**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  DORA

Return this form by email to [pensions@fsma.be](mailto:pensions@fsma.be).

Done at Click here to enter text., on Click here to enter a date.

Signature:

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