**Financial Services Auth**

**EMD Individual Form**

**Application form for an individual responsible for the management of an Electronic Money Institution**

The Electronic Money Regulations 2011 **Name of individual** (the EMD individual for whom approval is being requested)

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**Full name of applicant firm** (as entered in 2.1)

|  |
| --- |
|       |

**Firm reference number** (as entered in 2.2)

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**Important information you should read before completing this form**

Please keep a copy of the forms you complete and any supporting documents you include with this application for your future reference.

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) .

 **It is important that you provide accurate and complete information and disclose all relevant information. If you do not, you may be committing a criminal offence and it may increase the time taken to assess your application.**

The FCA has produced notes which will assist both the applicant and the individual in answering the questions in this form. Please read these notes, which are available on the FCA’s website at [www.fca.org.uk/publication/forms/emd-individual-form-notes.doc](https://www.fca.org.uk/publication/forms/emd-individual-form-notes.doc) . Both the applicant and the individual will be treated by the FCA as having taken these notes into consideration when completing their answers to the questions in this form.

**Contents of this form**

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**Application for Authorisation as a**

**Payment Institution**

**Financial Services Authority**

**Application for Authorisation as a**

**Pament Institution**

**Filling in the form**

**1** If you are using your computer to complete the form use the TAB key to move from question to question and press SHIFT TAB to move back to the previous question.

**2** If you are filling in the form by hand:

* use black ink
* write clearly

**3** If you think a question is not relevant to you, write 'not applicable' and explain why.

**4** If you leave a question blank without telling us why, we will have to treat the application as incomplete. This will increase the time taken to assess your application.

**5** If there is not enough space on the forms, you may need to use separate sheets of paper. Clearly mark each separate sheet of paper with the relevant question number.

**6** If the EMD Individual Form is not part of a new application for registration or authorisation as an Electronic Money Institution, please email a scanned PDF copy of the completed form to:
Paymentservices-individuals@fca.org.uk

 If the EMD Individual Form is part of a new application for registration or authorisation as an Electronic Money Institution this should be attached to your application in Connect.

|  |  |
| --- | --- |
| 31 | Personal identification details |

**1.1a FCA Individual Reference Number (IRN) (if individual is already registered with the FCA)**

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| --- |
|       |

 **b OR name of previous regulatory body**

|  |
| --- |
|       |

 **c AND previous reference number**

|  |
| --- |
|       |

 **1.2 Title (eg Mr, Mrs, Ms, etc)**

|  |
| --- |
|       |

 **1.3 Surname**

|  |
| --- |
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 **1.4 ALL forenames**

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| --- |
|       |

 **1.5 Name commonly known by**

|  |
| --- |
|       |

 **1.6 Previous name(s)**

|  |
| --- |
|       |

 **1.7 Date of name change (dd/mm/yyyy)**

|  |  |  |  |  |  |  |  |  |  |
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 **1.8 Gender**

[ ]  Male

[ ]  Female

 **1.9 Date of birth (dd/mm/yyyy)**

|  |  |  |  |  |  |  |  |  |  |
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**1.10 Place of birth**

|  |
| --- |
|       |

 **1.11 National Insurance number or copy of passport (or equivalent)**

[ ]  Copy of passport (or equivalent) attached

|  |
| --- |
|       |

**1.12 Nationality**

|  |
| --- |
|       |

 **1.13 Private address**

|  |  |
| --- | --- |
| Private address |       |
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|  |
| Postcode |       |

 **Date resident at this address (mm/yyyy)**

**From**

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

If address has changed in the last three years, please provide addresses for the previous three years.

**1.14 Previous address 1**

|  |  |
| --- | --- |
| Private address |       |
|  |
|  |
|  |
| Postcode |       |

 **Dates resident at this address (mm/yyyy)**

|  |  |  |  |  |  |  |
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**To**

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 **Previous address 2**

|  |  |
| --- | --- |
| Private address |       |
|  |
|  |
|  |
| Postcode |       |

 **Dates resident at this address (mm/yyyy)**

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**To**

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| 2 | Firm identification details |

 **2.1 Name of applicant firm (or individual if sole trader) making the application**

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 **2.2 FCA Firm Reference Number (FRN)**

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 **2.3 Who should the FCA contact at the applicant firm in relation to this application?**

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

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

|  |  |
| --- | --- |
| Telephone |       |

|  |  |
| --- | --- |
| Fax |       |

|  |  |
| --- | --- |
| Email |       |

|  |  |
| --- | --- |
| 3 | Arrangements |

**3.1 Details of position to be held by the EMD Individual**

[ ]  Executive Director / Partner or other member of the executive management board

[ ]  Non-executive Director or Manager of the Electronic Money Institution

[ ]  Other (give details below)

|  |
| --- |
|       |

 **3.2 Please attach the following (as applicable)**

[ ]  Letter of appointment

[ ]  Contract

[ ]  Offer of employment or respective drafts, as applicable

 **3.3 When is the individuals planned start date (dd/mm/yyyy)?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 **3.4 Does the role have an expected end date?**

[ ]  No

[ ]  Yes ⏵Give the date the individual’s role is expected to come to an end below

|  |  |  |  |  |  |  |  |  |  |
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 **3.5 What are the individual’s key duties and responsibilities?**

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|  |  |
| --- | --- |
| 4 | Employment history and qualifications |

N.B. A full five-year employment history must be provided & ALL gaps must be accounted for. Failing to provide this may delay the processing of the application (refer to the relevant notes in section 4)

Employment details (1)

 **4.1**

|  |  |
| --- | --- |
| **Current position** |  |
|  |  |
| Period From | mm/yy | To | mm/yy |
|  |  |
| Nature of employment | [ ] a) Employed[ ] b) Self-employed[ ] c) Unemployed[ ] d) In full-time educationIf c or d is ticked, please give details |
|  |       |
|  |  |
| Name of employer |       |
| Last known address of employer |       |
| Previous/other names of employer |       |
|  |  |
|  |  |
| Nature of business |       |
|  |  |
| Is/was employer regulated by a regulatory body? | [ ]  No[ ]  Yes⏵ Please give the name of the regulatory body |
|  |  |       |
|  |  |
|  |  |
| Position held |       |
|  |  |
|  |  |
| Responsibilities |       |
|  |  |
|  |  |
|  |  |

Employment details (2)

 **4.2**

|  |  |
| --- | --- |
| **Previous position** |  |
|  |  |
| Period From | mm/yy | To | mm/yy |
|  |  |
| Nature of employment | [ ] a) Employed[ ] b) Self-employed[ ] c) Unemployed[ ] d) In full-time educationIf c or d is ticked, please give details |
|  |       |
|  |  |
| Name of employer |       |
| Last known address of employer |       |
| Previous/other names of employer |       |
|  |  |
|  |  |
| Nature of business |       |
|  |  |
| Is/was employer regulated by a regulatory body? | [ ]  No[ ]  Yes⏵ Please give the name of the regulatory body |
|  |  |       |
|  |  |
|  |  |
| Position held |       |
|  |  |
|  |  |
| Responsibilities |       |
|  |  |
| Reason for leaving | [ ]  a) Resignation[ ]  b) Redundancy[ ]  c) Retirement[ ]  d) Termination/dismissal[ ]  e) End of contract[ ]  f) Other⏵ Please specify |
|  |  |       |
|  |  |
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**Employment details (3)**

|  |  |
| --- | --- |
| **Previous position** |  |
|  |  |
| Period From | mm/yy | To | mm/yy |
|  |  |
| Nature of employment | [ ] a) Employed[ ] b) Self-employed[ ] c) Unemployed[ ] d) In full-time educationIf c or d is ticked, please give details |
|  |       |
|  |  |
| Name of employer |       |
| Last known address of employer |       |
| Previous/other names of employer |       |
|  |  |
|  |  |
| Nature of business |       |
|  |  |
| Is/was employer regulated by a regulatory body? | [ ]  No[ ]  Yes⏵ Please give the name of the regulatory body |
|  |  |       |
|  |  |
|  |  |
| Position held |       |
|  |  |
|  |  |
| Responsibilities |       |
|  |  |
| Reason for leaving | [ ]  a) Resignation[ ]  b) Redundancy[ ]  c) Retirement[ ]  d) Termination/dismissal[ ]  e) End of contract[ ]  f) Other⏵ Please specify |
|  |  |       |
|  |  |
|  |  |
|  |  |

 **4.3 Please attach an up-to-date CV containing details of education and professional experience, including academic qualifications, other relevant training, the name and nature of all organisations for which the individual works or has worked, and the nature and duration of the functions performed, in particular highlighting any activities within the scope of the position sought.**

[ ] [ ]  [ ]  Attached

 **4.4 Where applicable, please include information on the suitability assessment carried out by the applicant. This should include details of the result of any assessment of the suitability of the individual performed by the applicant, such as relevant board minutes or suitability assessment reports or other documents**

[ ] [ ]  [ ]  Attached

|  |  |
| --- | --- |
| 5 | Fitness and Propriety |

In answering these questions, the individual and applicant/firm are expected to give the words the widest possible interpretation. **Remember, the FCA treats non-disclosure very seriously.**

Part A – Criminal proceedings

In answering the questions in Part A, you should include matters whether in the United Kingdom or overseas. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, if the individual is subject to the law of England and Wales, they must disclose spent convictions and spent cautions (other than a protected conviction or caution). By virtue of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 and the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, if the individual is subject to the law of Scotland or Northern Ireland, they must disclose spent convictions (other than a protected conviction).

For the avoidance of doubt, references to the legislation above are references to the legislation as amended.

 **5.1**

 **i Has the EMD Individual ever** **been convicted of any criminal offence? (You should include any conviction of an offence for which the EMD Individual received an absolute or conditional discharge. You should include traffic offences only if they resulted in a ban from driving or involved driving without insurance)?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii Is the EMD Individual currently the subject of any pending criminal investigation?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

(You should include all matters even where the EMD Individual themselves was not the subject of the investigation)

**5.2**

 **i Is the EMD Individual currently the subject of any proceedings relating to any criminal offence?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii Has the EMD Individual ever been the subject of any proceedings or investigations relating to any criminal offence?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iii Where such documents can be obtained, you must attach an official certificate or equivalent document (such as evidence of third party investigations and testimonies) detailing any criminal matters or, where applicable, evidencing the absence of such matters (eg a Disclosure and Barring Services (DBS) Certificate or any other similar document).**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

Please revert to the guidance notes for the meaning of ‘position of influence’ in the context of the questions in this form.

**5.3 Has any organisation entity at which the EMD Individual holds or has held a position of responsibility ever been involved as a debtor in solvency or comparable proceedings?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

**5.4 If you have answered yes to any of the questions in Part A above, please give full details in Section 6. Tick this box to confirm that you have provided full details, including reason(s), date(s) and duration as applicable, as well as any supporting documents.**

[ ] [ ]  [ ]  Yes

Part B – Civil and administrative proceedings

In answering the questions in Part B you should include matters in the United Kingdom or overseas.

**5.5 Has the EMD Individual ever been:**

 **i the subject of any civil or administrative investigations or proceedings?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii subject to civil or administrative decisions that were found against them? (You should include, for example, injunctions and employment tribunal proceedings.)**

[ ]  No [ ]  Yes

 **iii the subject of any civil or administrative enforcement proceedings, sanctions or other enforcement decisions?**

[ ]  No [ ]  Yes

(You should include all County Court Judgment(s) (‘CCJs’) made against the EMD Individual, whether satisfied or not. Please include in Section 6:

* the sum and date of all judgment debts or CCJs (whether satisfied or not); and
* the total number of all CCJs ordered.)

When answering 5.5(iii) (civil or administrative decisions) you should include matters of relevance to the authorisation or registration process. You should include details of any administrative sanctions or measures imposed as a consequence of a breach of laws or regulations (including disqualification as a company director). In answering this question you are not required to disclose details of civil or administrative proceedings that were set aside or where an appeal is pending or may be filed.

When answering 5.5 (ii & iv) (civil and administrative investigations and/ or enforcement proceedings) you should disclose matters which may be considered to be relevant to the authorisation to commence the activity of an electronic money institution, or to the sound and prudent management of an electronic money institution.

 **iv directly or indirectly involved in any investigation, enforcement proceedings or sanctions by a supervisory authority?**

[ ]  No [ ]  Yes

 **5.6 Where such documents can be obtained, you must attach an official certificate or equivalent document (such as evidence of third party investigations and testimonies) detailing whether or not the civil or administrative matters detailed above have occurred in respect of the EMD individual.**

[ ]  Attached

**5.7 Has the EMD Individual ever (tick all that apply)**

 **i) filed for bankruptcy or had a bankruptcy petition served on him /her?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii) been adjudged bankrupt?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iii) been the subject of a bankruptcy restrictions order (including an interim bankruptcy restrictions order) or offered a bankruptcy restrictions undertaking?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iv) made any arrangements with creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **v) had assets sequestrated?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **vi) been involved in any proceeding relating to the above matters even if such proceedings did not result in the making of any kind of order or result in any kind of agreement?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

**5.8 Is the EMD Individual currently involved in any proceedings in relation to any of the matters set out in Questions 5.7(i) – (vi) above (you should include where the EMD Individual is in the process of entering into any kind of agreement in favour of the EMD Individual's creditors)?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

Please specify in section 6 whether any bankruptcy orders made have been discharged.

**5.9 Does the EMD Individual have any outstanding financial obligations connected with regulated activities (including any activities regulated by the FCA or any other regulatory body), which the EMD Individual has carried on in the past?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

**5.10 If you have answered yes to any of the questions in Part B above please give full details in Section 6. Tick this box to confirm that you have provided full details, including reason(s), date(s) and duration as applicable as well as supporting documents.**

[ ] [ ]  [ ]  Yes

Part C – Business and employment matters

In answering the questions in Part C you should include matters in the United Kingdom or overseas.

**5.11 Has the EMD Individual ever been:**

 **i dismissed;**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii asked to resign; or**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iii suspended**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **from any profession, vocation, office, employment, position of trust, fiduciary appointment or similar, whether or not remunerated?**

**5.12 Has the EMD Individual ever been:**

 **i disqualified from acting as a director or similar position?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii the subject of any proceedings of a disciplinary nature (whether or not the proceedings resulted in any finding)?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iii the subject of any investigation which might lead to or might have led to disciplinary proceedings?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **iv notified of any potential proceedings of a disciplinary nature?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **v the subject of any allegations of malpractice or misconduct in connection with any business activities?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

**5.13 If you have answered yes to any of the questions in Part C above, please give full details in Section 6. This at a minimum should include the reason(s), date(s) and duration as applicable alongside supporting documents. Tick this box confirm that you have provided full details:**

[ ] [ ]  [ ]  Yes

Part D – Regulatory matters

In answering the questions in Part D you should include matters whether in the United Kingdom or overseas.

**5.14 Has the EMD Individual ever:**

 **i been refused, had revoked, or terminated, any authorisation, registration, membership or licence to carry out a trade, business or a profession?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **ii been excluded by a competent authority or public sector entity in the financial services sector or by a professional body or association (including, for example, any disbarment, dismissal or expulsion)?**

[ ]  [ ]  No [ ] [ ]  [ ]  Yes

 **5.15 Has an assessment of reputation of the EMD individual (as a person who directs the business of an institution) already been conducted by another competent authority (either within or outside of the financial section)?**

[ ]  Yes ⏵Give details below including the name of the authority, the date of the assessment and evidence of the outcome of this assessment (by giving this information, the EMD Individual consents to us processing the information provided for the purpose of the suitability assessment).

[ ]  No

|  |
| --- |
|       |

**5.16 If you have answered yes to any of the questions above, please give full details in Section 6. This at a minimum should include the reason(s), date(s) and duration as applicable. Tick this box confirm that you have provided full details with supporting documentation:**

[ ]  Yes

|  |  |
| --- | --- |
| 6 | Supplementary information |

**6.1 If there is any other information the individual or the firm considers may be relevant to the application, it must be included here.**

**Please also include here any additional information indicated in previous sections of the form.**

**If there is insufficient space, please continue on a separate sheet of paper and clearly identify the section and question to which the additional information relates.**

|  |  |
| --- | --- |
| **Question** | **Information** |
|       |       |

**Please indicate how many additional sheets are being submitted**

|  |
| --- |
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|  |  |
| --- | --- |
| 7 | Declarations and signatures |

Declaration of Individual

Knowingly or recklessly giving the FCA (or providing to another person to give to the FCA) information, which is false or misleading in a material particular, is a criminal offence (under the Electronic Money Regulations 2011 (as amended by the Payment Services Regulations 2017) (“EMRs”)) and may lead to disciplinary sanctions or other enforcement action by the FCA. If necessary, appropriate professional advice should be sought before supplying Information to us.

All information that the FCA might reasonably consider relevant to this notification should be supplied to 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, and the applicant is not entitled to assume that, in assessing this application, the FCA will check its existing records in respect of (or for information relating to) the applicant or persons connected to it. If there is any doubt about the relevance of information, it should be included.

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).

With reference to the above, the FCA may seek to verify the information given in this Form including answers pertaining to fitness and propriety. This may include a credit reference check and/or a Police National Computer (PNC) check.

I authorise the FCA to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form. I understand I may be selected to undergo a PNC check to determine whether any criminal records are held in relation to me. I understand that the FCA may disclose the results of these enquiries to the firm submitting this application.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

 **Individual’s full name**

|  |
| --- |
|       |

 **Signature**

|  |
| --- |
|  |

 **Date (dd/mm/yyyy)**

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

Declaration of Applicant Firm

It is a criminal offence (under the EMRs) to knowingly or recklessly give us information which is false or misleading in a material particular. If necessary, appropriate professional advice should be sought before supplying Information to us.

All information that the FCA might reasonably consider relevant to this notification should be supplied to 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, and the applicant is not entitled to assume that, in assessing this application, the FCA will check its existing records in respect of (or for information relating to) the applicant or persons connected to it. If there is any doubt about the relevance of information, it should be included.

You must notify us without delay of any material change to the information provided. Failure to notify us without delay of any material change or inaccuracy is a breach of the EMRs, may result in a delay in the application process and may also call into question whether the applicant meets the conditions for registration or authorisation.

In making this application the applicant firm believes on the basis of due and diligent enquiry that the individual is a fit and proper person. The firm also believes, on the basis of due and diligent enquiry, that the individual is competent to fulfil the duties required.

I confirm that the information in this Form is accurate and complete to the best of my knowledge and belief and that I have read the notes to this Form.

I confirm that I have authority to make this application, and sign this Form, on behalf of the applicant firm(s). I also confirm that a copy of this Form, as submitted to the FCA, will be sent to each of those firms at the same time as submitting the Form to the FCA.

 **Name of the applicant firm submitting the application**

|  |
| --- |
|       |

 **Name of person signing on behalf of the applicant firm**

|  |
| --- |
|       |

 **Job title**

|  |
| --- |
|       |

 **Signature**

|  |
| --- |
|  |

 **Date (dd/mm/yyyy)**

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