**ANNEX IV**

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

|  |  |  |
| --- | --- | --- |
| 1) | Home Member State |  Click here to enter text. |
| 2) | Host Member State in which e-money services are to be provided |  Click here to enter text. |
| 3) | Name of the competent authority of the home Member State |  Click here to enter text. |
| 4) | Date of receipt by the competent authority of the home Member State of the complete and accurate application from the e-money institution | DD/MM/YY |
| 5) | Type of application | [ ]  First application[ ]  Change to previous application[ ]  Additional distributors[ ]  Distributor deactivation |
| 6) | Nature of the application (assessment of the competent authority of the home Member State) | [ ]  Right of establishment[ ]  Freedom to provide services, based on the following circumstances:Click here to enter text. |
| 7) | Name of the e-money institution |  Click here to enter text. |
| 8) | Head office address of the e-money institution |  Click here to enter text. |
| 9) | Unique identification number of the e-money institution in the format of the home Member State as specified in Annex I (where applicable) |  Click here to enter text. |
| 10) | Legal Entity Identifier (LEI) of the e-money institution (where available) |  Click here to enter text. |
| 11) | Home Member State authorisation number of the e-money institution (where applicable) |  Click here to enter text. |
| 12) | Contact person within the e-money institution |  Click here to enter text. |
| 13) | Email of the contact person within the e-money institution |  Click here to enter text. |
| 14) | Telephone number of the contact person within the e-money institution |  Click here to enter text. |
| 15) | Distributor details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. | If legal person:

|  |  |
| --- | --- |
| i. | Name |

|  |  |
| --- | --- |
| ii. | Registered Address(es) |

|  |  |
| --- | --- |
| iii. | Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) |

|  |  |
| --- | --- |
| iv. | Legal Entity Identifier (LEI) of the distributor (where available) |

|  |  |
| --- | --- |
| v. | Telephone number |

|  |  |
| --- | --- |
| vi. | Email |

|  |  |
| --- | --- |
| vii. | Name, place and date of birth of legal representatives |

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| b. | If natural person:

|  |  |
| --- | --- |
| i. | Name, date and place of birth |

|  |  |
| --- | --- |
| ii. | Registered Business address(es) |

|  |  |
| --- | --- |
| iii. | Unique identification number in the format of the Member State where the distributor is located as specified in Annex I (where applicable) |

|  |  |
| --- | --- |
| iv. | Telephone number |

|  |  |
| --- | --- |
| v. | Email |

 |

 |  Click here to enter text. |
| 16) | Electronic money services to be provided by the distributor | [ ]  Distribution[ ]  Redemption of electronic money |
| 17) | Description of the internal control mechanisms that will be used by the e-money institution/distributor in order to comply with the obligations in relation to the prevention of money laundering and terrorist financing under Directive (EU) 2015/849. |  Click here to enter text. |
| 18) | In case of outsourcing of operational functions of e-money services:

|  |  |
| --- | --- |
| a. | Name and address of the entity to which operational functions are to be outsourced |

|  |  |
| --- | --- |
| b. | Contact details (email and telephone number) of a contact person within the entity to which operational functions are to be outsourced |

|  |  |
| --- | --- |
| c. | Type and exhaustive description of the operational functions outsourced |

 |  Click here to enter text. |