**Annexe IV**

**DECLARATION OF PROVISION OF PAYMENT SERVICE(S) BY A PAYMENT INSTITUTION IN ANOTHER MEMBER STATE[[1]](#footnote-1) THROUGH FREE PROVISION OF SERVICES PURSUANT TO ARTICLE 24 OF THE LAW OF 10 NOVEMBER 2009.**

**Version of 1st June 2010**

When a payment institution intends to provide payment services through free provision of service directly or *via* an agent or branch in another Member State, 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 declaration file shall be drawn up in English or in another language that is accepted both by the CSSF and the competent authority of the host Member State.

Contact person in charge of the file:

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

1. **Kind of request**

[ ] [ ]  Free provision of services directly through the head office

[ ] [ ]  Free provision of services through a branch established in a Member State

Address of the branch:

[ ] [ ]  Free provision of services through an agent established in Luxembourg[[2]](#footnote-2)

Address of the agent:

[ ] [ ]  Amendment to a declaration

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

Name of the applicant:

|  |
| --- |
|       |

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

|  |
| --- |
|       |

Where applicable, name of the person responsible within the management of the payment institution for the branch / agents

|  |
| --- |
|       |

Member State or State of the European Economic Area in which the payment institution wishes to provide payment service(s):

Person(s) in charge of the effective management of the institution / responsible for the management of the payment service activities in case of a payment institution performing hybrid activities.

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

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/branches 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 confirms that the information provided in the file is correct and complete.

Signature of the responsible persons in charge of the effective management of the payment institution or responsible for the management of the payment service activities in case of a payment institution performing hybrid activities.

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

**Annexe 1**

**SCHEDULE TO NOTIFICATION DATED** ***[Date of letter]* PURSUANT TO ARTICLE 25 OF THE PAYMENT SERVICES DIRECTIVE – FREEDOM TO PROVIDE SERVICES**

**Type of Notification:** ***[e.g. first time / change of services]***

**Notification Reference: *[home Member State ref]***

**Date of receipt by the home *[date]***

**Authority**

**Member State in which PI *[host Member State]***

**intends to operate:**

**Payment Institution: *[name and registration number of PI]***

**Address: *[address]***

**Telephone Number: *[tel. no.]***

**Email: *[email]***

**Contact: *[name + email address]***

**Home State: *[home Member State]***

**Authorisation Status:** authorised by ***[Home Member State***

***Competent Authority]***

**Date from which payment services**

**will be provided: *[date]***

[°°°°°] to be filled in by the CSSF**Annexe 2**

**Payment services to be provided:**

[ ] [ ]  1. Services enabling cash to be placed on a payment account as well as all the operations required for operating a payment account.

[ ] [ ]  2. Services enabling cash to be placed on a payment account as well as all the operations required for operating a payment account.

[ ] [ ]  3. Execution of payment transactions, including transfers of funds on a payment account with the user’s payment service provider or with another payment service provider:

– execution of direct debits, including one-off direct debits

– execution of payment transactions through a payment card or a similar device

– execution of credit transfers, including standing orders

[ ] [ ]  4. Execution of payment transactions where the funds are covered by a credit line for a payment service user:\*1

– execution of direct debits, including one-off direct debits

– execution of payment transactions through a payment card or a similar device

– execution of credit transfers, including standing orders

[ ] [ ]  5. Issuing and/or acquiring of payment instruments\*1

[ ] [ ]  6. Money remittance

[ ] [ ]  7. Execution of payment transactions where the consent of the payer to execute a payment transaction is given by means of any telecommunication, digital or IT device and the payment is made to the telecommunication or IT system or network operator, acting only as an intermediary between the payment service user and the supplier of the goods and services.

\*1 including granting credits in accordance with the rules provided for in Article 16(3) of the Directive

[ ] [ ]  yes [ ] [ ]  no

1. The States that are parties to the European Economic Area Agreement other than the Member States of the European Union, shall be assimilated to the latter. [↑](#footnote-ref-1)
2. If the institution wishes to use an agent based in Luxembourg who is not yet registered for exercising its activities *via* free provision of services, the institution shall also complete the form regarding the declaration of an agent. [↑](#footnote-ref-2)