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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 |  |
|   |  |   |

|  |  |  |
| --- | --- | --- |
| 1.
 | Details failing CASP |   |
|  | Name |  |
|  | Address |  |
|  | LEI |  |
|  | Place of residence |  |
|  | Country of license |  |
|   |  |   |

|  |  |  |
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|   |   | **Details in accordance with administration reportingCASP on the nature of the violation** |
| 1.
 | Frequency of transfers with missing information |   |
| 1.
 | Period during which violations were identified |   |
| 1.
 | 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 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)  |