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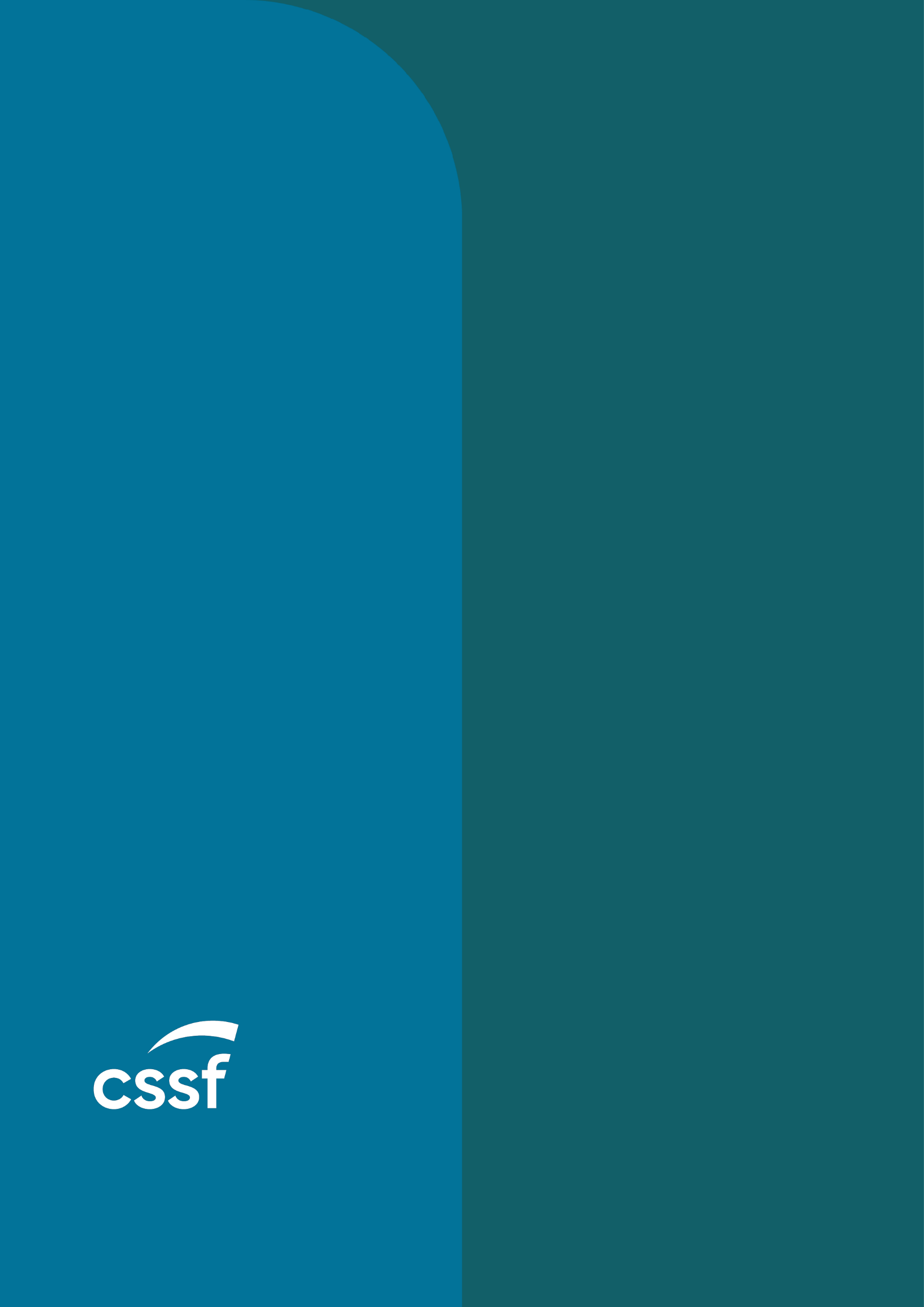
ANNEX IV

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

ANNEX IV

NOTIFICATION TEMPLATE FOR THE EXCHANGE OF INFORMATION IN RELATION TO **PASSPORT APPLICATIONS BY E-MONEY INSTITUTIONS USING DISTRIBUTORS**

|  |  |  |
| --- | --- | --- |
| 1) | Home Member State | Click here to enter text. |
| 2) | Host Member State in which e-money services are to be provided | Click here to enter text. |
| 3) | Name of the competent authority of the home Member State | Click here to enter text. |
| 4) | Date of receipt by the competent authority of the home Member State of the complete and accurate application from the e-money institution | Click here to enter a date. |
| 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:  Click here to enter text. |
| 7) | Name of the e-money institution | Click here to enter text. |
| 8) | Head office address of the e-money institution | Click here to enter text. |
| 9) | Unique identification number of the e-money institution in the format of the home Member State as specified in Annex I (where applicable) | Click here to enter text. |
| 10) | Legal Entity Identifier (LEI) of the e-money institution (where available) | Click here to enter text. |
| 11) | Home Member State authorisation number of the e-money institution (where applicable) | Click here to enter text. |
| 12) | Contact person within the e-money institution | Click here to enter text. |
| 13) | Email of the contact person within the e-money institution | Click here to enter text. |
| 14) | Telephone number of the contact person within the e-money institution | Click here to enter text. |
| 15) | Distributor details: |  |
| a. If legal person: |  |
| i. Name | Click here to enter text. |
| ii. Registered Address(es) | Click here to enter text. |
| iii. Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) | Click here to enter text. |
| iv. Legal Entity Identifier (LEI) of the distributor (where available) | Click here to enter text. |
| v. Telephone number | Click here to enter text. |
| vi. Email | Click here to enter text. |
| vii. Name, place and date of birth of legal representatives | Click here to enter text. |
| b. If natural person: |  |
| i. Name, date and place of birth | Click here to enter text. |
| ii. Registered Business address(es) | Click here to enter text. |
| iii. Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) | Click here to enter text. |
| iv. Telephone number | Click here to enter text. |
| v. Email | Click here to enter text. |
| 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. | Click here to enter text. |
| 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 | Click here to enter text. |
| b. Contact details (email and telephone number) of a contact person within the entity to which operational functions are to be outsourced | Click here to enter text. |
| c. Type and exhaustive description of the operational functions outsourced | Click here to enter text. |



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