

## SPECIMEN

**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**

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

**II.  
SUBJECT OF APPLICATION**

**2. Specification of the subject of the application**

<input type="checkbox"/> application for a licence for the activities of a payment institution  <input type="checkbox"/> notification of a change of information in the application for a licence for the activities of a payment institution
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**III.  
APPLICANT<sup>a)</sup>/NOTIFYING ENTITY**

**3. Identification of the applicant/notifying entity**

<b>Commercial name, or name</b>		
<b>Identification number<sup>b)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail<sup>c)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

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

**A. Capital and other financial sources**

**4a. Information about initial capital of the payment institution (CZK thousands)**

<b>Initial capital in total</b>	
<b>Of which</b>	
<b>Paid-up capital</b>	
<b>Paid-up share premium</b>	
<b>Mandatory reserve funds</b>	
<b>Other funds created from profit distribution, which can be used solely to cover a loss recorded in financial statements</b>	
<b>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</b>	

**4b. Other financial sources**

<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
If so, please specify these sources.	

**4c. Chosen approach to the calculation of the capital requirement**

<input type="checkbox"/> <b>Approach based on overhead expenses (Approach A)</b>
<input type="checkbox"/> <b>Approach based on the volume of payments (Approach B)</b>
<input type="checkbox"/> <b>Basic indicator approach (Approach C)</b>

**B. Description of activities of the payment institution**

**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. 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.	<input type="checkbox"/>		
a) Service enabling cash withdrawals from a payment account maintained by the provider.	<input type="checkbox"/>		
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.	<input type="checkbox"/>		
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.	<input type="checkbox"/>		
Issuing and administering payment instruments and devices for accepting payment instruments.	<input type="checkbox"/>		
Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's provider (money remittance).	<input type="checkbox"/>		
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.	<input type="checkbox"/>		

**5b. List of activities pursuant to Article 8(1)(b) and (c) of the Payment Systems Act**

Name of activity

**C. Senior officer of the payment institution**

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

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

**D. Personal links of persons having qualifying holdings in the payment institution in other legal entities**

**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**

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

**b) Legal entity having a qualifying holding**

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

## E. List of Annexes

**8. List of the numbers of all annexes <sup>e)</sup>**; 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

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## 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

### 9. Identification of the person acting on behalf of the applicant/notifying entity

<b>Designation of office</b>	
<b>Name(s) and surname</b>	
<b>Date of birth</b>	
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code country)	
<b>Mailing address <sup>e)</sup>, if different from the permanent address</b> (street, house number, town/city, part of town/city ZIP code country)	

This application is submitted by the applicant's/notifying entity's representative

### 10. Identification of the person representing the applicant/notifying entity

<b>Information about the representative <sup>f)</sup></b>	
<b>Name(s) and surname / Commercial name, or name <sup>g)</sup></b>	
<b>Date of birth</b>	
<b>Identification number</b>	
<b>Permanent/registered address</b> (street, house number,	

town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>c)</sup>, if different from the permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	

At

Date:

Signature:

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

## SPECIMEN

**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

<b>Name(s) and surname</b>			
<b>Maiden name</b>			
<b>Birth index number<sup>a)</sup></b>	<b>Date of birth<sup>b)</sup></b>		
<b>Place of birth</b> (state, district, and town/city)			
<b>Nationality</b>			

**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**

<input type="checkbox"/> payment institution <input type="checkbox"/> electronic money institution <input type="checkbox"/> other entity <sup>c)</sup>
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**

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**4. Description of the tasks related to the position, including their expected authorisation and powers (duties, responsibility)<sup>d)</sup>**

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## **B. Earlier applications**

### **5. Information on earlier applications**

<b>Have you (or another person) applied in the past to a supervisory authority in the Czech Republic for prior consent to perform the duties of a senior officer?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details.</b>

## **C. Other personal information**

### **6. Other personal information**

<b>Is your competence to perform legal acts limited?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details.</b>	
<b>Have any circumstances occurred preventing you from carrying on a trade pursuant to the act governing trades?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details.</b>	
<b>What offices do you hold in parallel with the performance of the duties of a senior officer?</b>		
<input type="checkbox"/> None	<b>If you hold any other office in parallel, please provide the details required below:</b>	
Designation of office	Commercial name of the legal entity in which the office is held	Identification number

## **D. Information on the person's trustworthiness**

### **7. Information on decisions in criminal, administrative or similar proceedings**

<b>7.1 Have you been lawfully convicted of a criminal offence?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief and document this information with the relevant decision.</b>	
<b>7.2 Has a sanction exceeding CZK 20,000 or prohibition of activity, or another remedial measure or duty to pay damages, been imposed on you by a final decision in the last ten years for a misdemeanour or another administrative offence of violating a legal duty in connection with the performance of employment, office or business activity?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>	
<b>7.3 Have you performed 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 controlling a legal entity, at a time when a sanction for an administrative offence or a duty to pay damages was imposed on the legal entity by a final decision in connection with an activity on the financial market?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>	



## 8. Information on criminal, administrative or similar proceedings not covered by item 7

<b>8.1 Have you been prosecuted in the last ten years?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details in brief and document this information with the accusation or indictment.
<b>8.2 Have you been subject to administrative or similar proceedings for the violation of a duty relating to the performance of employment, office or business activity or in connection with a prohibition of activity, except proceedings for offences or similar proceedings for which only sanctions of up to CZK 20,000 may be imposed?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details in brief.

## 9. Information on a decision and commencement of civil proceedings or arbitration proceedings

<b>9.1 State whether a decision in civil proceedings or arbitration proceedings concerning you was issued in the last ten years if such a decision relates to your activities on the financial market or may jeopardise your financial situation, or if such proceedings are under way and have yet to be concluded by a final decision.</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details in brief.
<b>In the last ten years, have you been subject to a decision declaring insolvency without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.

## 10. Other facts that may affect trustworthiness

<b>10.1 In the last ten years, has a legal entity controlled by you been subject to a decision declaring insolvency without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide the commercial name of the legal entity, its identification number and other details.
<b>10.2 Have you performed duties as the statutory body or member of the statutory or supervisory 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 entity without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide the commercial name of the legal entity, its identification number and other details.
<b>10.3 Have you ever had a business licence or other licence suspended or withdrawn, or has a court of 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 condition for your election, nomination or appointment?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details in brief.

## Information on the person's trustworthiness from the perspective of activity in professional chambers

<b>Have you been debarred from a professional association or chamber, including a foreign one, in the last ten years?</b>
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<input type="checkbox"/> YES	If so, please provide details in brief.
<input type="checkbox"/> NO	
<b>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?</b>	
<input type="checkbox"/> YES	If so, please provide details in brief.
<input type="checkbox"/> NO	

**12. Information relating to a submission of the certificate of integrity issued by a foreign state**

<b>Have you stayed continuously outside the Czech Republic for a period exceeding 6 months in the past three years?</b>	
<input type="checkbox"/> 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. List of states concerned:
<input type="checkbox"/> NO	

**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.

At	Date	Signature:
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- 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.

## SPECIMEN

## Questionnaire

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

## I.

**1. Basic information about the person having a qualifying holding**

<b>Name(s) and surname/commercial name, or name</b>

**2. Designation of a legal entity in which the qualifying holding is being acquired or increased**

- |   |
|---|
| <input type="checkbox"/> payment institution<br><br><input type="checkbox"/> electronic money institution |
|---|

**3. Questionnaire**

<b>3.1 Are you acquiring holdings in name and for your account?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please provide details.
<b>3.2 Are you exercising or are you going to exercise the voting rights on behalf of a third party?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please state on behalf of what person.
<b>3.3 Are you going to assign the voting rights to another person under an agreement or arrangement?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please state in favour of what person.
<b>3.4 Has an agreement been concluded with a third party, under which you are a subsidiary? Has an agreement been concluded or is an agreement to be concluded, under which you are to become a subsidiary?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.
<b>Do you act in concert with another person, which owns holdings in the entity referred to in item 2 or to which the exercise of the voting right has been assigned or which can exercise a significant influence over the management of the entity referred to in item 2?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide details of this other person and of the manner of acting in concert.

<b>3.6 Do you have any monetary and other liabilities, which exceed 5% of your capital/assets or may have an effect of the same size?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b>

#### **4. Information on decisions in criminal, administrative or similar proceedings**

<b>4.1 Have you been lawfully convicted of a criminal offence?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief and document this information with the relevant decision.</b>
<b>4.2 Has a sanction exceeding CZK 20,000 or prohibition of activity, or another remedial measure or duty to pay damages, been imposed on you by a final decision in the last ten years for a misdemeanour or another administrative offence of violating a legal duty in connection with the performance of employment, office or business activity?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>
<b>4.3 Have you performed 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 controlling a legal entity, at a time when a sanction for an administrative offence or a duty to pay damages was imposed on the legal entity by a final decision in connection with an activity on the financial market?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>

#### **5. Information on criminal, administrative or similar proceedings not covered by item 4**

<b>5.1 Have you been prosecuted in the last ten years?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief and document this information with the accusation or indictment.</b>
<b>5.2 Have you been subject to administrative or similar proceedings for the violation of a duty relating to the performance of employment, office or business activity or in connection with a prohibition of activity, except proceedings for offences or similar proceedings for which only sanctions of up to CZK 20,000 may be imposed?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>

#### **6. Information on a decision and commencement of civil proceedings or arbitration proceedings**

<b>6.1 State whether a decision in civil proceedings or arbitration proceedings concerning you was issued in the last ten years if such a decision relates to your activities on the financial market or may jeopardise your financial situation, or if such proceedings are under way and have yet to be concluded by a final decision.</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>
<b>6.2 In the last ten years, have you been subject to a decision declaring insolvency without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details.</b>

## 7. Other facts that may affect trustworthiness

<b>7.1 In the last ten years, has a legal entity controlled by you been subject to a decision declaring insolvency without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide the commercial name of the legal entity, its identification number and other details.</b>
<b>7.2 Have you performed duties as the statutory body or member of the statutory or supervisory 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 without the insolvency proceeding being concluded by a decision declaring the debtor not insolvent?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide the commercial name of the legal entity, its identification number and other details.</b>
<b>7.3 Have you ever had a business licence or other licence suspended or withdrawn, or has a court of 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 condition for your election, nomination or appointment?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>

## 8. Information on the person's trustworthiness from the perspective of activity in professional chambers

<b>8.1 Have you been debarred from a professional association or chamber, including a foreign one, in the last ten years?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>
<b>8.2 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?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If so, please provide details in brief.</b>

## 9. Information relating to a submission of the certificate of integrity issued by a foreign state

### a) for a natural person

<b>Have you stayed continuously outside the Czech Republic for a period exceeding 6 months in the past three years?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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. List of states concerned:</b>

### a) for a legal entity

<b>Do you have or did you have an organisational unit outside the Czech Republic in the past three years?</b>	
<input type="checkbox"/> YES	<b>If so, give the states concerned and enclose original documents of integrity issued by</b>

<input type="checkbox"/> <b>NO</b>	the foreign states to the application/notification. List of states concerned:

**10. 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, annexes and in this questionnaire is truthful, up-to-date and complete.

At

Date

Signature:

## SPECIMEN

**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**

<b>Name of administrative authority</b>	Czech National Bank
<b>Registered office</b>	Na Příkopě 28, Prague 1, ZIP code 115 03
<b>Mail room</b>	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**

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

<b>Mailing address, if different from the address of place of business</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>o)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

**4. Identification of the applicant/notifying entity – legal entity**

<b>Commercial name, or name</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>o)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

**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 of registration)
a) Service enabling cash to be placed on a payment account maintained by the provider.	<input type="checkbox"/>	
b) Service enabling cash withdrawals from a payment account maintained by the provider.	<input type="checkbox"/>	
c) Execution of transfers of funds from a payment account initiated by	<input type="checkbox"/>	



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.	<input type="checkbox"/>		
e) Issuing and administering payment instruments and devices for accepting payment instruments.	<input type="checkbox"/>		
f) Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's provider (money remittance).	<input type="checkbox"/>		
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.	<input type="checkbox"/>		

**5b. List of activities pursuant to Article 8(1)(b) and (c) of the Payment Systems Act**

Name of activity

**6. Basic identification of a senior officer of the small-scale payment service provider**

Name(s) and surname and maiden name	Birth identification number <sup>a</sup> /date of birth <sup>b</sup>	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

**7. Additional information about the applicant/notifying entity**

**a) natural person**

<b>7.1 Is your competence to perform legal acts limited?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.

<b>7.2 Have you been lawfully convicted of a criminal offence?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details in brief and document this information with the relevant decision.
<b>7.3 Have you been convicted for a property offence, an economic offence or an offence committed in relation to terrorist financing?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.
<b>7.4 Have any circumstances occurred preventing you from carrying on a trade pursuant to the act governing trades?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.

**b) legal entity**

<b>7.5 Have any circumstances occurred preventing you from carrying on a trade pursuant to the act governing trades?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, please provide details.

**8. Information relating to the certificate of integrity issued by a foreign state submitted by the applicant/notifying entity – natural person**

<b>Have you stayed continuously outside the Czech Republic for a period exceeding 6 months in the past three years?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, state 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 foreign states to the application/notification. List of states concerned:

**9. List of the numbers of all annexes <sup>d)</sup>**; 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

**10. Identification of the person acting for the applicant/notifying entity**

<b>Designation of office</b>		
<b>Name(s) and surname</b>		
<b>Date of birth</b>		
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code country)		
<b>Mailing address <sup>e)</sup>, if different from the permanent address</b> (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**

<b>Information about the representative <sup>e)</sup></b>		
<b>Name(s) and surname / Commercial name, or name <sup>f)</sup></b>		
<b>Date of birth</b>		
<b>Identification number <sup>d)</sup></b>		
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Mailing address <sup>e)</sup>, if different from the permanent/registered address</b> (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.
- 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.

## SPECIMEN

**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

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

## II.

## SUBJECT OF APPLICATION

## 2. Specification of the subject of the 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 <sup>a)</sup> / NOTIFYING ENTITY

## 3. Identification of the applicant/notifying entity

<b>Commercial name</b>		
<b>Identification number <sup>b)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>c)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, please provide your 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 electronic money institution (CZK thousands)**

<b>Initial capital in total</b>	
<b>Of which</b>	
<b>Paid-up capital</b>	
<b>Mandatory reserve funds</b>	
<b>Other funds created from profit distribution, which can be used solely to cover a loss recorded in financial statements</b>	
<b>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</b>	

**4b. Other financial sources**

<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
If so, please specify these sources.	

**4c. Chosen approach to the calculation of the capital requirement**

<input type="checkbox"/> <b>approach based on overhead expenses (Approach A)</b>
<input type="checkbox"/> <b>approach based on the volume of payments (Approach B)</b>
<input type="checkbox"/> <b>basic indicator approach (Approach C)</b>

**B. Description of activities of an electronic money institution**

**5a. List of activities pursuant to Article 46(2) 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) Electronic money issuance.	<input type="checkbox"/>	
b) Provision of payment services relating to electronic money.	<input type="checkbox"/>	
c) Provision of payment services, which do not relate to electronic money, stated in the licence for the activities of an electronic money institution.	<input type="checkbox"/>	
d) Performance of activities associated with the activities listed in a) to c), including lending.	<input type="checkbox"/>	
e) Operation of a payment system, except a payment system with settlement finality.	<input type="checkbox"/>	

**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**

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.	<input type="checkbox"/>	
b) Service enabling cash withdrawals from a payment account maintained by the provider.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
e) Issuing and administering payment instruments and devices for accepting payment instruments.	<input type="checkbox"/>	
f) Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's	<input type="checkbox"/>	

<b>provider (money remittance).</b>			
<b>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>	<input type="checkbox"/>		

**5b2. Article 46(2)(d) of the Payment System Act**

<b>Name of activity</b>

**C. Senior officer in an electronic money institution**

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

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

**D. Personal links of persons having qualifying holdings in the electronic money institution in other legal entities**

**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**

<b>Name(s) and surname and maiden name of the natural persons having a qualifying holding</b>	<b>Identification of the legal entity to which the person referred to in Column 1 is personally linked</b> (commercial name/name, identification number, registered address: street, house number, town/city, part of town/city, ZIP code and country)	<b>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</b>
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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 documents**

**8. List of the numbers of all annexes <sup>e)</sup>**; 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.

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**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

**9. Identification of the person acting on behalf of the applicant/notifying entity**

<b>Designation of office</b>	
<b>Name(s) and surname</b>	
<b>Date of birth</b>	
<b>Permanent address</b> (street, house number, town/city, part of town/city, ZIP code, country)	

<b>Mailing address <sup>c)</sup>, if different from the permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	
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This application is submitted by the applicant's/notifying entity's representative

**10. Identification of the person representing the applicant/notifying entity**

<b>Information about the representative <sup>f)</sup></b>	
<b>Name(s) and surname / Commercial name, or name <sup>g)</sup></b>	
<b>Date of birth</b>	
<b>Identification number <sup>b)</sup></b>	
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code country)	
<b>Mailing address <sup>c)</sup>, if different from the permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	

At
----

Date
------

Signature:
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<sup>a)</sup> Entity to which the licence is to be granted.

<sup>b)</sup> Where the number has been allocated.

<sup>c)</sup> 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>d)</sup> Give the date of birth where no birth index number has been allocated.

<sup>e)</sup> The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

<sup>f)</sup> For example attorney, notary public, general representative.

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

## SPECIMEN

**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**

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

**II.  
SUBJECT OF APPLICATION**

**2. Specification of the subject of the application**

<input type="checkbox"/> notification of the intention to acquire or increase a qualifying holding in an electronic money institution
<input type="checkbox"/> notification of the intention to take control of an electronic money institution

**III.  
NOTIFYING ENTITY**

**3. Identification of the notifying entity – natural person**

<b>Name(s) and surname and maiden name</b>			
<b>Birth identification number <sup>a)</sup>/date of birth <sup>b)</sup></b>			
<b>Telephone number</b>			
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)			
<b>Mailing address <sup>c)</sup>, if different from the permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)			
<b>Unless ruled out by law or the nature of the matter, do you wish to receive</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>		

correspondence by e-mail <sup>3)</sup> ?		
	If so, please provide your e-mail address:	

**4. Identification of the notifying entity – legal entity**

Commercial name, or name		
Identification number <sup>a)</sup>		
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 <sup>o)</sup> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, please provide your e-mail address:	

**IV.**

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

**A. Information about the electronic money institution, in which the qualifying holding is 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**

Commercial name	
Identification number <sup>a)</sup>	
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 size of the qualifying holding as of the date of the application (in %)		The size of the qualifying holding to be acquired (in %)		The expected total size of the qualifying holding after approval (in %)	
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 <sup>a)</sup> /date of birth <sup>b)</sup> Identification number <sup>a)</sup>	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.						

**Personal links of persons having qualifying holdings in the electronic money institution 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**

Name(s) and surname and maiden name of the natural persons having a qualifying holding	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	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

	Column 1		
1	2	3	4

**D. List of documents**

**9. List of the numbers of all annexes <sup>d)</sup>**; 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.

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**V.  
DECLARATION**

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

**VI.  
IDENTIFICATION OF OTHER PERSONS**

This notification is submitted by the notifying entity

**10. Identification of the person acting for the notifying entity**

<b>Designation of office</b>		
<b>Name(s) and surname</b>		
<b>Date of birth</b>		
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Mailing address <sup>e)</sup>, if different from the permanent address</b> (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

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

At

Date

Signature:

<sup>a)</sup> Where the number has been allocated.

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

<sup>c)</sup> 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>d)</sup> The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

<sup>e)</sup> For example attorney, notary public or general representative.

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

## SPECIMEN

**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

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

## II.

## SUBJECT OF APPLICATION

## 2. Specification of the subject of the application

<input type="checkbox"/> application for entry in the register of small-scale electronic money issuers
<input type="checkbox"/> 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

<b>Commercial name, or name</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>b)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	



**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(1) and 46(2) 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) Electronic money issuance.	<input type="checkbox"/>		
b) Provision of payment services relating to electronic money.	<input type="checkbox"/>		
c) Provision of payment services, which do not relate to electronic money, stated in the licence for the activities of an electronic money institution.	<input type="checkbox"/>		
d) Performance of activities associated with the activities listed in a) to c), including lending	<input type="checkbox"/>		
e) Operation of a payment system, except a payment system with settlement finality.	<input type="checkbox"/>		

**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.	<input type="checkbox"/>		
b) Service enabling cash withdrawals from a payment account maintained by the provider.	<input type="checkbox"/>		
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.	<input type="checkbox"/>		

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.	<input type="checkbox"/>		
e) Issuing and administering payment instruments and devices for accepting payment instruments.	<input type="checkbox"/>		
f) Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's provider (money remittance).	<input type="checkbox"/>		
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.	<input type="checkbox"/>		

**4b2. Article 46(2)(d) of the Payment System Act**

<b>Name of activity</b>

**5. Basic identification of a senior officer of the small-scale electronic money issuer**

Name(s) and surname and maiden name	Birth identification number <sup>a)</sup> /date of birth <sup>c)</sup>	Place of birth (state, district, and town/city)	Nationality	Permanent address (street, house number, town/city, part of town/city, ZIP code and state)	Proposed office

**6. Additional information about the applicant/notifying entity**

<b>Have any circumstances occurred preventing you from carrying on a trade pursuant to the act governing trades?</b>	
<input type="checkbox"/> YES	<b>If so, please provide details.</b>
<input type="checkbox"/> NO	

**7. List of the numbers of all annexes <sup>d)</sup>**; 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

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**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

**8. Identification of the person acting for the applicant/notifying entity**

<b>Designation of office</b>		
<b>Name(s) and surname</b>		
<b>Date of birth</b>		
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Mailing address <sup>b)</sup>, if different from the permanent address</b> (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**

<b>Information about the representative <sup>e)</sup></b>		
<b>Name(s) and surname / Commercial name, or name <sup>f)</sup></b>		
<b>Date of birth</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		

<b>Mailing address <sup>b)</sup>, if different from the permanent/registered address</b> (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.

## SPECIMEN

## Notification of providing payment services through a sales representative

### I. ADMINISTRATIVE AUTHORITY

#### 1. Name and address of the administrative authority

<b>Name of administrative authority</b>	Czech National Bank
<b>Registered office</b>	Na Příkopě 28, Prague 1, ZIP code 115 03
<b>Mail room</b>	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

<b>Commercial name, or name</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>b)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

### 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 system from the point of view of compliance with anti-money-laundering and anti-terrorist-financing obligations

and, in line with the notifying entity’s internal criteria for assessing trustworthiness, professional qualifications and sufficient experience,

- 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**

Commercial name, or name	Identification number

**b) Identification of the senior officer of the sales representative**

Name(s) and surname	Date of birth

**IV.**

**6. List of the numbers of all annexes<sup>o)</sup>**; 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.

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**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 acting on behalf of the notifying entity

<b>Designation of office</b>		
<b>Name(s) and surname</b>		
<b>Date of birth</b>		
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Mailing address <sup>b)</sup>, if different from the permanent address</b> (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

<b>Information about the representative <sup>d)</sup></b>		
<b>Name(s) and surname / Commercial name, or name <sup>e)</sup></b>		
<b>Date of birth</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Mailing address <sup>b)</sup>, if different from the permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		

At

Date

Signature:

<sup>a)</sup> Where the number has been allocated.

<sup>b)</sup> 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.



## SPECIMEN

## Notification of the performance of some activities through another person

### I. ADMINISTRATIVE AUTHORITY

#### 1. Name and address of the administrative authority

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

### II. NOTIFYING ENTITY

#### 2. Designation of the notifying entity

<input type="checkbox"/> payment institution
<input type="checkbox"/> electronic money institution

#### 3. Identification of the notifying entity

<b>Commercial name, or name</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>b)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

### III. NOTIFICATION

#### 4. Identification of a natural person entrusted with the performance of activities

<b>Name(s) and surname</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>	<b>E-mail:</b>	
<b>Address of place of business</b> (street, house number,		

town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>b)</sup>, if different from the address of place of business</b> (street, house number, town/city, part of town/city ZIP code, country)	

#### 5. Identification of a legal entity entrusted with the performance of activities

<b>Commercial name, or name</b>	
<b>Identification number <sup>a)</sup></b>	
<b>Telephone number</b>	<b>E-mail:</b>
<b>Registered address</b> (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 <sup>c)</sup>**; 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.

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### 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

<b>Designation of office</b>	
<b>Name(s) and surname</b>	
<b>Date of birth</b>	

<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>b)</sup>, if different from the permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	

This notification is submitted by the notifying entity's representative

### 9. Identification of the person representing the notifying entity

<b>Information about the representative <sup>d)</sup></b>	
<b>Name(s) and surname / Commercial name, or name <sup>e)</sup></b>	
<b>Date of birth</b>	
<b>Identification number <sup>a)</sup></b>	
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>b)</sup>, if different from the permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	

At

Date

Signature:

<sup>a)</sup> Where the number has been allocated.

<sup>b)</sup> 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)</sup> The annexes to the application must be numbered. The numbers of the annexes in the list must correspond to the numbering of the annexes.

<sup>d)</sup> For example attorney, notary public or general representative.

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

## SPECIMEN

## Notification of the performance of activities in a host Member State

### I. ADMINISTRATIVE AUTHORITY

#### 1. Name and address of the administrative authority

<b>Name of administrative authority</b>	Czech National Bank
<b>Registered office</b>	Na Příkopě 28, Prague 1, ZIP code 115 03
<b>Mail room</b>	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

<b>Commercial name, or name</b>		
<b>Identification number <sup>a)</sup></b>		
<b>Telephone number</b>		
<b>Registered address</b> (street, house number, town/city, part of town/city ZIP code, country)		
<b>Unless ruled out by law or the nature of the matter, do you wish to receive correspondence by e-mail <sup>b)</sup>?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>If so, please provide your e-mail address:</b>	

### 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**

<b>Name(s) and surname and maiden name</b>	<b>Birth identification number<sup>a)</sup>/date of birth<sup>c)</sup></b>	<b>Place of birth</b> (state, district, and town/city)	<b>Nationality</b>	<b>Permanent address</b> (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**

<b>Name(s) and surname and maiden name</b>	<b>Birth identification number<sup>a)</sup>/date of birth<sup>c)</sup></b>	<b>Place of birth</b> (state, district, and town/city)	<b>Nationality</b>	<b>Permanent/contact address</b> (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**

<b>Commercial name, or name</b>	
<b>Date of establishment</b>	
<b>Telephone number</b>   <b>E-mail:</b>	
<b>Registered address</b> (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**

<b>Name(s) and surname and maiden name</b>	<b>Birth identification number<sup>a)</sup>/date of birth<sup>c)</sup></b>	<b>Place of birth</b> (state, district, and town/city)	<b>Nationality</b>	<b>Permanent address</b> (street, house number, town/city, part of town/city, ZIP code and country)

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

<b>Name of state</b>	<b>Address of the branch/sales representative</b> (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**

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.	<input type="checkbox"/>	
b) Service enabling cash withdrawals from a payment account maintained by the provider.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
e) Issuing and administering payment instruments and devices for accepting payment instruments.	<input type="checkbox"/>	
f) Transferring funds, where neither the payer nor the beneficiary use the payment account with the payer's provider (money remittance).	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

**b) List of activities pursuant to Article 8(1)(b) and (c) of the Payment Systems Act**


**c) List of activities pursuant to Article 46(2) of the Payment System Act**


**11. List of the numbers of all annexes <sup>d)</sup>**; 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.

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**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

**12. Identification of the person acting on behalf of the notifying entity**

<b>Designation of office</b>	
<b>Name(s) and surname</b>	
<b>Date of birth</b>	
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>b)</sup>, if different from the permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	

This notification is submitted by the notifying entity's representative

### 13. Identification of the person representing the notifying entity

<b>Information about the representative<sup>e)</sup></b>	
<b>Name(s) and surname / Commercial name, or name<sup>f)</sup></b>	
<b>Date of birth</b>	
<b>Identification number<sup>a)</sup></b>	
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address<sup>b)</sup>, if different from the permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	

At
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Date
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Signature:
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<sup>a)</sup> Where the number has been allocated.

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

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

<sup>e)</sup> For example attorney, notary public or general representative.

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



## SPECIMEN

**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**

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

**II.  
NOTIFYING ENTITY**

**2. Identification of the electronic money institution**

<b>Commercial name, or name</b>	
---------------------------------	--

**III.  
SUBJECT OF THE NOTIFICATION**

**3. Notification of the intention**

<input type="checkbox"/> to dispose of a qualifying holding in an electronic money institution <input type="checkbox"/> to reduce a qualifying holding in an electronic money institution below 50%, 30%, or 20% <input type="checkbox"/> to cease to have control over an electronic money institution
---

**4. Information about the holding**

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

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

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

<b>Birth identification number <sup>a)</sup>/date of birth <sup>b)</sup></b>	
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>For an entrepreneur entered in the Commercial Register: Company name, or place of business, identification number</b>	

**6. Identification of a legal entity acquiring the holding from the notifying entity (seller)/becoming a parent undertaking**

<b>Commercial name, or name</b>	
<b>Identification number <sup>a)</sup></b>	
<b>Registered address</b> (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**

<b>Designation of office</b>	
<b>Name(s) and surname</b>	
<b>Date of birth</b>	
<b>Permanent address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address <sup>c)</sup>, if different from the permanent address</b> (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

<b>Information about the representative</b> <sup>d)</sup>	
<b>Name(s) and surname / Commercial name, or name</b> <sup>e)</sup>	
<b>Date of birth</b>	
<b>Identification number</b> <sup>a)</sup>	
<b>Permanent/registered address</b> (street, house number, town/city, part of town/city ZIP code, country)	
<b>Mailing address</b> <sup>c)</sup> , 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.

## SPECIMEN

**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 person**

<b>Name(s) and surname</b>			
<b>Maiden name</b>			
<b>Birth identification number <sup>a)</sup></b>	<b>Date of birth <sup>b)</sup></b>		
<b>Place of birth (state, district, and town/city)</b>			
<b>Nationality</b>			

**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**

<input type="checkbox"/> small-scale payment service provider <input type="checkbox"/> small-scale electronic money issuer
---

**Other personal information**

<b>3. Is your competence to perform legal acts limited?</b>	
<input type="checkbox"/> YES	If so, please provide details.
<input type="checkbox"/> NO	

<b>4. Have you been convicted for a property offence, an economic offence or an offence committed in relation to terrorist financing?</b>	
<input type="checkbox"/> YES	If so, please provide details in brief and document this information with the relevant decision.
<input type="checkbox"/> NO	

**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)</sup> Where the number has been allocated.

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