

APPLICATION FOR A LICENCE TO OPERATE A SYSTEM UNDER THE NATIONAL PAYMENT SYSTEM ACT

PART A - INFORMATION ON APPLICANT AND SYSTEM					
1.	Name of Applicant:				
2.	Business Name:				
	(proposed business name)				
3.	Business Address:				
	(Provide proof of address e.g. utility bill, rental/ lease agreement)				
4.	Legal Status/ Form of Applicant:				
	(company/ credit union/ other corporate body)				
5.	Date of Incorporation/ Registration:				
	(dd/mm/yyyy):				
6.	Place of Incorporation/ Registration:				
7.	Registered Address:				
8.	Mailing Address:				
9.	Business Contact: Telephone: Fax:				
10.	Contact Person:				
	(a) Name:				
	(b) Relationship with Applicant:				
	(c) Telephones Nos.: (B) (M)				
	(d) E-mail:				

Initials ____

11.	Corporate Structure of Applicant:				
	A. Provide information of any parent company, holding company, subsidiary, groups or other business affiliate:				
	Name:	Address:		Relationship:	
	B. Indicate the comp	anies in whic	ch the applicant h	olds 10% or more shares:	
	Name of Company:	No. of Shares:	% of Shares:	Registered Address:	
12.	Shareholders of Applicant: A. List all shareholders who hold 10% or more share of the applicant and provide the following information for each of those shareholder:				
	Name:	Place of Residence/ Registration/ Incorporation:		Business/ Profession:	
	B. Attach a list all shareholders of the applicant and provide the following information for each shareholder:				

Initials _____

	(a) Type and number of share held:				
	(b) % of (i) each type of share and (ii) total shares held:				
	C. If a shareholder is not a natural person, provide the following information with respect to the beneficial owner of the shares:				
	Shareholder:	Beneficial Owner:	Share Value:		% of Total Shares
13.	Management Structure	e of Applicant:		I	
	Provide the following information in respect of each director, officer, proposed director and officer:				
	(a) <u>Director/ Proposed Director:</u>				
	Name:	Capacity/ Function: (Specific role to applicant)			Business/ Profession:
(b) Officer/ Proposed Officer:					
	Name:	Capacity/ I			Business/ Profession:

Initials _____

14.	Payment, Clearing and Settlement System Information:					
17.	A. Indicate the system(s) the applicant intends to operate:					
		(a) Payment System				
		(b) Clearing System				
		(c) Settlement System				
		wide details of the payment, clearing or settlement system the applicant intends to operate in rate document to be attached to and form part of this application:				
	These	details of the system should include:				
	(a)	Name;				
	(b)	Nature of transactions and activities;				
	(c)	Participation;				
	(d)	Rules for governance, management and operation including:				
		(i) management of liquidity, credit and settlement risk;				
		(ii) settlement arrangements and finality;				
		(iii) access and contingency arrangements;				
	(e)	Administrative, risk and accounting procedures;				
	(f)	Internal control mechanisms; and				
	(g)	Safeguarding and security measures.				
		vide details of the information technology infrastructure the applicant intends to use to operate pport the system in a separate document to be attached to and form part of this application:				
	The details should include a description of the technical structure and information technolog including,					
	(a)	the architectural design and processes of the system;				
	(b)	the measures employed to safeguard technical operations, including a contingency plan in the event of an operational disruption should the ordinary system fail to function; and				
	(c)	the measures taken to secure the protection of electronic processing and the storage of data relating to the system against disclosure, misuse, damage, destruction, loss or theft				
15.	Provid	le any other information which may be relevant to this application:				
		Initials				

DECLARATION

The application must be signed by the person(s) with the capacity and responsibility for making such an application on behalf of the applicant.

We declare that all statements made and information provided in this application and the attached documents are, to the best of our knowledge and belief, true, correct and complete and that there are no other facts relevant to this application of which the Central Bank should be aware.

We undertake to inform the Central Bank of any changes to the application which may arise while the Central Bank is considering the application.

Name (in print):	Name (in print):	
Position:	Position:	
Signature:	Signature:	
Date:	Date:	

Initials _____