

Form for the investment services and activities passport notification and the change of investment services and activities particulars notification (¹)

(Articles 3 and 6 of Commission Implementing Regulation (EU) 2017/2382)

Reference number:

Date: 08/10/2025

Part 1 — Contact Information

Type of notification: Investment services and activities passport notification/ change of investment services and activities particulars

notification

Member State in which the investment firm/credit institution

intends to operate:

Name of investment firm/credit institution:

Trading name

Address:

Telephone number:

Email:

Name of the contact person at the investment firm/credit

institution:

Home Member State

Authorisation Status:

Austria

Whitetip Investments A.E.P.E.Y.

Whitetip Investments

14, Solonos Street, Athens 106 73, Greece

+30 210 722 1000

info@whitetip.gr

Charalampos Angeletopoulos

Greece

Authorised by [Home Member State Competent Authority]

Authorisation Date: 27/10/2019 & 03/10/2025

Part 2 — Programme of operations

Intended investment services, activities and ancillary services (*)

	Investment services and activities											Anc	illary se	rvices	;							
		A1	A2	А3	A4	A5	A6	A7	A8	A9	B1	B2	В3	B4	B5	B6	B7					
Financial Instruments	C1	X	Ø		X	X					X		X	X								
	C2	X	×		X	Ø					X		×	X								
	C3	X	X		×	X					X		X	×								
	C4	×	X		X	X					X		X	X								
	C5	×	X		X	Ø					区		X	X			X					
	C6	×	×		X	X					X		×	X			図					
	C7	X	X		X	Ø					X		X	X			X					
	C8	×	Ż		X	X					X		X	X								
	C9	X	X		X	X					X		X	×								
	C10	×	X		X	×					X		X	×			X					
	C11	X	X		X	X					X		X	X								
(*) Pleas	(*) Please place an (x) in the appropriate boxes.																					

⁽¹) For the purposes of a change of investment services and activities particulars notification please complete only the parts of the form which are relevant to the notified changes. If the intention is to make changes to the investment services, activities, ancillary services or financial instruments, please list all the investment services, activities, ancillary services or financial instruments the firm will provide.



Details of Tied Agent located in the home Member State (*)

Name of the tied agent	Address	Telephone	Email	Contact							
(*) Please provide separate matrices with the intended investment services for each tied agent the investment firm intends to use.											

Intended investment services to be provided by the tied agent (*)

	Investment services and activities											Ancillary services							
		A1.	A2	А3	A4	A5	A6	A7	A8	A9	B1	B2	B3	B4	B5	B6	В7		
Financial Instruments	C1																		
	C2																		
	C3																		
	C4																		
	C5																		
	C6																		
	C7																		
	C8																		
	C9																		
	C10							_											
	C11																		

^(*) Please place an (x) in the appropriate box(es). If you intend to make changes to the investment services, activities or financial instruments provided by the tied agent, please list all investment services, activities or financial instruments the tied agent will provide.