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

**(Annex IV – Commission delegated regulation (UE) 2017/2055**

**of 23 June 2017)**

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| 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) | [x]  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.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. |   |

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| 18) | In case of outsourcing of operational functions of e-money services:

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

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

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

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