Notification template for the exchange of information in relation to passport applications by e-money institutions using distributors

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| 1) | Home Member State | Klicken Sie hier, um Text einzugeben. |
| 2) | Host Member State in which the agent is to provide payment services | Klicken Sie hier, um Text einzugeben. |
| 3) | Name of the competent authority of the home Member State | Klicken Sie hier, um Text einzugeben. |
| 4) | Date of receipt by the competent authority of the home Member State of the complete and accurate application from the payment institution/e-money institution | DD/MM/YYYY |
| 5) | Type of application | First application  Change to previous application  Additional distributors  Distributor deactivation |
| 6) | Nature of the application (assessment of the competent authority of the home Member State) | Right of establishment  Freedom to provide services, based on the following circumstances:  Klicken Sie hier, um Text einzugeben. |
| 7) | Name of the e-money institution | Klicken Sie hier, um Text einzugeben. |
| 8) | Head office address of the e-money institution | Klicken Sie hier, um Text einzugeben. |
| 9) | Unique identification number of the payment institution/e-money institution in the format of the home Member State as specified in Annex I (where applicable) | Klicken Sie hier, um Text einzugeben. |
| 10) | Legal Entity Identifier (LEI) of the e-money institution (where available) | Klicken Sie hier, um Text einzugeben. |
| 11) | Home Member State authorisation number of e-money institution (where applicable) | Klicken Sie hier, um Text einzugeben. |
| 12) | Contact person within the e-money institution | Klicken Sie hier, um Text einzugeben. |
| 13) | Email of the contact person within the e-money institution | Klicken Sie hier, um Text einzugeben. |
| 14) | Telephone number of the contact person within the e-money institution | Klicken Sie hier, um Text einzugeben. |
| 15) | Distributor details:  a. If legal person:   1. Name 2. Registered Address(es) 3. Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) 4. Legal Entity Identifier (LEI) of the distributor (where available) 5. Telephone number 6. Email 7. Name, place and date of birth of legal representatives   b. If natural person:   1. Name, date and place of birth 2. Registered Business address(es) 3. Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) 4. Telephone number 5. Email | Klicken Sie hier, um Text einzugeben. |
| 16) | Electronic money services to be provided by the distributor | Distribution  Redemption of electronic money |
| 17) | Description of the internal control mechanisms that will be used by the e-money institution/distributor in order to comply with the obligations in relation to the prevention of money laundering and terrorist financing under Directive (EU) 2015/849. | Klicken Sie hier, um Text einzugeben. |
| 18) | In case of outsourcing of operational functions of e-money services:  a. Name and address of the entity to which operational functions are to be outsourced  b. Contact details (email and telephone number) of a contact person within the entity to which operational functions are to be outsourced  c. Type and exhaustive description of the operational functions outsourced | Klicken Sie hier, um Text einzugeben. |