

**FORM FOR THE DESCRIPTION OF TERMINATION OF ACTIVITY IN ITALY BY UK  
AUTHORIZED ASSET MANAGEMENT COMPANIES**

*Please fill out this form in electronic format and transmit it using the editable PDF template, without altering the format. Please refrain from sending scans of this document. Once completed, the file must be saved and named with the company name (for example XXXXX.pdf) and sent to the address **SERVIZIO.SIF.RGSI@bancaditalia.it**. If you have any questions, please contact the following telephone numbers 00 39 06 47926030/3355.*

Institution's corporate name	<input type="text"/>
Section of the register held by Bank of Italy (UCITS, AIFs)	<input type="text"/>
Identification code (ABI)	<input type="text"/>

Passported services:

- Collective portfolio management
- Management of portfolios of investments
- Investment advice
- Reception and transmission of orders in relation to financial instruments
- Marketing of units and shares

Activity actually carried out in Italy:

- Collective portfolio management
- Management of portfolios of investments
- Investment advice
- Reception and transmission of orders in relation to financial instruments
- Marketing of units and shares

Contact details of the person in charge of activities related to the termination procedure in the Italian market

Name	<input type="text"/>
Telephone number	<input type="text"/>
e-mail address	<input type="text"/>

## SECTION I

Business strategy adopted by the Institution. Please indicate the selected option:

OPTION A: transfer of the Italian business to an EU legal entity:

already authorised and passported by an EU Member State

Please indicate:

Cessionary legal entity's corporate name

EU Member State

Date of granted authorisation

Date of passport application

Expected date or date of transfer of the Italian business to the EU legal entity

in process of authorization by an EU Member State (*please fill in SECTION II as a fall-back strategy in case of delay of authorization/passport procedures or denied authorization*)

Please indicate:

Cessionary legal entity's corporate name

EU Member State

Application date of the authorisation

Expected date for the conclusion of the authorization procedure

OPTION B: termination of the Italian business (*please fill in SECTION II*)

## SECTION II

For each service offered in Italy please describe in the boxes provided the measures to be adopted by the Institution for the termination of activities within the time allowed:

Collective portfolio management (*available space 3,000 characters*)

Please confirm that you have informed the investors about the termination of the activity

If not, please indicate when the investors are to be informed:

management of portfolios of investments (*available space: 3,000 characters*)

Please confirm that you have informed the investors about the termination of the activity

If not, please indicate when the investors are to be informed:

investment advice (*available space 3,000 characters*)

Please confirm that you have informed the investors about the termination of the activity

If not, please indicate when the investors are to be informed:

reception and transmission of orders in relation to financial instruments (*available space 3,000 characters*):

Please confirm that you have informed the investors about the termination of the activity

If not, please indicate when the investors are to be informed:

Marketing of units and shares (*available space 3,000 characters*)

Please confirm that you have informed the investors about the termination of the activity

If not, please indicate when the investors are to be informed:

Any other information (*available space 3,000 characters*)

Please confirm that the termination of the activity has been already communicated to UK Authority

If not, please indicate when the UK Authority is to be informed: