agents being natural persons. [↑](#footnote-ref-3)
4. An English and French language version is available under the following link: <https://www.caa.lu/fr/documentations/formulaires>. [↑](#footnote-ref-4)
5. CAA authorised manager of the brokerage firm/agency responsible for the day-to-day management of the intermediation activity. [↑](#footnote-ref-5)