|  |  |
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|  | Temporary Permissions RegimePayment Institutions and Registered Account Information Service Providers Agent Annex |

 **1.1 Agent Details**

If you need more space please copy this page.

|  |  |
| --- | --- |
| **Name of agent** | **Address of agent** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

 **1.2 Have you provided your home state competent authority with the payment services that the agent(s) is appointed to provide in the United Kingdom?**

[ ]  Yes

[ ]  No⏵Give details below of the payment services which the agent(s) is appointed to provide in the United Kingdom

|  |
| --- |
|       |

 **1.3 Have you provided your home state competent authority with the most recent description of the internal control mechanisms that will be used by agent to comply with the provisions of the Money Laundering Directive (or, in the United Kingdom, the Money Laundering, Terrorist Financing and Transfer of Funds (information of the Payer) Regulations 2017?**

[ ]  Yes

[ ]  No⏵Give a description below of the internal control mechanisms or attach

to your notification

[ ]  Attached

|  |
| --- |
|       |

 **1.4 Have you provided your home state competent authority with the most recent information on the identity of the directors and persons responsible for the management of the agent and, if the agent is not a payment service provider, evidence that they are fit and proper persons.**

[ ]  Yes

[ ]  No⏵Give details of the directors and persons responsible for the management of the agent and, if the agent is not a payment service provider, evidence that they are fit and proper persons

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name  | Surname | Job Title | Date of Birth(dd/mm/yyyy) | Fit and Proper person? |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |
|       |       |       |       |       | [ ]  Yes[ ]  No |

Branches

 **1.5 Do you use, or intend to use, a branch in the United Kingdom to provide the services?**

[ ]  No⏵Continue to Question 1.7

[ ]  Yes

 **1.6 Have you provided your home state competent authority with the most recent information on the names of those responsible for the management of the branch and details of its organisational structure?**

[ ]  Yes

[ ]  No⏵Give the names of those responsible below or attach to your notification

[ ]  Attached

|  |
| --- |
|       |

Outsourcing

 **1.7 Have you entered into an outsourcing contract under which that other person carries out or will carry out any operational function relating to the person’s provision of payment services in the United Kingdom?**

[ ]  No⏵Continue to Question 1.12

[ ]  Yes

 **1.8 Have you provided your home state competent authority with the most recent information on any outsourcing contract under which that other person carries out or will carry out any operational function relating to the person’s provision of payment services in the United Kingdom?**

[ ]  Yes⏵Continue to Question 1.12

[ ]  No

 **1.9 Provide details of the entity to which operational functions are to be outsourced**

|  |  |
| --- | --- |
| Name of entity |       |

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

|  |  |
| --- | --- |
| Country |       |

 **1.10 Contact details of a person at the entity**

[ ]  No

[ ]  Yes

[ ]  Tick if same as 1.1

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

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

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

|  |  |
| --- | --- |
| Job title |       |

|  |  |
| --- | --- |
| Mobile number  |       |

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

 **1.11 Provide a complete description of the operational functions outsourced**

|  |
| --- |
|       |

Restrictions and Measures

**1.12 Do you have any restrictions or conditions that have been imposed on you by your home state competent authority?**

[ ]  No

[ ]  Yes⏵Give details of these restrictions or conditions

|  |
| --- |
|       |

**1.13 Do you have any precautionary measures taken by the Financial Conduct Authority under regulation 30(9) of Payment Services Regulation 2017 that are in force**

[ ]  No

[ ]  Yes⏵Give details of these precautionary measures

|  |
| --- |
|       |