

Notification form for payment processing service provider

Sections 2:3.0a, 2:3.0f and 2:3.0k of the Financial Supervision Act
(Wet op het financieel toezicht or Wft)

DeNederlandscheBank

EUROSYSTEEM

De Nederlandsche Bank (DNB) will record the data supplied on the basis of this application form in a personal data processing system within the meaning of the Personal Data Protection Act (*Wet bescherming persoonsgegevens* or *Wbp*). The Dutch Data Protection Authority has been notified of the processing of personal data. The notification form is available for inspection at DNB.

We may share your data with third parties only if it is permitted by law, for example with supervisors and criminal-law authorities in the Netherlands or abroad.

You must of your own volition and without delay inform DNB of any change in circumstances that would cause you to have answered the questions below differently.

Please indicate on the form which documents you are enclosing by ticking the relevant questions.

DNB will record the information you supply in a public register as defined in Section 1:107(1) of the Wft.

1 Data as referred to in Section 3.0a under a of the FSA Decree on Market Access of Financial Undertakings (*Besluit Markttoegang financiële ondernemingen Wft*)

Name of payment processing service provider

Address of payment processing service provider

Postal address of payment processing service provider

E-mail address of payment processing service provider

Telephone number

Fax number

2 Data as referred to in Section 3.0a under b of the FSA Decree on Market Access of Financial Undertakings

Legal form of payment processing service provider

3 Data as referred to in Section 3.0a under c of the FSA Decree on Market Access of Financial Undertakings

Legal name of payment processing service provider

Registered office of payment processing service provider

Trading name(s) of payment processing service provider

4 Data as referred to in Section 3.0a under d of the FSA Decree on Market Access of Financial Undertakings

Registration number in the Trade Register of Chamber of Commerce

5 Data as referred to in Section 3.0a under e of the FSA Decree on Market Access of Financial Undertakings

Certified true copy of the Articles of Association of payment processing service provider.*

☐ attached as appendix A

6 Data as referred to in Section 3.0a under f of the FSA Decree on Market Access of Financial Undertakings

Description of activities undertaken by payment processing service provider.

☐ attached as appendix B

Please indicate which payment processing services are provided (in the event of more than one service, tick each relevant service):

- ☐ a payment processing services aimed at forwarding payment authorisation requests by others than providers of communication networks;
- ☐ b payment processing services aimed at authorising requests as defined under a, on behalf of a paying payment service provider;
- ☐ c netting.

7 How are settlement services provided?

Please tick if relevant:

- ☐ by a payment processing service provider with its registered office in the Netherlands;
- ☐ by a branch office of a payment processing service provider with its registered office in a designated state;
- ☐ by the branch office of a payment processing service provider with its registered office in a non-designated state;
- ☐ through services to the Netherlands provided by a payment processing service provider with its registered office in a designated state;
- ☐ through services to the Netherlands provided by a payment processing service provider with its registered office in a non-designated state.

8 Signing by authorised signatory/-ies

The signatory/signatories declare(s) to have taken notice of the aforementioned information about the processing of personal data in conformity with the provisions of the *Wbp*, of the obligation to notify any changes in the answers to the questions posed, and of the recording of information supplied by you in the public register as defined in Section 1:107 of the *Wft*.

The signatory/signatories hereby declare(s) to have filled in this form and the appendix(-ices) fully and truthfully.

Date	<input type="text"/>	Date	<input type="text"/>
Place	<input type="text"/>	Place	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

Please send the fully completed and signed form, with any appendices, to:
De Nederlandsche Bank, Expert Centre for Market Access, Postbus 98, 1000 AB Amsterdam.
If you have any questions, contact the Information Desk of De Nederlandsche Bank
on 0800-020 1068 or by e-mail (info@dnb.nl).

* If the original documents are not available in Dutch or English, a sworn translation must be provided into one or other of these languages.