

**SCHEDULE TO NOTIFICATION IN ACCORDANCE WITH ARTICLE 32 OF THE
MARKETS IN FINANCIAL INSTRUMENTS DIRECTIVE 2004/39/EC**

Type of notification:

- ☐ first time
☐ additional services
☐ address change

Notification reference:

**Member State in which
Branch is to be established :**

Name of Firm:

Address:

Telephone No:

E-mail:

Contact person:

Home State:

Estonia

Authorisation Status:

Authorised by Estonian Financial Supervision Authority

Authorisation Date:

Date from which MiFID

upon host Member State registration

Branch will be established:

MiFID activities/ services to be provided:[illegible]