Application for a licence for the activities of a payment institution Notification of a change of information in the application for a licence for the activities of a payment institution

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name of administrative	Czech National Bank				
authority					
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03				
Mail room	Senovážná 3, Prague 1, ZIP code 115 03				

II. SUBJECT OF APPLICATION

2. Specification of the subject of the app	lication	
 □ application for a licence for the activities of a payment institution □ notification of a change of information in the application for a licence for the activities of a payment institution 		
APPLIC 3. Identification of the applicant/notifying	III. ANT ^{a)} /NOTIFYING EN ng entity	NTITY
Commercial name, or name	8 1	
Identification number b)		
Telephone number		
Registered address (street, house number, town/city, part of town/city ZIP code, country)		
Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail c)?	YES	NO
	If so, please provide you	r e-mail address:

IV. ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE APPLICATION

A. Capital and other financial sources

4a. Information about initial capital of the p	ayment in	stitution (CZ	K thousands)
Initial capital in total			,
Ofh: ah			
Of which Paid-up capital			
1 aiu-up capitai			
Paid-up share premium			
Mandatory reserve funds			
Other funds created from profit distribution,			
which can be used solely to cover a loss			
recorded in financial statements			
The difference between retained earnings			
given in the financial statement verified by an			
auditor and approved by a competent body of			
the payment institution, whose distribution			
has not been decided on by the competent			
body, and accumulated losses, including losses			
for previous years			
4b. Other financial sources			
YES		NO	
If an all and are if a discount of			
If so, please specify these sources.			
4c. Chosen approach to the calculation of the ca	nital requi	romont	
Te. Chosen approach to the calculation of the ca	prear requi	rement	
Approach based on overhead expenses	(Approach	A)	
Approach based on the volume of paym	ents (Appi	roach B)	
	`	ŕ	
Basic indicator approach (Approach C)			
B. Description of activities of the payment in	stitution		
5a. List of payment services pursuant to Art	icle 3 of tl	he Payment S	vstem Act
Pagazza de la compania del la compania de la compan	3 U U U	Entry/	Expected date of
		Deletion	commencing or
Name of activity			terminating the
			activity
			(i.e. when a licence is

			granted or the scope of the licence is changed)
a) Service enabling cash to be placed on a payment account maintained by the provider.			((((((((((((((((((((
a) Service enabling cash withdrawals from a payment account maintained by the provider.			
Execution of transfers of funds initiated by 1. the payer 2. the beneficiary, or 3. the payer through the beneficiary unless the transferred funds are granted as a loan to the user by the provider.			
Execution of transfers of funds from a payment account initiated by 1. the payer 2. the beneficiary, or 3. the payer through the beneficiary where the transferred funds are granted as a loan to the user by the provider.			
Issuing and administering payment instruments and devices for accepting payment instruments.			
Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's provider (money remittance).			
Execution of a payment transaction by an electronic communication service provider where the consent of the payer to execute a payment transaction is given by means of an electronic communication device.			
5b. List of activities pursuant to Articl	e 8(1)(b) and (c) of the Paym	ent Systems Act
Name of activity			
_			

C. Senior officer of the payment institution

6. Basic identification of a senior officer of the payment institution

Name(s) and surname and maiden name	Place of birth (state, district, and	Nationality	Permanent address (street, house number, town/city, part	Proposed office
	town/city)		of town/city, ZIP code and country)	

D. <u>Personal links of persons having qualifying holdings in the payment institution in other legal entities</u>

7. Personal links of a person having a qualifying holding with other legal entities;

A natural person having a qualifying holding gives a list of current and previous memberships of statutory and supervisory bodies of other legal entities for the past ten years. A legal entity having a qualifying holding gives this list for its members of the statutory body.

a) Natural person having a qualifying holding

surname and	Identification of the legal entity to which the person referred to in Column 1 is personally linked (commercial name/name, identification number, registered address: street, house number, town/city, part of town/city, ZIP code and country)	Stating the office of the person referred to in Column 1 in the statutory or supervisory body of the legal entity referred to in Column 2 and stating the term of this office
1	2	3

b) Legal entity having a qualifying holding

Commercial name/name of the legal entity having a qualifying holding	Name(s) and surname of the natural person which is the statutory body or a member of the statutory body of the legal entity referred to in Column 1	Identification of the legal entity to which the person referred to in Column 2 is personally linked (commercial name/name, identification number, registered address: street, house number, town/city, part of town/city, ZIP code and country)	Stating the office of the person referred to in Column 2 in the statutory or supervisory body of the legal entity referred to in Column 3 and stating the term of this office
1	2	3	4

E. List of Annexes

the relevant provisions of the Dec	(xes ^{e)} ; for the individual annexes please state references to cree on the pursuit of business of payment institutions, nall-scale payment service providers and small-scale
	V. DECLARATION
I hereby declare that the informati annexes is truthful, up-to-date and co	on stated in the application/notification, documents and omplete.
IDENTIFIC	VI. CATION OF OTHER PERSONS
This application is submitted by the	
Designation of office	ng on behalf of the applicant/notifying entity
Name(s) and surname	
Date of birth	
Permanent address (street, house number, town/city, part of town/city ZIP code country)	
Mailing address c), if different from the permanent address (street, house number, town/city, part of town/city ZIP code country)	
	applicant's/notifying entity's representative presenting the applicant/notifying entity
Information about the	
representative f) Name(s) and surname /	
Commercial name, or name g)	Г
Date of birth	
Identification number	
Permanent/registered address (street, house number,	

town/city, part of town/city		
ZIP code,		
country)		
Mailing address c), if different	from	
the permanent/registered addr	ess	
(street, house number,		
town/city, part of town/city		
ZIP code,		
country)		
At	Date:	Signature:
		2-8

a) Entity to which the licence is to be granted.
b) Where the number has been allocated.
c) Article 19(3) of the Administrative Procedure Code.
d) Give the date of birth where no birth index number has been allocated.
e) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes. the numbering of the annexes.

f) For example attorney, notary public or general representative.

g) A legal entity shall also state the person through whom it is acting.

Questionnaire

for assessing a senior officer of a payment institution, electronic money institution and other persons

I. IDENTIFICATION OF THE PERSON AND OTHER INFORMATION

1. Identification of the person Name(s) and surname Maiden name Date of birth b) Birth index number a) Place of birth (state, district, and town/city) **Nationality** 2. Stating the legal entity or a natural person, in which the person referred to in item 1 is holding or will hold the position of a senior officer and in which the person is a statutory body or a member of such statutory body payment institution electronic money institution other entity c) For the other entity, give its commercial name, or name. A. Basic information 3. Description of the position in the organisational structure of the entity referred to in item 2, proposed changes in its organisational structure, if any, including an organisational chart – this information may be submitted as an annex 4. Description of the tasks related to the position, including their expected authorisation and powers (duties, responsibility)^{d)}

B. Earlier applications

5. Information	on ea	arlier appl	ications	
			applied in the past to a super	visory authority in the Czech
Republic for pri			rform the duties of a senior office	er?
YES	If	If so, please provide details.		
NO				
C. Other perso	nal ir	nformatio	<u>n</u>	
6. Other person				
	nce to	_	egal acts limited?	
YES		If so, pleas	se provide details.	
NO				
Have any circum governing trades		ces occurr	ed preventing you from carrying	on a trade pursuant to the act
YES		If so, pleas	se provide details.	
□NO				
What offices do	you h	old in para	llel with the performance of the	duties of a senior officer?
None		•	d any other office in parallel, p	lease provide the details required
	207	below:		
Designation of of	fice		Commercial name of the legal	Identification number
			entity in which the office is held	
				<u> </u>
D Information	on tl	ha narsan ⁹	s trustworthiness	
D. mation	UII (I	ne person	s ti ustwoi tilliless	
7. Information	on de	ecisions in	criminal, administrative or si	milar proceedings
			cted of a criminal offence?	min proceedings
			vide details in brief and document	this information with the relevant
☐ YES	decis			
□ NO				
			K 20,000 or prohibition of activit	-
			en imposed on you by a final de	
			dministrative offence of violating	g a legal duty in connection with
_			ment, office or business activity?	
	YES If so, please provide details in brief.			
	rform	ad duties	as the statutory body or member	of the statutory body of a local
• •			ed to act on behalf of a legal ent	
5 1	-		legal entity, at a time when a	
			amages was imposed on the leg	
			on the financial market?	
☐ YES	If so	, please pro	vide details in brief.	
□ NO				

8. Information	on criminal, administrative or similar proceedings not covered by item 7			
8.1 Have you be	en prosecuted in the last ten years?			
YES	If so, please provide details in brief and document this information with the			
	accusation or indictment.			
	een subject to administrative or similar proceedings for the violation of a duty			
	the performance of employment, office or business activity or in connection with			
	on of activity, except proceedings for offences or similar proceedings for which			
	ons of up to CZK 20,000 may be imposed?			
∐ YES	If so, please provide details in brief.			
∐ NO				
9. Information	on a decision and commencement of civil proceedings or arbitration			
proceedings				
9.1 State whether	er a decision in civil proceedings or arbitration proceedings concerning you was			
	he last ten years if such a decision relates to your activities on the financial			
	may jeopardise your financial situation, or if such proceedings are under way			
and have yo	et to be concluded by a final decision.			
YES	If so, please provide details in brief.			
□ NO				
In the last ten	years, have you been subject to a decision declaring insolvency without the			
insolvency p	proceeding being concluded by a decision declaring the debtor not insolvent?			
☐ YES	If so, please provide details.			
□NO				
10. Other facts	that may affect trustworthiness			
	en years, has a legal entity controlled by you been subject to a decision declaring			
	without the insolvency proceeding being concluded by a decision declaring the			
debtor not i				
□ x vmc	If so, please provide the commercial name of the legal entity, its identification			
YES	number and other details.			
□ NO				
10.2 Have you	performed duties as the statutory body or member of the statutory or			
	y body of a legal entity, or a person authorised to act on behalf of a legal entity			
on the basis of another fact, for up to three years before a decision on the insolvency of the				
	hout the insolvency proceeding being concluded by a decision declaring the			
debtor not				
YES	If so, please provide the commercial name of the legal entity, its identification			
	number and other details.			
∐ NO				
10.3 Have you	ever had a business licence or other licence suspended or withdrawn, or			
•	law or administrative authority ever refused to grant its consent to your			
election, nomination or appointment to a position where such consent was a necessary				
	our election, nomination or appointment?			
YES	If so, please provide details in brief.			
NO NO				
110	<u> </u>			
Info	an the negecular together are from the second the secon			
	on the person's trustworthiness from the perspective of activity in			
professional ch				
Have you been	deharmed from a professional association or chamber including a foreign			
	debarred from a professional association or chamber, including a foreign last ten years?			

	YES	If so, please provide details in brief.		
] NO			
11	11.2 Have you performed the duties as the statutory body, member of the statutory or supervisory body of a legal entity or as a person authorised to act on behalf of a legal entity on the basis of another fact in the last ten years, at a time when the legal entity was debarred from a professional association or chamber, including a foreign one?			
Т	YES	If so, please provide details in brief.		
F	NO	11 30, please provide details in orier.		
	•	n relating to a submission of the certificate of integrity issued by a foreign		
	ave you staye e past three y	d continuously outside the Czech Republic for a period exceeding 6 months in		
	YES	If so, give the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose originals of certificates of integrity issued by the foreign states to the application/notification.		
	NO	List of states concerned:		
	13. Please state any other facts that could affect your trustworthiness and, where applicable, enclose relevant documents.			
II. DECLARATION				
I hereby declare that the information stated in the application/notification and annexes is truthful, up-to-date and complete.				
A	:	Date Signature:		

a) Where the number has been allocated.
 b) Give the date of birth where no birth index number has been allocated.
 c) E.g. a person having a qualifying holding in the applicant or notifying entity.
 d) This description may be replaced by an internal regulation governing the tasks related to the position to be held by the assessed person, including the authorisation and powers ensuing from that position.

Questionnaire relating to the acquisition of or increase in a qualifying holding

I.

1. Basic informat	ion about the person having a qualifying holding		
Name(s) and surname/commercial name, or name			
2. Designation of increased	f a legal entity in which the qualifying holding is being acquired or		
payment ins	titution		
electronic m	noney institution		
3. Questionnaire			
3.1 Are you acquiri	ing holdings in name and for your account?		
YES	If NO, please provide details.		
NO			
3.2 Are you exercis	ing or are you going to exercise the voting rights on behalf of a third party?		
□ YES	If so, please state on behalf of what person.		
NO			
3.3 Are you going arrangement?	g to assign the voting rights to another person under an agreement or		
YES	If so, please state in favour of what person.		
NO			
☐ YES	If so, please provide details.		
□NO			
•	ert with another person, which owns holdings in the entity referred to in item 2		
	ercise of the voting right has been assigned or which can exercise a significant		
influence over the i	nanagement of the entity referred to in item 2?		
YES	If yes, please provide details of this other person and of the manner of acting in		
	concert.		
ı —			

Ī		any monetary and other liabilities, which exceed 5% of your capital/assets or
ŀ	may nave an effe	ect of the same size?
	☐ YES	If so, please state: the contracting party, the amount of the liability, the date of creation of the liability, the duration of the liability, the maturity date of the
		liability including information about default in performance of such liabilities.
	□ NO	
		on decisions in criminal, administrative or similar proceedings
	4.1 Have you bee	en lawfully convicted of a criminal offence?
	☐ YES	If so, please provide details in brief and document this information with the relevant
		decision.
		on exceeding CZK 20,000 or prohibition of activity, or another remedial measure
		pay damages, been imposed on you by a final decision in the last ten years for a
		our or another administrative offence of violating a legal duty in connection with
	_	nance of employment, office or business activity?
	∐ YES	If so, please provide details in brief.
	□ NO	
	4.3 Have you per	rformed duties as the statutory body or member of the statutory body of a legal
	entity, or a	person authorised to act on behalf of a legal entity on the basis of another fact,
	or a person	n controlling a legal entity, at a time when a sanction for an administrative
		a duty to pay damages was imposed on the legal entity by a final decision in
	connection	with an activity on the financial market?
	∐ YES	If so, please provide details in brief.
	□NO	
ı		on criminal, administrative or similar proceedings not covered by item 4
	5.1 Have you bee	en prosecuted in the last ten years?
	☐ YES	If so, please provide details in brief and document this information with the
	□NO	accusation or indictment.
		een subject to administrative or similar proceedings for the violation of a duty
	0	the performance of employment, office or business activity or in connection with
	-	on of activity, except proceedings for offences or similar proceedings for which
	_	ons of up to CZK 20,000 may be imposed?
	∐ YES	If so, please provide details in brief.
	□NO	
	6 Information	on a decision and commencement of civil proceedings or arbitration
	proceedings	on a decision and commencement of civil proceedings of arbitration
ĺ	_	er a decision in civil proceedings or arbitration proceedings concerning you was
		he last ten years if such a decision relates to your activities on the financial
		may jeopardise your financial situation, or if such proceedings are under way
		et to be concluded by a final decision.
	YES	If so, please provide details in brief.
		11 30, preuse provide details in otter.
		en years, have you been subject to a decision declaring insolvency without the
		roceeding being concluded by a decision declaring the debtor not insolvent?
	∐ YES	If so, please provide details.

7. Other facts	that may affect trustworthiness
7.1 In the last	ten years, has a legal entity controlled by you been subject to a decision declaring
	without the insolvency proceeding being concluded by a decision declaring the
•	insolvent?
	If so, please provide the commercial name of the legal entity, its identification
YES	number and other details.
□ NO	namoer and other deams.
7.2 Have you	noufourned duties as the statutory hody or member of the statutory or sunervisory
	performed duties as the statutory body or member of the statutory or supervisory
_	legal entity, or a person authorised to act on behalf of a legal entity on the basis of
	fact, for up to three years before a decision on the insolvency without the
insolvenc	y proceeding being concluded by a decision declaring the debtor not insolvent?
☐ YES	If so, please provide the commercial name of the legal entity, its identification
□NO	number and other details.
	ver had a business licence or other licence suspended or withdrawn, or has a court
	inistrative authority ever refused to grant its consent to your election, nomination
	t to a position where such consent was a necessary condition for your election,
nomination or	
☐ YES	If so, please provide details in brief.
□ NO	
8. Information	on the person's trustworthiness from the perspective of activity in professional
chambers	on the person s trustworthiness from the perspective of nettying in protessional
	een debarred from a professional association or chamber, including a foreign one,
•	ten years?
YES NO	If so, please provide details in brief.
NO	
	erformed the duties as the statutory body, member of the statutory or supervisory
_	a legal entity or as a person authorised to act on behalf of a legal entity on the
	another fact in the last ten years, at a time when the legal entity was debarred
	rofessional association or chamber, including a foreign one?
☐ YES	If so, please provide details in brief.
□ NO	
9. Informatio	n relating to a submission of the certificate of integrity issued by a foreign
state	is relating to a submission of the certificate of integrity issued by a foreign
	al noncon
a) for a natur	
	ved continuously outside the Czech Republic for a period exceeding 6 months in
the past three	years?
☐ YES	If so, give the state(s) in which you stayed continuously for a period exceeding 6
	months in the past three years and enclose originals of certificates of integrity issued
□ NO	by the foreign states to the application/notification.
	List of states concerned:
a) for a legal	entity
	r did you have an organisational unit outside the Czech Republic in the past three
•	- wing our more unit of Summer of the fact the case in the public in the past till the
vears?	
years?	
years?	If so, give the states concerned and enclose original documents of integrity issued by

		tes to the application/no	tification.	
∐ NO	List of states c	oncernea:		
10. Please sta	•		affect your	trustworthiness and, where
		II.		
		DECLARA	ΓΙΟΝ	
-		rmation stated in the o-date and complete.	application	notification, annexes and in this
At		Date		Signature:

Application for entry in the register of small-scale payment service providers

Notification of a change of information in the application for entry in the register of small-scale payment service providers

I. ADMINISTRATIVE AUTHORITY

1. Name of administrative authority

10 1 (wille of wallimiser with a walliof to		
Name of administrative	Czech National Bank	
authority		
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03	
Mail room	Senovážná 3, Prague 1, ZIP code 115 03	

II. SUBJECT OF APPLICATION

2. Specification of the subject of the application
application for entry in the register of small-scale payment service providers
notification of a change of information in the application for entry in the register of small-scale payment service providers

III. APPLICANT/NOTIFYING ENTITY

3. Identification of the applicant/notifying entity – natural person

Name(s) and surname	
Maiden name	
Birth identification number a)	
Date of birth b)	
Place of birth	
(state, district, and town/city)	
Identification number a)	
Telephone number	
Nationality	
Address of place of business	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	

Mailing address, if different		
from the address of place of		
business		
(street, house number,		
town/city, part of town/city		
ZIP code,		
country)		
Unless ruled out by law or the	YES	NO
nature of the matter, do you		
wish to receive correspondence		
by e-mail ^{c)} ?	If so, please provide your e-r	nail address:
4. Identification of the applican	t/notifying entity – legal en	tity
Commercial name, or name		•
·		
Identification number a)		
Telephone number		
Registered address		
(street, house number,		
town/city, part of town/city		
ZIP code,		
country)		
Unless ruled out by law or the	YES	NO
nature of the matter, do you		
wish to receive correspondence		
by e-mail ^{c)} ?	If so, please provide your e-r	nail address:
	-	
	IV.	

ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE **APPLICATION**

5. Description of activities of a small-scale payment service provider 5a. List of payment services pursuant to Article 3 of the Payment System Act

Name of activity	Entry/ deletion	Expected date of commencing or terminating the activity (i.e. in the case of entry in the register or change
a) Service enabling cash to be placed on a payment account maintained by the provider.		of registration)
b) Service enabling cash withdrawals from a payment account maintained by the provider.		
c) Execution of transfers of funds from a payment account initiated by		

				•	
1. the payo 2. the bend	er eficiary, or				
3. the payo	er through the ben				
	ransferred funds the user by the pr				
	as a loan to the user by the provider. d) Execution of transfers of funds from a				
/	count initiated by	IIUS II VIII a			
1. the payer	•				
2. the benef	ficiary, or r through the bene	ficiary			
	ransferred funds				
as a loan to	the user by the pr	ovider.			
, .	nd administering s and devices for	- ·			
payment in		accepting			
	g funds, where				
1 V	e beneficiary use t the payer's provi	1 0			
remittance).	the payer's provi	der (money			
g) Execution of	a payment transa	•			
	nmunication servinsent of the payer				
	isent of the payer is action is given b				
	communication de				
5b. List of activities pursuant to Article 8(1)(b) and (c) of the Payment Systems Act Name of activity					
Name(s) and	ification of a seni	Place of	Nationality	Permanent	Proposed office
surname and	identification	birth	110000000000000000000000000000000000000	address	
maiden name	number ^{a)} /date	(state, district, and		(street, ho number,	use
	of birth ^{b)}	town/city)		town/city, 1	
				of town/c ZIP code	
				country)	
			II.		
	information abou	it the applica	ant/notifying	entity	
a) natural per	son			entity	
a) natural per	son petence to perforn		mited?	entity	

7.2 Have you been lav	vfully convicted o	f a criminal offence?	
	If so, please prov	ide details in brief and document this information with the	
YES	relevant decision.		
□ NO			
7.3 Have you been	convicted for a	property offence, an economic offence or an offence	
committed in relation			
☐ YES	If so, please provi	de details.	
□NO			
	stances occurred p	preventing you from carrying on a trade pursuant to the	
act governing trades			
YES	If so, please provi	de details.	
□ NO			
b) legal entity			
	stances occurred p	preventing you from carrying on a trade pursuant to the	
act governing trades?			
YES	If so, please provi	de details.	
8. Information relating to the certificate of integrity issued by a foreign state submitted by the applicant/notifying entity – natural person			
	0		
by the applicant/no	tifying entity – na	e i	
by the applicant/no Have you stayed cont	tifying entity – na inuously outside the	ntural person ne Czech Republic for a period exceeding 6 months in the o, state the state(s) in which you stayed continuously for a	
by the applicant/no Have you stayed cont past three years?	tifying entity – na inuously outside the If so perio	ntural person ne Czech Republic for a period exceeding 6 months in the ne state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose	
by the applicant/no Have you stayed cont	inuously outside the period original interest original interest in the period or	ntural person ne Czech Republic for a period exceeding 6 months in the o, state the state(s) in which you stayed continuously for a	
by the applicant/no Have you stayed cont past three years? YES	inuously outside the period original appli	ntural person ne Czech Republic for a period exceeding 6 months in the ne, state the state(s) in which you stayed continuously for a ne od exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the	
by the applicant/no Have you stayed cont past three years?	inuously outside the period original appli	ntural person ne Czech Republic for a period exceeding 6 months in the net, state the state(s) in which you stayed continuously for a net od exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the dication/notification.	
by the applicant/no Have you stayed cont past three years? YES	inuously outside the period original appli	ntural person ne Czech Republic for a period exceeding 6 months in the note, state the state(s) in which you stayed continuously for a not exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the dication/notification.	
by the applicant/no Have you stayed cont past three years? YES	inuously outside the period original appli	ntural person ne Czech Republic for a period exceeding 6 months in the net, state the state(s) in which you stayed continuously for a net od exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the dication/notification.	
by the applicant/no Have you stayed cont past three years? YES NO	inuously outside the last outside the la	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
by the applicant/no Have you stayed cont past three years? YES NO 9. List of the numb	inuously outside the life so period original life states application. List	ne Czech Republic for a period exceeding 6 months in the state (s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 9. List of the numb the relevant provisi	If so period original applications of the Decre	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 9. List of the numb the relevant provisi	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the state (s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 1. List of the numb the relevant provisic electronic money	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 1. List of the numb the relevant provisic electronic money	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 1. List of the numb the relevant provisic electronic money	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 1. List of the numb the relevant provisic electronic money	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the state the state(s) in which you stayed continuously for a period exceeding 6 months in the past three years and enclose nals of certificates of integrity issued by foreign states to the ication/notification. of states concerned:	
Have you stayed cont past three years? YES NO 1. List of the numb the relevant provisic electronic money	inuously outside the life so period originappl List list list life so period originappl list list list life so period originappl list list list life so period original policy life so per	ne Czech Republic for a period exceeding 6 months in the one of the state (s) in which you stayed continuously for a pod exceeding 6 months in the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification. In the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification. In the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification. In the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification. In the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification. In the past three years and enclose mals of certificates of integrity issued by foreign states to the dication/notification.	

V. DECLARATION I hereby declare that the information stated in the application/notification, documents and annexes is truthful, up-to-date and complete.

VI. IDENTIFICATION OF OTHER PERSONS

IDENTIFICATION OF OTHER PERSONS		
This application is submitted by the applicant/notifying entity		
10. Identification of the person acting for the applicant/notifying entity		
Designation of office		
Name(s) and surname		
Date of birth		
Permanent address (street, house number, town/city, part of town/city ZIP code country)		
Mailing address c), if different from the permanent address (street, house number, town/city, part of town/city ZIP code, country)		
This application is submitted by the applicant's/notifying entity's representative 11. Identification of the person representing the applicant/notifying entity		
Information about the representative ^{e)}		
Name(s) and surname / Commercial name, or name f)		
Date of birth		
Identification number d)		
Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)		
Mailing address c), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)		
At Date	Signature:	

<sup>a) Where the number has been allocated.
b) Give the date of birth where no birth index number has been allocated.
c) Article 19(3) of the Administrative Procedure Code.
d) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.
e) For example attorney, notary public or general representative.
f) A legal entity shall also state the person through whom it is acting.</sup>

Application for a licence for the activities of an electronic money institution Notification of a change of information in the application for a licence for the activities of an electronic money institution

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

2. Specification of the subject of the application

Name of administrative	Czech National Bank
authority	CECCII I (delolidi Balik
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03
Mail room	Senovážná 3, Prague 1, ZIP code 115 03

II. SUBJECT OF APPLICATION

application for a licence for the activities of an electronic money institution		
notification of a change of information in the application for a licence for the activities of an electronic money institution		
III. APPLICANT ^{a)} / NOTIFYING ENTITY		
3. Identification of the applicant/notifying entity		
Commercial name		
Identification number b)		
Telephone number		
Registered address (street, house number, town/city, part of town/city ZIP code, country)		
Unless ruled out by law or the nature of the matter, do you wish to receive	YES	NO
correspondence by e-mail c)? If so, please provide your e-mail address		r e-mail address

IV. ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE APPLICATION

A. Capital and other financial sources

11. Capital and other imaneial sources			
4a. Information about initial capital of the e	lectronic m	onev instit	cution (CZK thousands)
Initial capital in total		oney mount	(0211 0110 013 011 013 013
initial capital in total			
Of which			
Paid-up capital			
* *			
Mandatory reserve funds			
·			
Other funds created from profit distribution,			
which can be used solely to cover a loss			
recorded in financial statements			
The difference between retained earnings			
given in the financial statement verified by an			
auditor and approved by a competent body of			
the payment institution, whose distribution			
has not been decided on by the competent			
body, and accumulated losses, including losses			
for previous years			
4b. Other financial sources			
YES)	
If so, please specify these sources.			
	• •		
4c. Chosen approach to the calculation of the ca	pital require	ment	
		`	
approach based on overhead expenses (Approacn A	.)	
annyoooh bosed on the volume of nevm	onts (Annua	ah D)	
approach based on the volume of paym	ents (Approa	acii b)	
basic indicator approach (Approach C)			
basic indicator approach (Approach C)			
B. Description of activities of an electronic n	nanev instit	ution	
D. Description of activities of an electronic in	ioncy mstit	ution	
5a. List of activities pursuant to Article 46(2) of the Pay	ment Syst	em Act
5a. List of activities pursuant to Article 40(2	, or the ray		
		Entry/	1
Name of activity		deletion	commencing or
rame of activity			terminating the
			activity
			(i.e. when a licence is

		granted or the scope of the licence is changed)
a) Electronic money issuance.		
b) Provision of payment services relating to electronic money.		
c) Provision of payment services, which do not relate to electronic money, stated in the licence for the activities of an electronic money institution.		
d) Performance of activities associated with the activities listed in a) to c), including lending.		
e) Operation of a payment system, except a payment system with settlement finality.		

5b. List of other activities (where the electronic money institution wishes to provide payment services – Article 46(2))
5b1. Payment services pursuant to Article 3 of the Payment System Act

501. I ayment services pursuant to Article 5 of the Layment System Act			
		Entry/	Expected date of
		deletion	commencing or
Name of activity			terminating the
·			0
			activity
			(i.e. when a licence is
			granted or the scope of
			the licence is changed)
a) Service enabling cash to be placed on a			the free is changed)
,			
payment account maintained by the			
provider.			
b) Service enabling cash withdrawals from a			
payment account maintained by the			
provider.			
provident in the second			
Execution of transfers of funds initiated by			
•			
1. the payer			
2. the beneficiary, or			
3. the payer through the beneficiary			
unless the transferred funds are granted as			
a loan to the user by the provider.			
d) Execution of transfers of funds from a			
payment account initiated by			
1. the payer			
2. the beneficiary, or			
3. the payer through the beneficiary			
where the transferred funds are granted			
as a loan to the user by the provider.			
e) Issuing and administering payment			
instruments and devices for accepting			
1 0			
payment instruments.			
f) Transferring funds, where neither the			
payer nor the beneficiary use the			
payment account with the payer's			

provider (money remittance).			
g) Execution of a payment transaction by an			
electronic communication service			
provider where the consent of the payer			
to execute a payment transaction is given			
by means of an electronic			
communication device.			
Sb2. Article 46(2)(d) of the Payment System Act Name of activity			

C. Senior officer in an electronic money institution

6. Basic identification of a senior officer in an electronic money institution

Name(s) and					
surname and maiden name	Birth identification number ^{b)} /date of birth ^{d)}	Place of birth (state, district, and town/city)	Nationality	Permanent address (street, house number, town/city, part of town/city, ZIP code and country)	Proposed office

D. <u>Personal links of persons having qualifying holdings in the electronic money institution in other legal entities</u>

7. Personal links of a person having a qualifying holding with other legal entities;

A natural person having a qualifying holding gives a list of current and previous memberships of statutory and supervisory bodies of other legal entities for the past ten years. A legal entity having a qualifying holding gives this list for its members of the statutory body.

a) Natural person having a qualifying holding

surname and	· ·	Stating the office of the person referred to in Column 1 in the statutory or supervisory body of the legal entity
	(commercial name/name, identification	referred to in Column 2 and stating the term of this office

1	2	3

b) Legal entity having a qualifying holding

Commercial name/name of the legal entity having a qualifying holding	surname of the	Identification of the legal entity to which the person referred to in Column 2 is personally linked (commercial name/name, identification number, registered address: street, house number, town/city, part of town/city, ZIP code and country)	person referred to in
1	2	3	4

E. <u>List of documents</u>		
8. List of the numbers of all annexes ^{e)} ; for the individual annexes please state references to the relevant provisions of the Decree on the pursuit of business of payment institutions, electronic money institutions, small-scale payment service providers and small-scale electronic money issuers.		
V.		
DECLARATION I hereby declare that the information stated in the application/notification, documents and annexes is truthful, up-to-date and complete.		
VI. IDENTIFICATION OF OTHER PERSONS		
This application is submitted by the applicant/notifying entity		
	on behalf of the applicant/notifying entity	
Designation of office		
Name(s) and surname		
Date of birth		
Permanent address (street, house number, town/city, part of town/city ZIP code, country)		

Mailing address ^{c)} , if different fro the permanent address (street, house number, town/city, part of town/city ZIP code, country)	m	
This application is submitted by the 10. Identification of the person rep		_
Information about the representative f)		
Name(s) and surname /		
Commercial name, or name g)		
Date of birth		
Identification number b)		
Permanent/registered address (street, house number, town/city, part of town/city ZIP code country)		
Mailing address c), if different		
from the permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)		
At	;	Signature:

a) Entity to which the licence is to be granted.

b) Where the number has been allocated.

c) Article 19(3) of the Administrative Procedure Code.

Where the mailing address is different from the applicant's permanent address or any other address and where it is to be used in written communication with the CNB, please fill in this part of the form.

d) Give the date of birth where no birth index number has been allocated.

^{e)} The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

f) For example attorney, notary public, general representative.

g) A legal entity shall also state the person through whom it is acting.

Notification of the intention to acquire or increase a qualifying holding in an electronic money institution

Notification of the intention to take control of an electronic money institution

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

	· · · · · · · · · · · · · · · · · · ·
Name of administrative	Czech National Bank
rume of administrative	CZCCII I (WYCHWI ZWIII)
authority	
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03
Mail room	Senovážná 3, Prague 1, ZIP code 115 03

II. SUBJECT OF APPLICATION

2. Specification of the subject of the application	
notification of the intention to acquire or increase a qualifying holding in an electron money institution	ıic
notification of the intention to take control of an electronic money institution	

III. NOTIFYING ENTITY

3. Identification of the notifying entity – natural person

Name(s) and surname and maiden name		
Birth identification number a)/date of		
birth ^{b)}		
Telephone number		
Permanent address		
(street, house number,		
town/city, part of town/city		
ZIP code,		
country)		
Mailing address c), if different from the		
permanent address		
(street, house number,		
town/city, part of town/city		
ZIP code,		
country)		
Unless ruled out by law or the nature of	YES	NO
the matter, do you wish to receive		

correspondence by e-mail ³⁾ ?	If so, please provide you	ur e-mail address:
4. Identification of the notifying entity – legal entity		
Commercial name, or name		
Identification number a)		
Telephone number		
Registered address (street, house number, town/city, part of town/city ZIP code, country)		
Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail c)?	YES If so, please provide you	NO □ r e-mail address:

IV. ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE APPLICATION

- A. <u>Information about the electronic money institution, in which the qualifying holding is</u> to be acquired or increased, and about the amount of the holding
- 5. Information about the electronic money institution in which the qualifying holding is being acquired

being acquired	
Commercial name	
Identification number a)	
Registered address	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	

6. Information about the existing, acquired and final size of the qualifying holding

	the qualifying the date of the				total size of the nolding after
Total of which		Total of which		Total of which	
Direct holding	Indirect holding	Direct holding	Indirect holding	Direct holding	Indirect holding

Where the notifying entities hold an indirect holding, they identify the person through which they hold the indirect holding, stating information as follows:

(commercial name, identification number, registered address: street, house number, town/city, part of town/city,

ZIP code and country)			

B. Information about holdings being acquired

7. Identification of the person from which the holding is being acquired

Order	Name(s) and surname/ Commercial name, or name	Birth identification number ^{a)} /date of birth ^{b)} Identification number ^{a)}	Permanent/ registered address (street, house number, town/city, part of town/city, ZIP code and state)	Total size of the holding being acquired	Manner of acquisition of the holding	Assumed date of acquisition of the holding
1.						
2.						
3.						

<u>Personal links of persons having qualifying holdings in the electronic money institution</u> in other legal entities

8. Personal links of a person having a qualifying holding with other legal entities;

A natural person having a qualifying holding gives a list of current and previous memberships of statutory and supervisory bodies of other legal entities for the past ten years. A legal entity having a qualifying holding gives this list for its members of the statutory body.

a) Natural person having a qualifying holding

surname and	which the person referred to in Column 1 is personally linked	Stating the office of the person referred to in Column 1 in the statutory or supervisory body of the legal entity referred to in Column 2 and stating the term of this office
1	2	3

b) Legal entity having a qualifying holding

Commercial	Name(s) and	Identification of the legal entity	Stating the office of the
name/name of	surname of the	to which the person referred to	person referred to in
the legal entity	natural person	in Column 2 is personally	Column 2 in the
having a	which is the	linked	statutory or supervisory
qualifying	statutory body or	(commercial name/name,	body of the legal entity
holding	a member of the	identification number, registered	referred to in Column 3
	statutory body of	address: street, house number,	and stating the term of
	the legal entity	town/city, part of town/city, ZIP code	this office
	referred to in	and country)	

	Column 1		
1	2	3	4

D. List of documents				
9. List of the numbers of all annexes d); for the individual annexes please state references to the relevant provisions of the Decree on the pursuit of business of payment institutions, electronic money institutions, small-scale payment service providers and small-scale electronic money issuers.				
	V. DECLARATION			
	DECLARATION			
•	on stated in the notification, documents and annexes is			
truthful, up-to-date and complete.				
	VI.			
IDENTIFIC	CATION OF OTHER PERSONS			
This notification is submitted by the	notifying entity			
10 Identification of the neuron of	ting for the matifular antitu			
10. Identification of the person ac Designation of office	ting for the nothying entity			
Name(s) and surname				
Date of birth				
Permanent address				
(street, house number, town/city, part of town/city				
ZIP code,				
Mailing address c), if different				
from the permanent address				
(street, house number, town/city, part of town/city				
ZIP code,				
country)				
This notification is submitted by the	notifying entity's representative			

11. Identification of the person representing the notifying entity Information about the representative e) Name(s) and surname / Commercial name, or name f) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address c), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)

At

Date

Signature:

a) Where the number has been allocated.

b) Give the date of birth where no birth index number has been allocated.

^{c)} Article 19(3) of the Administrative Procedure Code.

Where the mailing address is different from the applicant's permanent address or any other address and where

it is to be used in written communication with the CNB, please fill in this part of the form.

d) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

e) For example attorney, notary public or general representative.

f) A legal entity shall also state the person through whom it is acting.

Application for entry in the register of small-scale electronic money issuers Notification of a change of information in the application for entry in the register of small-scale electronic money issuers

I. ADMINISTRATIVE AUTHORITY

1. Name of administrative authority

10 1 (00000 01 000000000000000000000000				
Name of administrative	Czech National Bank			
authority				
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03			
Mail room	Senovážná 3, Prague 1, ZIP code 115 03			

II. SUBJECT OF APPLICATION

2. Specification of the subject of the application					
application for entry in the register of small-scale electronic money issuers notification of a change of information in the application for entry in the register of small-scale electronic money issuers					
III. APPLICANT/NOTIFYING ENTITY 3. Identification of the applicant/notifying entity					
Commercial name, or name					
Identification number a)					
Telephone number					
Registered address (street, house number, town/city, part of town/city ZIP code, country)					
Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail b)?	YES	NO			
	If so, please provide your e-ma	ail address:			

IV. ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE APPLICATION

4. Description of activities of a small-scale electronic money issuer

4a. List of activities pursuant to Articles 53) of the Pa	yment System Act	
Name of activity	Entry/ deletion	Expected date of commencing or terminating the activity (i.e. when a licence is granted or the scope of the licence is changed)	
a) Electronic money issuance.			
b) Provision of payment services relating to electronic money.			
c) Provision of payment services, which do not relate to electronic money, stated in the licence for the activities of an electronic money institution.			
d) Performance of activities associated with the activities listed in a) to c), including lending			
e) Operation of a payment system, except a payment system with settlement finality.			

4b. List of other activities (where the electronic money issuer wishes to provide payment services – Article 46(2)(b) and (c) of the Payment System Act)

4b1. Payment services pursuant to Article 3 of the Payment System Act

Name of activity	Entry/ deletion	Expected date of commencing or terminating the activity	
			(i.e. when a licence is granted or the scope of the licence is changed)
a) Service enabling cash to be placed on a payment account maintained by the provider.			
b) Service enabling cash withdrawals from a payment account maintained by the provider.			
c) Execution of transfers of funds from a payment account initiated by 1. the payer			
2. the beneficiary, or 3. the payer through the beneficiary unless the transferred funds are granted as a loan to the user by the provider.			

D. D.	6.4	1 0								
,	of transfers of fu									
	count initiated by	7								
1. the payer										
2. the benef	• :									
	through the ben									
where the tra	nsferred funds ar	re granted as								
a loan to the u	iser by the provid	ler.								
e) Issuing an	nd administerin	g payment								
instruments	and devices fo	or accepting								
payment ins	struments.	2 0								
f) Transferring	g funds, where	neither the								
,	beneficiary use									
	the payer's prov									
remittance).		` '								
	a payment trans	action by an								
	nmunication serv									
	sent of the payer	-								
	saction is given									
	communication d									
an electronic	communication a	evice.								
4h2 Article 4	6(2)(d) of the Pa	vment Systei	m Act							
Name of activi		iyinciit bystei	III / ICC							
Traille of activi	ity									
5. Basic identi	ification of a sen	ior officer of	the small-sca	le electro	nic mon	ev issuer				
	ification of a sen					•				
Name(s) and	Birth	Place of		Perma	nent	ey issuer Proposed office				
Name(s) and surname and	Birth identification	Place of birth		Perma addres	nent s	•				
Name(s) and	Birth identification number ^{a)} /date	Place of birth (state,		Perma addres (street,	nent s house	•				
Name(s) and surname and	Birth identification	Place of birth (state, district, and		Perma addres (street, number	nent s house	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state,		Perma addres (street, number town/cit	house by, part	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to	nent s house	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to	house by, part	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to ZIP co	house by, part	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to ZIP co	house by, part	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to ZIP co	house by, part	•				
Name(s) and surname and	Birth identification number ^{a)} /date	Place of birth (state, district, and		Perma addres (street, number town/cit of to ZIP co	house by, part	•				
Name(s) and surname and maiden name	Birth identification number ^{a)} /date of birth ^{c)}	Place of birth (state, district, and town/city)	Nationality	Perma addres (street, number town/cit of to ZIP co state)	house by, part	•				
Name(s) and surname and maiden name 6. Additional i	Birth identification number ^{a)} /date of birth ^{c)} nformation abo	Place of birth (state, district, and town/city)	Nationality ant/notifying	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	Proposed office				
Name(s) and surname and maiden name 6. Additional i	Birth identification number ^{a)} /date of birth ^{c)} nformation about	Place of birth (state, district, and town/city)	Nationality ant/notifying	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	•				
Name(s) and surname and maiden name 6. Additional i Have any circu governing trade	Birth identification number ^{a)} /date of birth ^{c)} nformation about the service occurrences?	Place of birth (state, district, and town/city) ut the applicated preventing years.	Nationality ant/notifying o	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	Proposed office				
Name(s) and surname and maiden name 6. Additional i	Birth identification number ^{a)} /date of birth ^{c)} nformation about the service occurrences?	Place of birth (state, district, and town/city)	Nationality ant/notifying o	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	Proposed office				
Name(s) and surname and maiden name 6. Additional i Have any circu governing trade	Birth identification number ^{a)} /date of birth ^{c)} nformation about the service occurrences?	Place of birth (state, district, and town/city) ut the applicated preventing years.	Nationality ant/notifying o	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	Proposed office				
Name(s) and surname and maiden name 6. Additional i Have any circu governing trade	Birth identification number ^{a)} /date of birth ^{c)} nformation about the service occurrences?	Place of birth (state, district, and town/city) ut the applicated preventing years.	Nationality ant/notifying o	Perma addres (street, number town/cit of to ZIP co state)	house by, part wn/city, de and	Proposed office				

7. List of the numbers of all annexes ^{d)} ; for the individual annexes please state references to the relevant provisions of the Decree on the pursuit of business of payment institutions, electronic money institutions, small-scale payment service providers and small-scale electronic money issuers					
	V. DECLARATION				
I hereby declare that the informati annexes is truthful, up-to-date and co	on stated in the application/notification, documents and omplete.				
IDENTIFIC	VI. CATION OF OTHER PERSONS				
This application is submitted by the	applicant/notifying entity				
8. Identification of the person act	ing for the applicant/notifying entity				
Designation of office					
Name(s) and surname					
Date of birth					
Permanent address (street, house number, town/city, part of town/city ZIP code, country)					
Mailing address b, if different from the permanent address (street, house number, town/city, part of town/city ZIP code, country)					
This application is submitted by the applicant's/notifying entity's representative 9. Identification of the person representing the applicant/notifying entity					
Information about the representative e)	esenting the applicant/notifying entity				
Name(s) and surname / Commercial name, or name f)					
Date of birth					
Identification number a)	'				
Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)					

Mailing address b, if different the permanent/regist		
address (street, house number, town/city, part of town/city ZIP code, country)		
At	Date	Signature:

a) Where the number has been allocated.
b) Article 19(3) of the Administrative Procedure Code.
c) Give the date of birth where no birth index number has been allocated.
d) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

e) For example attorney, notary public or general representative.

f) A legal entity shall also state the person through whom it is acting.

Notification of providing payment services through a sales representative

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

Name of administrative	Czech National Bank
authority	
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03
Mail room	Senovážná 3, Prague 1, ZIP code 115 03

II.

NOTIFYING ENTITY					
2. Designation of the notifying entity					
payment institution					
☐ electronic money institution					
3. Identification of the notifying entity					
Commercial name, or name					
Identification number a)					
Telephone number					
Registered address					
(street, house number,					
town/city, part of town/city ZIP code,					
country)					
Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail b)?	YES	NO 🗀			
correspondence by e-man 72	If so, please provide your	e-mail address:			

III. DECLARATION

a) on the verification of appropriateness of the sales representative's control system from the point of view of compliance with anti-money-laundering and anti-terrorist-financing obligations, and				
b) on the verification of trustworthiness, professional qualifications and sufficient experience.				
On behalf of the payment institution identified above, I declare that the notifying entity verified				
the appropriateness of the control sy anti-money-laundering and anti-term				
and, in line with the notifying entity's ir professional qualifications and sufficient exper		essing trustworthiness,		
trustworthiness				
professional qualifications				
sufficient experience				
of these persons:				
4. Sales representative – natural person				
Name(s) and surname	Date of birth	Identification number		
5. Sales representative – legal entity a) Identification of the sales representative				
	Identification number			
a) Identification of the sales representative	Identification number			
a) Identification of the sales representative Commercial name, or name				
a) Identification of the sales representative Commercial name, or nameb) Identification of the senior officer of the senior of the senior officer of the senior of the senior officer of the senior officer of the senior officer	ales representative			
a) Identification of the sales representative Commercial name, or name				
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the s Name(s) and surname 1 6. List of the numbers of all annexes ^{c)} ; for the senior officer of the senior of the senior officer of the senior o	ales representative Date of birth V. ne individual annexes p			
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the s Name(s) and surname	ales representative Date of birth V. ne individual annexes place pursuit of business of	f payment institutions,		
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the senior of the senior officer of the senior of the senior officer of the senior	ales representative Date of birth V. ne individual annexes place pursuit of business of	f payment institutions,		
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the senior of the senior officer of the senior of the senior officer of the senior	ales representative Date of birth V. ne individual annexes place pursuit of business of	f payment institutions,		
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the senior of the senior officer of the senior of the senior officer of the senior	ales representative Date of birth V. ne individual annexes place pursuit of business of	f payment institutions,		
a) Identification of the sales representative Commercial name, or name b) Identification of the senior officer of the senior of the senior officer of the senior of the senior officer of the senior	ales representative Date of birth V. ne individual annexes place pursuit of business of	f payment institutions,		

V. FINAL DECLARATION

I hereby declare that the information stated in the notification and annexes is truthful, up-to-date and complete.

VI.

IDENTIFICATION OF OTHER PERSONS

This notification is submitted by the notifying entity				
7 Identification of the person acti	ng on behalf of the notifying entity			
Designation of office	lig on behalf of the notifying entity			
Name(s) and surname				
Date of birth				
Permanent address	l l			
(street, house number,				
town/city, part of town/city				
ZIP code, country)				
Mailing address b), if different				
from the permanent address				
(street, house number,				
town/city, part of town/city				
ZIP code, country)				
country)				
This notification is submitted by the	notifying entity's representative			
_				
O T 1 4100 41 041				
8. Identification of the person rep	resenting the notifying entity			
Information about the	resenting the notifying entity			
Information about the representative d)	resenting the notifying entity			
Information about the representative d) Name(s) and surname /	resenting the notifying entity			
Information about the representative d)	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e)	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a)	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code,	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number,	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code,	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code,	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code,	resenting the notifying entity			
Information about the representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address b), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)				

<sup>a) Where the number has been allocated.
b) Article 19(3) of the Administrative Procedure Code.
Where the mailing address is different from the applicant's permanent address or any other address and where it is to be used in written communication with the CNB, please fill in this part of the form.</sup>

c) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.
 d) For example attorney, notary public or general representative.
 e) A legal entity shall also state the person through whom it is acting.

Notification of the performance of some activities through another person

I. **ADMINISTRATIVE AUTHORITY**

1. Name and address of the administrative authority

Name of administrative	Czech National Bank			
authority				
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03			
Mail room	Senovážná 3, Prague 1, ZIP code 115 03			

II.

NOTIFYING ENTITY				
2. Designation of the notifying entity				
 □ payment institution □ electronic money institution 				
3. Identification of the notifying entity Commercial name, or name				
Identification number a)				
Telephone number Registered address (street, house number, town/city, part of town/city ZIP code, country) Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail b)?	YES If so, please provide you	NO		
III. NOTIFICATION 4. Identification of a natural person entrusted with the performance of activities				
Name(s) and surname	disted with the periorin	ance of activities		
Identification number a)				
Telephone number E-mail:				
Address of place of business (street, house number,		_		

town/city, part of town/city				
ZIP code, country)				
Mailing address b), if different	from			
the address of place of business				
(street, house number,				
town/city, part of town/city				
ZIP code,				
country)				
	trusted with the performance of activities			
Commercial name, or name				
Identification number a)				
Telephone number E-mail:				
Registered address				
(street, house number, town/city, part of town/city				
ZIP code,				
country)				
6. List of activities to be provided	through another person			
7. List of the numbers of all annexes c); for the individual annexes please state references to the relevant provisions of the Decree on the pursuit of business of payment institutions, electronic money institutions, small-scale payment service providers and small-scale electronic money issuers.				
IV. DECLARATION				
I hereby declare that the information stated in the notification and annexes is truthful, up-to-date and complete.				
V. IDENTIFICATION OF OTHER PERSONS				
This notification is submitted by the notifying entity				
8. Identification of the person acting on behalf of the notifying entity				
Designation of office	, , , , , , , , , , , , , , , , , , ,			
Name(s) and surname				
` '				
Date of birth				

Permanent address	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	
Mailing address b), if different	
from the permanent address	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	
This notification is submitted by the	notifying antity's representative
This notification is submitted by the	nomying enmy's representative
9. Identification of the person repr	resenting the notifying entity
Information about the	
representative ^{d)}	
Name(s) and surname /	
Commercial name, or name ^{e)}	
Date of birth	
Identification number ^{a)}	
Permanent/registered address	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	
Mailing address b, if different	
from the permanent/registered	
address	
(street, house number,	
town/city, part of town/city	
ZIP code,	
country)	
At Date	Signature:

<sup>a) Where the number has been allocated.
b) Article 19(3) of the Administrative Procedure Code.

Where the mailing address is different from the applicant's permanent address or any other address and where it is to be used in written communication with the CNB, please fill in this part of the form.
c) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.
d) For example attorney, notary public or general representative.
e) A legal entity shall also state the person through whom it is acting.</sup>

Notification of the performance of activities in a host Member State

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

10 1 100000 00000 01 0000 0000000000000				
Name of administrative	Czech National Bank			
authority				
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03			
Mail room	Senovážná 3, Prague 1, ZIP code 115 03			

II. NOTIFYING ENTITY

2. Designation of the notifying entity			
□ payment institution□ electronic money institution			
3. Identification of the notifying entity			
Commercial name, or name			
Identification number a)			
Telephone number			
Registered address (street, house number, town/city, part of town/city ZIP code, country)			
Unless ruled out by law or the nature of the matter, do you wish to receive	YES	NO	
correspondence by e-mail ^{b)} ?	e-mail address:		
III. SUBJECT OF THE NOTIFICATION 4. Notification of			
the performance of activities in a host Member State through a branch the performance of activities in a host Member State without establishing a branch the performance of activities in a host Member State through a sales representative — establishment the performance of activities in a host Member State through a sales representative — free provision of services			

5. Basic identification of the head of the branch

su	ame(s) irname aiden na	and	Birth identification number ^{a)} /date of birth ^{c)}	Place of birth (state, district, and town/city)	Nationality	Permanent address (street, house number, town/city, part of town/city, ZIP code and country)

6. Basic identification of the sales representative in a host Member State - natural person

person				
Name(s) and surname and maiden name	Birth identification number ^{a)} /date of birth ^{c)}	Place of birth (state, district, and town/city)	Nationality	Permanent/contact address (street, house number, town/city, part of town/city, ZIP code and country)

7. Basic identification of the sales representative in a host Member State – legal entity

The state of the states represent	sentuative in a most intermiser state regar energy
Commercial name, or name	
Date of establishment	
Telephone number E-mail:	
Registered address	
(street, house number, town/city, part of	
town/city, ZIP code and country)	

8. Identification of the person which is the statutory body or a member of the statutory body of the entity referred to in item 7

body of the entity referred to in item 7						
Name(s) and	Birth	Place of	Nationality	Permanent address		
surname and	identification	birth		(street, house number, town/city,		
maiden name	number ^{a)} /date	(state,		part of town/city, ZIP code and		
	of birth ^{c)}	district, and		country)		
	or birth	town/city)				

9. Host Member State – operation of a branch or a sales representative

Name of state	Address of the branch/sales representative	
	(where known at the time of submission of the notification)	

10. Activities to be performed through a branch or a sales representative in the territory of the host Member State

a) List of payment services pursuant to Article 3 of the Payment System Act

		Entry/	Expected date of
		deletion	commencing or
Name of activity	detetion	terminating the	
- masse of mountain		O	
			activity
			(i.e. when a licence is
			granted or the scope
			of the licence is
			changed)
a) Service enabling cash to be placed on a			
payment account maintained by the			
provider.			
b) Service enabling cash withdrawals from a			
payment account maintained by the			
provider.			
•			
c) Execution of transfers of funds initiated			
by			
1. the payer			
2. the beneficiary, or			
3. the payer through the beneficiary			
unless the transferred funds are granted			
as a loan to the user by the provider.			
d) Execution of transfers of funds from a			
payment account initiated by			
1. the payer			
2. the beneficiary, or			
3. the payer through the beneficiary			
where the transferred funds are granted			
as a loan to the user by the provider.			
e) Issuing and administering payment			
instruments and devices for accepting			
payment instruments.			
f) Transferring funds, where neither the			
payer nor the beneficiary use the			
payment account with the payer's			
provider (money remittance).			
g) Execution of a payment transaction by an			
electronic communication service			
provider where the consent of the payer			
to execute a payment transaction is given			
by means of an electronic			
communication device.			

b) List of activities pursuant to Article 8(1)(b) and (c) of the Payment Systems Act		
c) List of activities pursuant to Ar	ticle 46(2) of the Payment System Act	
_		
to the relevant provisions of the D	nexes d); for the individual annexes please state references ecree on the pursuit of business of payment institutions, mall-scale payment service providers and small-scale	
	IV. DECLARATION	
I hereby declare that the informatio date and complete.	n stated in the notification and annexes is truthful, up-to-	
	V.	
IDENTIFIC	CATION OF OTHER PERSONS	
This notification is submitted by the	notifying entity	
12. Identification of the person act	ting on behalf of the notifying entity	
Designation of office		
Name(s) and surname		
Date of birth		
Permanent address		
(street, house number, town/city, part of town/city		
ZIP code,		
country)		
Mailing address b), if different		
from the permanent address (street, house number,		
town/city, part of town/city		
ZIP code,		

This notification is submitted by the	e notifying entity's rep	<u>presentative</u>
13. Identification of the person re	epresenting the notify	ying entity
Information about the representative e)		
Name(s) and surname / Commercial name, or name f)		
Date of birth		
Identification number a)		
Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)		
Mailing address b), if different from the permanent/registered		
address (street, house number, town/city, part of town/city ZIP code, country)		
At Da	te	Signature:

a) Where the number has been allocated.

b) Article 19(3) of the Administrative Procedure Code. Where the mailing address is different from the applicant's permanent address or any other address and where it is to be used in written communication with the CNB, please fill in this part of the form.

c) Give the date of birth where no birth index number has been allocated.

d) The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

e) For example attorney, notary public or general representative.

f) A legal entity shall also state the person through whom it is acting.

Notification of the intention to reduce or dispose of a qualifying holding Notification of the intention to cease to have control over an electronic money institution

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority

Name of administrative	Czech National Bank
authority	
Registered office	Na Příkopě 28, Prague 1, ZIP code 115 03
Mail room	Senovážná 3, Prague 1, ZIP code 115 03

II. NOTIFYING ENTITY

2 Identification of the electronic money institution	2. Identification of the electronic money institution	2.	ldentification	of	the	elect	tronic	mone	y ins	titut	tio	n
--	---	----	----------------	----	-----	-------	--------	------	-------	-------	-----	---

Commercial name, or name	

III. SUBJECT OF THE NOTIFICATION

3. Notification of the intention

to dispose of a qualifying holding in an electronic money institution
to reduce a qualifying holding in an electronic money institution below 50%, 30%, or 20%
to cease to have control over an electronic money institution

4. Information about the holding

	The size of the	e holding as of	The size of	the holding	The size of	the holding
the date of the notification		being disposed	d of/reduced	after disposal/reduction		
	%	abs.	%	abs.	%	abs.
		amount		amount		amount

5. Identification of a natural person acquiring the holding from the notifying entity (seller)/becoming a parent undertaking

<u> </u>	
Name(s) and surname including maiden	
name	

Birth identification number ^{a)} /da birth ^{b)}	te of				
Permanent address					
(street, house number,					
town/city, part of town/city					
ZIP code,					
country)					
For an entrepreneur entered in	the				
Commercial Register:					
Company name, or place of busine	266				
identification number	LSS ,				
identification number					
(I l 4:6: 4: 6 - 1 1 4:4					
	_	ng the holding from the notifying entity			
(seller)/becoming a parent underta	aking				
Commercial name, or name					
Identification number a)					
Registered address					
(street, house number,					
town/city, part of town/city					
ZIP code,					
country)					
IV. DECLARATION I hereby declare that the information stated in the notification is truthful, up-to-date and complete. V. IDENTIFICATION OF OTHER PERSONS This notification is submitted by the notifying entity 7. Identification of the person acting on behalf of the notifying entity					
Designation of office					
Name(s) and surname					
Date of birth					
Permanent address					
(street, house number,					
town/city, part of town/city					
ZIP code,					
country)					
Mailing address c), if different					
from the permanent address					
(street, house number,					
town/city, part of town/city					
ZIP code,					
country)					

This notification is submitted by the notifying entity's representative

8. Identification of the person representing the notifying entity Information about representative d) Name(s) and surname / Commercial name, or name e) Date of birth Identification number a) Permanent/registered address (street, house number, town/city, part of town/city ZIP code, country) Mailing address c), if different from the permanent/registered address (street, house number, town/city, part of town/city ZIP code, country)

At

Date

Signature:

a) Where the number has been allocated.

b) Give the date of birth where no birth index number has been allocated.

c) Article 19(3) of the Administrative Procedure Code.

Where the mailing address is different from the applicant's permanent address or any other address and where it is to be used in written communication with the CNB, please fill in this part of the form.

d) For example attorney, notary public or general representative.

e) A legal entity shall also state the person through whom it is acting.

Questionnaire

for assessing a director of a small-scale payment service provider and a small-scale electronic money issuer

I. IDENTIFICATION OF THE PERSON AND INFORMATION TO ASSESS INTEGRITY

1. Identification	of the nerson					
Name(s) and su						
Maiden name						
Birth	Date of birth b)					
identification number ^{a)}	- 000 01 011					
Place of birth (state, district, and	l town/city)					
Nationality						
2. Stating a legal entity or a natural person in which the person referred to in item 1 performs or will hold the position of a senior officer small-scale payment service provider small-scale electronic money issuer						
Other personal information						
•	tence to perform lega					
YES	If so, please pro	se provide details.				
□ NO						
4 Haya wan baas	anniated for a much	courty offense an economic offense as an offense as well-that				
4. Have you been convicted for a property offence, an economic offence or an offence committed in relation to terrorist financing?						
YES NO	If so, please provide details in brief and document this information with the relevant decision.					
-						

5. Have you stayed continuously outside the Czech Republic for a period exceeding 6 months in the past three years?							
☐ YES ☐ NO	If so, state the country/countries in which you stayed continuously for a period exceeding 6 months in the past three years and enclose originals of certificates of integrity issued by foreign states to the application/notification. List of states concerned:						

II. **DECLARATION**

I hereby declare that the information stated in the application/notification and in this annex is truthful, up-to-date and complete.

At	Date	Signature:

<sup>a) Where the number has been allocated.
b) Give the date of birth where no birth index number has been allocated.</sup>