

**Electronic Money

Notification to amend firm details for a Small Electronic Money Institution or an Authorised Electronic Money Institution**

**Name of electronic money institution (EMI)**

|  |
| --- |
|       |

**Firm reference number (FRN)**

|  |
| --- |
|       |

**Address**

|  |
| --- |
|       |

This form is to be used to update an EMI’s Registered Name, Trading Name(s), addresses, Accounting Reference Date, contact details, auditor or website address.

This form should only be used to notify us of changes to firm details for Small EMIs or Authorised EMIs. If the firm carries out activities other than issuing e-money then we would expect this form to be completed by an individual employed by the applicant firm and responsible for the e-money part of the business.

EMD Agent firms should contact their principal regarding any changes to their firm details.

The FCA processes personal data in line with the requirements of The General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018. For further information about the way we use the personal data collected in this form, please read our privacy notice available on our website: [www.fca.org.uk/privacy](http://www.fca.org.uk/privacy) .

|  |  |
| --- | --- |
| 1 | Principal contact for applicationThis must be someone who works directly for the applicant business and not a professional adviser. |

 **1.1 Contact name at the EMI**

This is not necessarily the same person making the declaration at the end of the form.

|  |  |
| --- | --- |
| Title |       |

|  |  |
| --- | --- |
| First names |       |

|  |  |
| --- | --- |
| Surname |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Phone number (including STD code) |       |

|  |  |
| --- | --- |
| Email address |       |

|  |  |
| --- | --- |
| 2 | Firm detailsPlease complete the relevant section(s) of the form if your firm’s details have been amended.Once you have entered the necessary details, please continue to Section 3 (Declaration and Signature). |

 **2.1 Change firm Registered Name**

New firm Registered Name

|  |
| --- |
|       |

Please enter the date that the change becomes effective (dd/mm/yyyy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       | / |       |       | / |       |       |       |       |

Has the change of Registered Name been approved by Companies house (if applicable)

[ ]  No

[ ]  Yes

I confirm that the change requested does not involve a change of legal status – refer to Chapter 4 of our Approach Document.

 **2.2 Change of trading names**

Please tick the relevant box and enter the details of the trading name to be added / removed

[ ]  Add

[ ]  Remove

Trading name

|  |
| --- |
|       |

Please enter the date that the change becomes effective (dd/mm/yyyy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       | / |       |       | / |       |       |       |       |

**Change of trading names**

Please tick the relevant box and enter the details of the trading to be added / removed

[ ]  Add

[ ]  Remove

Trading name

|  |
| --- |
|       |

Please enter the date that the change becomes effective (dd/mm/yyyy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       | / |       |       | / |       |       |       |       |

 **2.3 Change of address**

Please tick the relevant box(es) to indicate which of the following addresses this change applies to

[ ]  Principal place of business

[ ]  Registered office

[ ]  Head office

Please enter the new address details

|  |  |
| --- | --- |
| Address |       |
|  |
|  |
| Postcode |       |

|  |  |
| --- | --- |
| Phone number (including STD code) |       |

|  |  |
| --- | --- |
| Fax number (including STD code) |       |

|  |  |
| --- | --- |
| Email address |       |

|  |  |
| --- | --- |
| Website address |       |

Please enter the date that the change becomes effective (dd/mm/yyyy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       | / |       |       | / |       |       |       |       |

 **2.4 Change of Complaints Contact**

Please enter the following information to change your complaints contact details

Name

|  |
| --- |
|       |

Email address

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Address |       |
|  |
|  |
| Postcode |       |

|  |  |
| --- | --- |
| Phone number (including STD code) |       |

**2.5 Change of auditor (Authorised EMIs only)**

Please enter the following information to change your auditor’s details:

Auditor firm name

|  |
| --- |
|       |

Auditor address

|  |  |
| --- | --- |
| Address |       |
|  |
|  |
| Postcode |       |

|  |  |
| --- | --- |
| Phone number (including STD code) |       |

|  |  |
| --- | --- |
| Fax number (including STD code) |       |

|  |  |
| --- | --- |
| Email address |       |

Please enter the date that the change becomes effective (dd/mm/yyyy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       | / |       |       | / |       |       |       |       |

 **2.6 Change of accounting reference date**

Current accounting reference date (dd/mm)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       | / |       |       |

New accounting reference date (dd/mm)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       | / |       |       |

I confirm that the change requested above is correct

[ ]  No

Please note that the change to your accounting reference date may result in a change to your reporting timetable

 **2.7 Change of contact person**

Please tick the relevant box(es) to indicate which of the following positions this change applies to

[ ]  Money Laundering Reporting Officer (MLRO)

[ ]  Primary Compliance contact

the form.

|  |  |
| --- | --- |
| Title |       |

|  |  |
| --- | --- |
| First names |       |

|  |  |
| --- | --- |
| Surname |       |

|  |  |
| --- | --- |
| New address details |       |
|  |
|  |
|  |
| Postcode |       |

|  |  |
| --- | --- |
| Phone number (including STD code) |       |

|  |  |
| --- | --- |
| Fax number |       |

|  |  |
| --- | --- |
| Mobile number (optional) |       |

|  |  |
| --- | --- |
| Email address |       |

|  |  |
| --- | --- |
| 3 | Declaration and signatureWe will ask you for more information on the applicant firm's personnel in the supplement you will complete. |

**Warning**

Knowingly or recklessly giving the FCA information that is false or misleading in a material particular may be a criminal offence (regulation 66 of the Electronic Money Regulations 2011 (as amended by Payment Services Regulations 2017)) and may lead to disciplinary sanctions or other enforcement action by the FCA.

It should not be assumed that information is known to the FCA merely because it is in the public domain or has previously been disclosed to the FCA or another regulatory body. If you are not sure whether a piece of information is relevant, please include it anyway.

**Declaration**

By submitting this notification:

* I confirm that this information is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case.
* I am aware that it is a criminal offence to knowingly or recklessly give the FCA information that is false or misleading in a material particular.
* I am aware that some questions do not require supporting evidence. However, the records that demonstrate the applicant firm's compliance with the requirements of the questions are available to the FCA on request.
* I will notify the FCA immediately if there is a significant change to the information given in the form. If I fail to do so, this may result in a delay in the application process or enforcement action.

**Who must sign the declaration?**

This declaration must be signed by the owner (s) / director (s) of the EMI.

**Signature one**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date | dd/mm/yy |

**Signature two**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date | dd/mm/yy |