**SCHEDULE TO NOTIFICATION DATED XXXXX, 201X PURSUANT TO ARTICLE 28 OF DIRECTIVE 2015/2366 – PAYMENT INSTITUTIONS OR E-MONEY INTITUTIONS USING AGENTS IN A HOST MEMBER STATE**

|  |  |  |
| --- | --- | --- |
| 0) | Notification reference | [NBB\_Reference] |
|  | Home Member State | BELGIUM |
|  | Host Member State in which payment services are to be provided |  |
|  | Name of the competent authority of the home Member State | National Bank of Belgium |
|  | Date of receipt by the home competent authority of the notification coming from the payment institution/e-money institution |  |
|  | Type of notification | First notification  Change to previous application  Additional agents  Agent deactivation |
|  | Nature of the application (assessment of the competent authority of the home Member State) | Right of establisment  Freedom to provide services, based on the following circumstances:  …………………………………………………………………………….  ……………………………………………………………………………. |
|  | Type of institution | Payment institution  E-Money institution |
|  | Name of the payment institution/e-money institution |  |
|  | Head office address of the payment institution/e-money institution |  |
|  | Unique identification number of the payment institution/e-money institution in the format of the home Member State (where applicable) |  |
|  | Legal Entity Identifier (LEI) of the payment institution/e-money institution (where available) |  |
|  | Home Member State authorisation number of the payment institution/e-money institution (where applicable) |  |
|  | Contact person within the payment institution /e-money institution |  |
|  | Email of the contact person within the payment institution/e-money institution |  |
|  | Telephone number of the contact person within the payment institution/e-money institution |  |
|  | Agent details:   1. If legal person: 2. Name 3. Registered Address(es) 4. Unique identification number in the format of the Member State where the agent is located (where applicable) 5. Legal Entity Identifier (LEI) of the agent (where available). 6. Telephone number 7. Email 8. Name, place and date of birth of legal representatives 9. If natural person: 10. Name, date and place of birth 11. Registered Business address(es) 12. Unique identification number in the format of the Member State where the agent is located (where applicable) 13. Telephone number 14. Email |  |
|  | If under the right of establishment, central contact point, if already appointed and/or required by the host authorities in accordance with Article 29(4) of Directive (EU) 2015/2366:   * 1. Name of representative   2. Address   3. Telephone number   4. Email |  |
|  | Payment services to be provided | 1. Services enabling cash to be placed on a payment account as well as the operations required for operating a payment account 2. Services enabling cash withdrawals from a payment account as well as the operations required for operating a payment account 3. Execution of payment transactions, including transfer of funds on a payment account with the user`s payment provider or with another payment service provider: 4. execution of direct debits, including one-off direct debits 5. execution of payment transactions through a payment card or a similar device 6. execution of credit transfers, including standing orders 7. Execution of payment transactions where the funds are covered by a credit line for a payment service user[[1]](#footnote-1): 8. execution of direct debits, including one-off direct debits 9. execution of payment transactions through a payment card or a similar device 10. execution of credit transfers, including standing orders 11. Issuing of payment instruments and/or acquiring of payment transactions[[2]](#footnote-2) 12. Money remittance 13. Payment initiation services 14. Account information services |
|  | Description of the internal control mechanisms that will be used by the payment institution/e-money institution/ agent in order to comply with the obligations in relation to money laundering and terrorist financing under Directive (EU) 2015/849. |  |
|  | Identity and contact details of directors and persons responsible for the management of the agent to be used |  |
|  | For agents other than payment service providers, criteria considered to ensure that directors and persons responsible for the management of the agent to be used in the provision of payment services are fit and proper persons. | Evidence gathered by the Payment Institution attesting that directors and persons responsible for the management of the agent to be used in the provision of payment services are fit and proper persons.  Actions taken by the home competent authority pursuant to Article 19(3) of Directive (EU) 2015/2366 to verify the information provided by the payment institution |
|  | In case of outsourcing of operational functions of payment services:   * 1. Name and address of the entity to which operational functions are to be outsourced   2. Contact details (email and telephone number) of a contact person belonging to the entity to which operational functions are to be outsourced   3. Type and exhaustive description of the operational functions outsourced |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Including granting credits in accordance with Art. 17(4) PSD2

   □ yes □ no [↑](#footnote-ref-1)
2. Including granting credits in accordance with Art. 17(4) PSD2

   □ yes □ no [↑](#footnote-ref-2)