**Annexe II**

**DECLARATION OF AN AGENT IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 18 OF THE LAW OF 10 NOVEMBER 2009 ON PAYMENT SERVICES.**

**Version of 1st June 2010**

When a payment institution intends to provide payment services through an agent, it shall communicate the information requested in this form to the CSSF.

The applicant firm shall tick the boxes which correspond to its request and enclose with the duly filled in form all the descriptions, explanations, information and copies required in it.

The "curriculum vitae" to be enclosed with the file shall be complete and shall include detailed information on the training, previous professional experience and activities or additional functions carried out at the moment.

Person in charge of the file:

|  |  |
| --- | --- |
| Surname: |  |
| First name: |  |
| Title/Function |  |
| Tel. no. |  |
| E-mail address |  |

1. **Identification of the authorised payment institution**

Legal status of the applicant / date of incorporation and name:

|  |
| --- |
|  |

Name of the person responsible within the management of the payment institution for the branch / agents

|  |
| --- |
|  |

1. **Identification of the agent**

**a) Identification of an agent, natural person**

|  |  |
| --- | --- |
| Surname, First name |  |
| Address |  |
| Tel. no. |  |
| E-mail address |  |

Curriculum vitae[[1]](#footnote-1)\*

Extract from the police record[[2]](#footnote-2)\*

Declaration of honour[[3]](#footnote-3)\*

Copy of the identity card\*

**b) Identification of an agent, legal person**

|  |  |
| --- | --- |
| Company name |  |
| Address |  |
| Tel. no. |  |
| E-mail address |  |

Provide the identity of directors and persons responsible for the management and, if appropriate, the identity of the members of the management bodies of the agent to be used in the provision of payment services, as well as evidence of their professional standing and professional experience.

|  |  |
| --- | --- |
| Surname, First name | Title, function |
|  |  |
|  |  |

Curriculum vitae[[4]](#footnote-4)\*

Extract from the police record[[5]](#footnote-5)\*

Declaration of honour[[6]](#footnote-6)\*

Copy of the identity card\*

1. **Business plan of the agent.**

Performance of payment services in Luxembourg

Performance of payment services in another Member State of the European Union or State party to the European Economic Area Agreement.

Indicate the States concerned:

Free provision of services[[7]](#footnote-7).

Free establishment[[8]](#footnote-8).

1. **Control of the agents' activities**

Description of the internal control mechanisms that will be used by agents in order to comply with the obligations laid down in the law of 12 November 2004 on the fight against money laundering and terrorist financing, as amended.

Description of the internal control mechanisms in order to check the agent's activity.

Any changes regarding information provided in this form shall be immediately communicated to the CSSF.

The applicant firm remains liable for any acts of the agents it is using (Article 26 of the law of 10 November 2009 on payment services).

The applicant firm ensures that the agents acting on its behalf inform the payment service users that they act on behalf of the applicant firm.

If the CSSF considers that the provided information is false or insufficient, it reserves the right to request any information necessary for the duly processing of the file.

The applicant firm declares that it is aware of the provisions of the law of 10 November 2009 on payment services.

The applicant firm confirms that the information provided in the file is correct and complete.

Signature of the persons responsible and in charge of the file (administrators, persons in charge of the daily management).

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, First name | Title/Function | Signature | Date |
|  |  |  |  |

1. \* These documents shall be provided for every person mentioned in the table. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. \* These documents shall be provided for every person mentioned in the table. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. In parallel the applicant firm shall fill in the form regarding the "Free provision of services in another Member State or State party to the European Economic Area Agreement" (cf. Annexe IV). [↑](#footnote-ref-7)
8. In parallel the applicant shall fill in the form regarding the "Free establishment in another Member State or State party to the European Economic Area Agreement" (cf. Annexe III). [↑](#footnote-ref-8)