**ANNEX IV of COMMISSION IMPLEMENTING REGULATION 926/2014**

**Form for the submission of a change in branch particulars notification which concerns a planned termination of the operation of a branch**

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| --- | --- |
| Date of notification  |  |
| Name of the contact person at the credit institution or branch |  |
| Telephone number |  |
| E-mail |  |
| Address of the competent authorities of the home Member State |  |
| Name and reference number of the credit institution |  |
| Name of the branch in the territory of the host Member State |  |
| Competent authorities responsible for the authorisation and supervision of the credit institution |  |
| Date by which the termination will be effective |  |
| Name and contact details of the persons who will be responsible for the process of terminating the operation of the branch |  |
| Estimated schedule for the planned termination |  |
| Process of terminating the business relations with branch customers |  |

|  |  |
| --- | --- |
| Date |       |
| Name and function |       |

Signature