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| **Report Form to comply with Article 17 (2) TFR en 21 (2) TFR** | | | **A purple letter a  Description automatically generated** | |
|  | Details reporting CASP |  | |
|  | Name |  | |
|  | Address |  | |
|  | Place of residence |  | |
|  | Country of license |  | |
|  |  |  | |

|  |  |  |
| --- | --- | --- |
|  | Details failing CASP |  |
|  | Name |  |
|  | Address |  |
|  | LEI |  |
|  | Place of residence |  |
|  | Country of license |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | **Details in accordance with administration reporting CASP on the nature of the violation** |
|  | Frequency of transfers with missing information |  |
|  | Period during which violations were identified |  |
|  | Reasons given by failing CASP to justify the repeated failure |  |
|  | Measures undertaken by reporting CASP |  |

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| --- |
| Please send this report form (including possible attachments) to [crypto@afm.nl](mailto:crypto@afm.nl) via [Cryptshare](https://www.afm.nl/nl-nl/contact/veilig-bestanden-uitwisselen) (the instruction manual can be found on the right side of the web page) |