WHITETIP INVESTMENTS

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:	**Ireland**
Name of investment firm/credit institution:	**Whitetip Investments A.E.P.E.Y.**
Trading name	**Whitetip Investments**
Address:	**14, Solonos Street, Athens 106 73, Greece**
Telephone number:	**+30 210 722 1000**
Email:	**info@whitetip.gr**
Name of the contact person at the investment firm/credit institution:	**Charalampos Angeletopoulos**
Home Member State	**Greece**
Authorisation Status:	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									Ancillary services						
		A1	A2	A3	A4	A5	A6	A7	A8	A9	B1	B2	B3	B4	B5	B6	B7
Financial Instruments	C1	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C2	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C3	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C4	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C5	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☒
	C6	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☒
	C7	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☒
	C8	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C9	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐
	C10	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☒
	C11	☒	☒	☐	☒	☒	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	☐

(*) 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.

WHITETIP
INVESTMENTS

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	A3	A4	A5	A6	A7	A8	A9	B1	B2	B3	B4	B5	B6	B7
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.