*ANNEX IV*

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

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| 1) | Home Member State |   |
| 2) | Host Member State in which e-money services are to be provided |   |
| 3) | Name of the competent authority of the home Member State |   |
| 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:……… |
| 7) | Name of the e-money institution |   |
| 8) | Head office address of the e-money institution |   |
| 9) | Unique identification number of the e-money institution in the format of the home Member State as specified in Annex I (where applicable) |   |
| 10) | Legal Entity Identifier (LEI) of the e-money institution (where available) |   |
| 11) | Home Member State authorisation number of the e-money institution (where applicable) |   |
| 12) | Contact person within the e-money institution |   |
| 13) | Email of the contact person within the e-money institution |   |
| 14) | Telephone number of the contact person within the e-money institution |   |
| 15) | Distributor details:a.  If legal person:i.  Nameii.  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 numbervi.  Emailvii.  Name, place and date of birth of legal representativesb.  If natural person:i.  Name, date and place of birthii.  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 numberv.  Email |   |
| 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. |   |
| 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 outsourcedb.  Contact details (email and telephone number) of a contact person within the entity to which operational functions are to be outsourcedc.  Type and exhaustive description of the operational functions outsourced |   |