**ANNEX IV**

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

|  |  |  |
| --- | --- | --- |
| 1) | Home Member State | FRANCE |
| 2) | Host Member State in which e-money services are to be provided |  |
| 3) | Name of the competent authority of the home Member State | Autorité de contrôle prudentiel et de résolution. ACPR |
| 4) | Date of receipt by the competent authority of the home Member State of the complete and accurate application from the e-money institution | Do not fill |
| 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 - SIREN Number |  |
| 10) | Legal Entity Identifier (LEI) of the e-money institution |  |
| 11) | Home Member State authorisation number of the e-money institution - CIB (code interbancaire) number |  |
| 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.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  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 |  |
| 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 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 | |  |