**Financial Services Auth**



**Cancellation of Authorisation or Registration of an Electronic Money Institution**

**Application under Regulation 10 (including as applied by Regulation 15) of the Electronic Money Regulations 2011**

**Full name of electronic money institution**

|  |
| --- |
|  |

**Firm reference number (FRN)**

|  |
| --- |
|  |

**Address**

|  |
| --- |
|  |

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

We require all applicant firms to provide these details as part of their application for cancellation.

Please keep a copy of the forms you complete and any supporting documents you include with this application pack 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.**

**Terms in this pack**

In this form we use the following terms:

* **‘Approach Document’** refers to our guidance documententitled ‘Payment Services and Electronic Money – Our Approach’
* **‘Applicant firm’** refers to the firm applying to cancel their authorisation or registration
* **‘EMRs’** refers to the Electronic Money Regulations 2011 (as amended by the Payment Services Regulations 2017)
* **‘We’, 'our', or ‘us’** refers to the Financial Conduct Authority (FCA)
* **‘You’** refers to the person(s) signing the form on behalf of the applicant firm

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**Application for Authorisation as a**

**Payment Institution**

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| --- | --- |
|  | Notes |

Before completing this form to request the FCA to cancel your firm's authorisation or registration to issue e-money and to provide payment service activities, you may find it helpful to discuss your proposed application with your usual supervisory contact at the FCA.

You should ensure that all relevant information and confirmations are included in the form. If not, your application will be delayed while we seek the outstanding information and/or confirmations. Ultimately your application will be refused if the outstanding information and/or confirmations are not provided.

If you expect the wind down (run off) of your firm’s business to take a long period of time, it may be appropriate for you to vary your firm’s authorisation or registration before commencing the wind down. Please contact your normal supervisory contact to discuss your options.

To enable the FCA to process this application for cancellation of your firm’s EMD Authorisation/Registration, you should have taken the appropriate steps and be able to answer YES to each question below.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| * Are your firm’s FCA fees paid and  up-to date? |  |  |
| * Have all of your firm's regulatory returns been submitted and are they up–to-date? |  |  |
| * Can you confirm that there are no unresolved complaints against your firm that have not beenfully dealt with in accordance with your firm's complaints procedures? |  |  |
| * If your firm has not yet ceased to issue e-money and to provide payment services will it cease to do so within the next six months? |  |  |

If you are not able to answer YES to all the questions above, you should **NOT** be making this application.



**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
* save the form you have completed and attach to your application

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

**3** If you leave a question blank, do not sign the declaration or do not attach the required supporting information without telling us why, we will treat the application as incomplete. This will increase the time taken to assess your application.

**4** 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.

**5** Ensure you:

* complete all sections of this form that are relevant to you
* save the form you have completed
* attach any supporting documents

|  |  |
| --- | --- |
| 1 | Cancellation details |

**1.1 The EMI has ceased to carry on all its e-money issuance and payment services from (dd/mm/yyyy)**

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

**OR**

**The EMI will cease to carry on all its e-money issuance and payment services from (dd/mm/yyyy)**

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

All e-money issuance and payment services must cease no later than six months from the date of any application to cancel EMD Authorisation/Registration.

If you do not intend to cease carrying on e-money issuance and payment services within the next six months, you should NOT apply at this stage.

**1.2 What are your firm’s reason(s) for cancellation (please tick as appropriate)**

1. Applying to become an Authorised Electronic Money Institution   
   (AEMI)
2. Adverse market conditions
3. Business trading but ceased to issue e-money and provide  
    payment services
4. Business ceased to trade
5. Business transferred to / merger with another e-money issuer  
    (go to Section 3)
6. E-money never issued
7. Other (please provide details)

|  |
| --- |
|  |

**1.3 How does your firm safeguard customer funds?**

|  |
| --- |
|  |

**1.4 Have all safeguarded funds been returned to your customers?**

All customer funds must be paid out or repaid before cancellation can proceed.

No

Yes

|  |  |
| --- | --- |
| 2 | Transfer of business details |

If your firm’s business is to be transferred to more than one firm, please copy this page and attach to this application.

2.1 Name of firm you are transferring business to

|  |
| --- |
|  |

**2.2 When do you propose to transfer this business (dd/mm/yyyy)**

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

2.3 What provisions will be made to ensure any future complaints are dealt with appropriately?

|  |
| --- |
|  |

**2.4 Is this firm currently authorised or registered by the FCA?**

No⏵ What date do you expect it to become Authorised/Registered (dd/mm/yyyy)

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

Yes ⏵Please provide its FCA firm reference number (FRN) below

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2.5 Address of the Electronic Money Institution

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

2.6 Name of the principal contact at the firm

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|  |