MiFID II Application Form – Data Reporting Services Providers

Application for authorisation under the European Union (Markets in Financial Instruments) Regulations 2017

(S.I. 375 of 2017)

2019

NOTES ON COMPLETION

1. All applications must be **typed**.
2. Please read the Guidance Note For Authorisation[[1]](#footnote-1) completing an application for authorisation under the European Union (Markets in Financial Instruments) Regulations 2017 (S.I 375 of 2017) (the "MiFID Regulations"), Markets in Financial Instruments Regulation (EU 600/2014), Regulatory Technical Standards under Article 7(4), Implementing Technical Standards under Article 7(5) and ESMA Guidance, (the “MiFID Framework”) in conjunction with this Application Form. The Guidance Note is available on the Central Bank of Ireland’s (“the Central Bank”) website www.centralbank.ie.
3. All questions must be addressed before the application can be considered. If a question does not apply, please write **“N/A”** or **“None”** as appropriate. **Do not leave any answer boxes blank. Incomplete applications will be returned.**
4. Where applicant firms are required to “confirm”, a tick () placed in the relevant box will be taken as confirmation.
5. Where it is highlighted that information “must” be provided or an action “must” be taken, a tick () placed in the relevant box will be taken as confirmation that the information has been provided or that action has been taken.
6. If insufficient space has been provided for a reply, please provide that information on a separate sheet/document and refer to it in the space provided for the answer. Please ensure that any separate sheets/documents are clearly marked with the name of the applicant organisation and reference the appropriate question.
7. Where the firm is requested to provide a reference to a separate sheet/document, please ensure the document name, page number and paragraph that provides for the requested information is completed in the Application Form.
8. It is expected an applicant seeking an authorisation under Part 9 of the MiFID Regulations will provide all information on the types of services envisaged and the organisational structure in conjunction with Regulation 85 of the MiFID Regulations in a Programme of Operations and to be submitted to the Central Bank as part of the application.
9. Further information or clarification may be requested (having regard to the replies furnished) for the purpose of considering and evaluating an application.
10. The applicant firm must submit its application pack to the Central Bank via [investmentfirmauthorisations@centralbank.ie](mailto:investmentfirmauthorisations@centralbank.ie).

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| APPLICATION FORM FOR AUTHORISATION AS A DATA REPORTING SERVICES PROVIDER | | | | | | | | | | | | | | | | | | |
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| Legal Entity Identifier (LEI): | | | | | |  | | | | | | | | | | | | |
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| Contact details of the designated contact person at the applicant | | | | | | | | | | | | | | | | | | |
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| Full Name: | | | | | |  | | | | | | | | | | | | |
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| Member State: | | | | | |  | | | | | | | | | | | | |
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| Contact details of the designated contact point at the competent authority | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | |  | | | | | | | | | | | | |
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| Dear [insert appropriate name]  In accordance with Regulation 85 of the MiFID Regulations and Article 2 of the Commission Implementing Regulation (EU) No.2017/1110 laying down implementing technical standards with regard to standard forms, templates and procedures for the authorisation of data reporting services providers please find attached the authorisation application. | | | | | | | | | | | | | | | | | | |
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| **Person at the applicant in charge of preparing the application:** | | | | | | | | | | | | | | | | | | |
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| **Nature of the application (tick the relevant box(es)):** | | | | | | | | | | | | | | | | | | |
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| Authorisation – Approved Reporting Mechanism (ARM) | | | | | | | | | | |  |  |  |  |  |  |  |  |
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| Authorisation – Approved Publication Arrangement (APA) | | | | | | | | | | |  |  |  |  |  |  |  |  |
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| Authorisation – Consolidated Tape Provider (CTP) | | | | | | | | | | |  |  |  |  |  |  |  |  |
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| **CONTENT** | | | | | | | | | | | | | | | | | | |
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| In conjunction with Commission Delegated Regulation (EU) 2017/571of 2 June 2016 the applicant should provide in its application for authorisation a Programme of Operations, an internal organisational chart and detailed ownership charts. Please set out that information in the Programme of Operations under the appropriate section title or make reference to the relevant annexes containing the information. | | | | | | | | | | | | | | | | | | |
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| Please ensure information provided in the Programme of Operations clearly identifies which specific requirement of Commission Delegated Regulation2017/571it refers to and in which document that information is provided. | | | | | | | | | | | | | | | | | | |
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| Where a requirement of Commission Implementing Regulation (EU) 2017/1110 or Commission Delegated Regulation (EU)2017/571of 2 June 2016 is not applicable to the data reporting service that the applicant is applying for, please state this in the application form. | | | | | | | | | | | | | | | | | | |
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| **Information on the organisation** (Article 2 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| **Corporate Governance arrangements** (Article 3 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| **Information on the members of the management body** (Article 4 of Commission Delegated Regulation (EU) 2017/571  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
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| Information on **Conflicts of Interest** (Article 5 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Organisational requirements regarding outsourcing** (Article 6 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Business continuity and back-up facilities** (Article 7 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Testing and capacity** (Article 8 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Security** (Article 9 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on the **Management of incomplete or potentially erroneous information by APAs and CTPs** (Article 10 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Management of incomplete or potentially erroneous information by ARMs** (Article 11 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Connectivity of ARMs** (Article 12 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Other services provided by CTPs** (Article 13 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| Information on **Publication Arrangements** (Chapter 3 of Commission Delegated Regulation(EU)2017/571) | | | | | | | | | | | | | | | | | | |
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| NOTIFICATION FORM FOR THE LIST OF MEMBERS OF THE MANAGEMENT BODY | | | | | | | | | | | | | | | | | | |
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| Legal Entity Identifier (where applicable): | | | | | |  | | | | | | | | | | | | |
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| Contact details of the designated contact person at the applicant | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | |  | | | | | | | | | | | | |
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| Contact details of the designated contact point at the competent authority | | | | | | | | | | | | | | | | | | |
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| Dear [insert appropriate name]  In accordance with Article 2 of the Commission Implementing Regulation (EU) No. 2017/1110 laying down implementing technical standards with regard to standard forms, templates and procedures for the authorisation of data reporting services providers please find attached the notification relating to the members of the management body. | | | | | | | | | | | | | | | | | | |
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| **Person at the applicant in charge of preparing the application:** | | | | | | | | | | | | | | | | | | |
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| **List of members of the management body** | | | | | | | | | | | | | | | | | | |
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| **Member 1** | | | | | | | | | | | | | | | | | | |
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| Personal national identification number or equivalent thereof | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Curriculum vitae attached to application: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Professional experience and other relevant experience | | | | | | | | | | | | | | | | | | |
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| Educational qualification and relevant training | | | | | | | | | | | | | | | | | | |
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| Criminal records attached to this application OR self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(d) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(e) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Minimum time (approximate) that will be devoted to the performance of the person’s functions within the data reporting services provider | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| Information pursuant to the ESMA guidelines developed under Article 63(2) of Directive 2014/65/EU and any additional information necessary for the assessment that the member is of sufficiently good repute, possesses sufficient knowledge, skills and experience and commits sufficient time to perform the duties | | | | | | | | | | | | | | | | | | |
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| **Member 2** | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | | | | | | | | | | | |
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| Date and place of birth | | | | | | | | | | | | | | | | | | |
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| Personal national identification number or equivalent thereof | | | | | | | | | | | | | | | | | | |
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| Private address | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Curriculum vitae attached to application: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Professional experience and other relevant experience | | | | | | | | | | | | | | | | | | |
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| Minimum time (approximate) that will be devoted to the performance of the person’s functions within the data reporting services provider | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| **Member 3** | | | | | | | | | | | | | | | | | | |
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| Personal national identification number or equivalent thereof | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Curriculum vitae attached to application: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Professional experience and other relevant experience | | | | | | | | | | | | | | | | | | |
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| Criminal records attached to this application OR self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(d) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Minimum time (approximate) that will be devoted to the performance of the person’s functions within the data reporting services provider | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| Information pursuant to the guidelines developed under Article 63(2) of Directive 2014/65/EU and any additional information necessary for the assessment that the member is of sufficiently good repute, possesses sufficient knowledge, skills and experience and commits sufficient time to perform the duties | | | | | | | | | | | | | | | | | | |
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| **Member 4** | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | | | | | | | | | | | |
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| Personal national identification number or equivalent thereof | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Curriculum vitae attached to application: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Professional experience and other relevant experience | | | | | | | | | | | | | | | | | | |
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| Criminal records attached to this application OR self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(d) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| Information pursuant to the ESMA guidelines developed under Article 63(2) of Directive 2014/65/EU and any additional information necessary for the assessment that the member is of sufficiently good repute, possesses sufficient knowledge, skills and experience and commits sufficient time to perform the duties | | | | | | | | | | | | | | | | | | |
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| **Member 5** | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | | | | | | | | | | | |
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| Private address | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| **Member 6** | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | | | | | | | | | | | |
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| Date and place of birth | | | | | | | | | | | | | | | | | | |
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| Personal national identification number or equivalent thereof | | | | | | | | | | | | | | | | | | |
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| Private address | | | | | | | | | | | | | | | | | | |
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| Contact details (Telephone and email address) | | | | | | | | | | | | | | | | | | |
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| Position | | | | | | | | | | | | | | | | | | |
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| Curriculum vitae attached to application: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Professional experience and other relevant experience | | | | | | | | | | | | | | | | | | |
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| Educational qualification and relevant training | | | | | | | | | | | | | | | | | | |
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| Criminal records attached to this application OR self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(d) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Self-declaration of good repute and authorisation to the competent authority to make enquiries under Article 4(e) of Commission Delegated Regulation(EU)2017/571 | | | | | | | | | | | | | | | | | | |
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| Minimum time (approximate) that will be devoted to the performance of the person’s functions within the data reporting services provider | | | | | | | | | | | | | | | | | | |
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| Declaration of any potential conflicts of interest that may exist or arise in performing the duties and how these conflicts are managed | | | | | | | | | | | | | | | | | | |
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| Information pursuant to the ESMA guidelines developed under Article 63(2) of Directive 2014/65/EU and any additional information necessary for the assessment that the member is of sufficiently good repute, possesses sufficient knowledge, skills and experience and commits sufficient time to perform the duties | | | | | | | | | | | | | | | | | | |
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| Effective date | | | | | | | | | | | | | | | | | | |
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| *[Please set out that information here or provide an explanation of how it will be provided, or make reference to the relevant annexes containing the information.]* | | | | | | | | | | | | | | | | | | |
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| DECLARATION | | | |
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| ***[Name of applicant]*** (the "Applicant Firm") applies for authorisation under Regulation 85of the European Union (Market in Financial Instruments) Regulations 2017 on the basis of information supplied with this application and any additional information supplied to the Central Bank in the course of the application. | | | |
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| The Applicant Firm hereby confirms that it is responsible for this application for authorisation including compliance with the authorisation requirements set out in the European Union (Markets in Financial Instruments) Regulations, 2017.  The Applicant Firm warrants that it has truthfully and fully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of the application.  The Applicant Firm warrants that it will promptly notify the Central Bank of any changes in the information it has provided and will supply any other relevant information which may come to light in the period during which the application is being considered and, if the application is accepted, thereafter. | | | |
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| **Date:** |  |  |  |
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| **Signed:** |  | **Position:** |  |
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| For and on behalf of:  (Please print name of the Applicant Firm. At least two directors, including the managing director, must sign the declaration. Original signatures are required.) | | | |
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| ***NOTE: Provisions in this document should not be deleted or amended in any manner. It is an offence under the European Union (Markets in Financial Instruments) Regulations 2017 to knowingly or recklessly provide false or misleading information or make false or misleading statements in relation to an application for authorisation.*** | | | |
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1. Sections 1, 2, 3, 4 and 6 [↑](#footnote-ref-1)