

APPLICATION AS DEDICATED ELECTRONIC MONEY ISSUER OR PAYMENT SERVICE PROVIDER

NOTES ON COMPLETION: PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE READ AND ARE FAMILIAR WITH SECTIONS WITHIN THE PAYMENT SYSTEMS AND SERVICES ACT, 2019 (ACT 987) GOVERNING ELECTRONIC MONEY ISSUANCE AND PAYMENT SERVICE PROVISION.

1. All applications must be typed.
2. All questions must be completed before the application can be considered. If a question does not apply, please write not applicable (N/A). Do not leave any blank spaces.
3. Incomplete Applications will be returned.
4. Additional information or clarification may be requested (based on the replies submitted) for the purpose of evaluating an application.
5. Submitted documents should be referenced as required under index of documentation.
6. An applicant should provide the Bank of Ghana with hard copies of all application documentation.

Applicant's Name:	Document Reference ¹	Applicant Confirmation	Bank of Ghana ²
Required documents			
1. Application letter addressed to the Governor, Bank of Ghana, P O Box GP 2674, Accra.			
2. All applicants are to submit the legal and regulatory requirement per the Payment Systems and Services Act, 2019 (Act 987) detailed in the licensing requirement document and summarised below:			
3. Application letter addressed to the Governor, Bank of Ghana, P O Box GP 2674, Accra.			
4. Company Profile			
5. Governance Arrangement			
6. Business Plan			
7. Systems and Technology			
8. Enterprise Risk Management			
9. Consumer Protection Policy			

¹ Insert document number-page number-section number/paragraph number of the relevant document.

² To be completed by Bank of Ghana



(for official use only)

Please affix three
passport size
pictures here

PERSONAL QUESTIONNAIRE

(for individual shareholders, directors and key management personnel)

Please read the questions carefully before completing this form. Continue on a separate sheet of paper with the heading "Continuation of Answer to Question...."

The Bank of Ghana reserves the right to seek references from organisations and individuals named in this Questionnaire. It is important, therefore, to ensure that all sections of this form are correctly completed.

Shareholders, Directors and key management personnel are required to submit a letter of consent to enable the Bank of Ghana obtain information from institutions mentioned in this document.

The completed form must be submitted together with a Tax Clearance Certificate, updated Curriculum Vitae and a Certificate of Good Character or Conduct from the Ghana Police Service or from the relevant authority of the jurisdiction in the case of foreign directors, controlling/significant shareholders and key management personnel.

PLEASE NOTE THAT INCOMPLETE QUESTIONNAIRE WHICH DOES NOT DISCLOSE ALL INFORMATION MAY AFFECT THE BANK'S ASSESSMENT AND RESULT IN DELAY IN ITS CONSIDERATION OF THE APPLICATION

Please return completed questionnaires together with the application forms to:

The Head
FinTech and Innovation Office
Bank of Ghana
P.O. Box GP 2674
High Street, Accra
Ghana

Information on Institution

- i. Name of Applicant (Institution)
for which this Questionnaire is
being completed
- ii Date of incorporation (dd/mm/yyyy)
- iii. Select the application category for which this
Questionnaire is being submitted:
 - a) Dedicated Electronic Money Issuer licence
 - b) PSP Scheme Licence
 - c) PSP Enhanced Licence
 - d) PSP Medium Licence
 - e) PSP Standard Licence

Personal Information

1. You are completing this questionnaire as:

- a) Director
- b) Chief Executive Officer
- c) Holder of substantial interest (At least 5%)
Note: (c) refers to an individual
- d) Other (please state)

2. Name

- a) Surname
- b) Forename(s)

Other names by which you have been known (Including name at birth, previous marital names, maiden name, or aliases)

3. Gender

Male

Female

4. Identification Number (Passport for Foreign nationals, Acceptable ID for nationals)

5. Place of Birth

6. Date of Birth

7. Nationality

8. Acquisition of Nationality

- a) by birth
- b) by naturalisation
- c) by marriage
- d) other reason

if (d) is chosen, please specify here.

9. Previous Nationality (if any)

10. Country of permanent residence

11. Occupation/ Profession

12. Parentage – Provide particulars of your parents

a. Father Status: Alive Deceased

Full name	Date/Place of birth	Hometown	Nationality	Occupation (last)

b. Mother Status: Alive Deceased

Full name	Date/Place of birth	Hometown	Nationality	Occupation (last)

13. Contact Details

a) Correspondence Address

(including digital address)

b) Telephone Numbers Office

Facsimile

Mobile

c) E-mail Address

Dates

Address

d) Current Residential Address

(Including Digital Address)

Dates

Address

e) List of all previous addresses for the last three years (beginning with current address)

14. Educational History (Please attach copies of educational certificates)

a) Provide details of any higher academic qualifications and the year and place in which they were obtained (for example: BA, LLB, MA, MSc)

Type of Degree	Course	Name and address of Institution	Year obtained

b) List of professional qualifications and the years in which they were obtained (for example: ACA, ACCA, ACIB, ACIS)

Membership Number	Professional Qualification	Year Obtained

c) Details of all Secondary School(s), College(s) and Vocational Schools

Name and Address of School	Qualification	Date

15. Employment History (Career) - Please attach current Curriculum Vitae

List present and all past occupations and employment, beginning with your present one.

Date of Employment	Employer (Name, Address & Telephone Numbers)	Nature of Business	Position & Description of Employment Duties

16. Shareholding Information (for Shareholders with shareholdings of 5% and above)

a) Indicate the total number of shares and percentage holdings

b) Provide complete information on the source of funds that were used to purchase the share in the applicant.

17. Provide two character references (professional and/or educational institution)

a)

b)

Ref:



BANKER'S QUESTIONNAIRE

(this questionnaire should accompany the Personal Questionnaire)

PART A

I _____ authorise (full name of bank and
branch address) _____

to provide the following information and any other information that the Bank of Ghana
may require and to respond directly to the Bank.

Signed: _____

Dated: _____

PART B

To be completed by (name of institution)

1 How long has the person been a customer of your bank?

i) if this relationship has ceased please specify the period during which it existed.

to

dd / mm / yyyy

dd / mm / yyyy

2 Is the bank satisfied about the manner in which the person's financial relationship was maintained? Y N

(If the answer is "No" please provide an explanation)

(Authorised Signatory)

(Signature of Authorised Signatory)

(Official Stamp of Bank)

(Position of Authorised Signatory)

dd / mm / yyyy

NET WORTH STATEMENT (to be completed by shareholders only)

Name: _____ Date _____.

A. Assets:

1. Current Assets:

	Name of Institution / Description	Amount GHS
Current accounts		
Savings accounts		
Cash on Hand		
Amounts owed to you		
Treasury Bills		
Others		
Total Current Assets		

2. Long Term Assets:

	Name of Institution / Description	Amount GHS
Fixed deposits		
Shares in companies		
Bonds		
Life insurance cover		
Real estate (market value)		
Vehicles (market value)		
Interest in other companies		
Other long term assets		
Total Long Term Assets		

B. Liabilities

3. Current Liabilities:

	Name of Institution / Description	Amount GHS
Current bills you owe		
Current loan portfolio		
Current unpaid mortgages		
Current tax bills		
Short term loans		
Other current liabilities		
Total Short Term Liabilities		

4. Long Term Liabilities:

Mortgages on real estate		
Long term loans		
Guarantees		
Other long term liabilities		
Total Long Term Liabilities		

Total Net Worth (Total Assets less Total Liabilities)	
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