**AUTHORIZATION FOR ACCESS TO REPORTING VIA FIMIS**

Submitted on behalf of the IORP

|  |  |
| --- | --- |
| FSMA code: |   |
| Name of IORP: |   |

By:

|  |  |
| --- | --- |
| Surname and first name: |   |
| Position: |   |

The undersigned hereby authorizes the following person to file the report to the FSMA in the name of the IORP:

* Natural person:
	+ Surname:
	+ First name:
	+ Email address:
	+ Tel: Date of birth:
* Legal person:
	+ Name:
	+ Business number:
	+ Street + no.:
	+ Postcode: Municipality:
	+ Country:
	+ Tel:
	+ Represented by
		- * Surname:
			* First name:
			* Email address:
			* Tel: Date of birth:

If access should be limited to one ore more surveys, please indicate below:

[ ]  IORP\_PRM [ ]  IORP\_ACC [ ]  IORP\_STT [ ]  IORP\_P40 [ ]  IORP\_EUR

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Signature:

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