

Notification form for an insurance, ancillary insurance or reinsurance intermediary proposing to provide services in other Member States[[1]](#footnote-1) on a freedom of establishment basis

**NOTE:** *The Central Bank may process personal data provided by you in order to fulfil its statutory functions or to facilitate its business operations. Any personal data will be processed in accordance with the requirements of data protection legislation. Any queries concerning the processing of personal data by the Central Bank may be directed to* *dataprotection@centralbank.ie**. A copy of the Central Bank’s Data Protection Notice is available at* [*www.centralbank.ie/fns/privacy-statement*](http://www.centralbank.ie/fns/privacy-statement)*.*

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| **1.** | **Legal Name of Intermediary:** |  |
| **2.** | **Address of Intermediary:** |  |
| **3.**  | **Intermediary’s C Number:**  |  |
| **4.**  | **Intermediary’s LEI Number:[[2]](#footnote-2)** |  |
| **5.** | **Contact Person:****Telephone:****E-mail:** |  |

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| **6.** | **Category of Intermediary:**  | Insurance Intermediary Tied Insurance Intermediary Reinsurance Intermediary Ancillary Insurance Intermediary  |
| **7.** | **Name of insurance or reinsurance undertaking represented (if applicable):** |  |
| **8.** | **If Q8 above is not applicable, please explain why?** |  |
| **9.** | **Authorised Classes of Insurance (if applicable):** | Life Insurance Non- Life Insurance Reinsurance  |
| **10.** | **In the case of a tied insurance intermediary, the name of the insurance undertaking or intermediary to which the intermediary is tied:** |  |
| **11.**  | **Regulated by:** | Central Bank of Ireland |
| **12.** | **Address of Online Register:** | [www.centralbank.ie](http://www.centralbank.ie) |
| **13.** | **Where available, the nature of the risks and commitments which will be covered by the insurance contracts which the Intermediary or Ancillary Intermediary intends to distribute in the host Member State:** |  |
| **14.** | **List the Member States in which the Intermediary proposes to establish a branch office:** |  |
| **15.** | **Branch Address:****Name of Branch Manager:** |  |
| **16.** | **Date:****Name of Sender:****Position in Intermediary:** |  |

1. Includes the EEA States of Norway, Iceland and Liechtenstein [↑](#footnote-ref-1)
2. Insurance, reinsurance and ancillary insurance intermediaries that carry out cross border business under Directive (EU) 2016/97 (the Insurance Distribution Directive) are required to have a Legal Entity Identifier (‘LEI’).  A LEI can be obtained from Euronext: <https://www.euronext.com/en/corporate-services/lei-services> [↑](#footnote-ref-2)