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			
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)

PERSONAL QUESTIONNAIRE

Please affix three passport size pictures here

(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

<u>Information on Institution</u>

- 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

 You are completing this questionnaire 	as:
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- 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

- 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

Father Deceased a. Status: Alive Full name Date/Place of birth Nationality Occupation (last) Hometown Status: Alive Deceased Mother b. Full name Date/Place of birth Nationality Occupation (last) Hometown 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)

12. Parentage – Provide particulars of your parents

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

Membership N	Membership Number		Professional Qualification		btained
			<u> </u>	1.000	
) Details of al	ll Secondary Sch	nool(s), College(s) and Vocati	onal Scho	ols
Name and Ad	dress of School	Qualification		Date	
st present an			Nature of Bus		h your present one. Position & Description
Date of	Lemplover (Name		1141010 01 203111033		
	Employer (Name Telephone Num				of Employment Dutie
					•
Date of Employment					•
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6. Shareholdi) Indicate the	ng Information (e total number of	(for Shareholders	s with shareho	dings	of Employment Dutie
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For questions 18, 19, 20, 21 please tick ($\sqrt{}$) the relevant box for each. If any of your answers are "yes", provide all the relevant details on a separate sheet of paper by clearly stating the question number to which the details relate.

18. Have you, a body corporate, partnership or unincorporated institution to which you are, or have been associated with as a director/manager or company secretary ever:

	a)	applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on payment service activities, operate a payment, clearing or settlement systems, banking, investment business or other financial services activity? Y
		(If yes list all applications showing whether they have been successful or not)
	1. 1	
	D)	been the subject of an investigation by a governmental, professional or other regulatory body? Y N
		regulatory body? Y N
c)		had its licence/authorisation revoked? Y N
19.	На	ve you ever:
	a)	at any time been convicted of any crime or offence by any court in any country,
		including civil or military? Y N
	b)	been charged with any offence that is currently awaiting legal
		action(s)? Y N
	•	been subject to a disciplinary enquiry? Y N been censured, disciplined or criticised by any professional body
		to which you belong or have belonged? NY
	e) f)	been suspended from any office, or asked to resign? Y N been dismissed from any office or employment or barred from
		entry to any profession or occupation? Y N
	g)	been disqualified from acting as a director of a company or from acting in the management or conducts of the affairs of any company,
		partnership or unincorporated association? Y N
	h) i)	been adjudicated bankrupt by a court in any jurisdiction? Y N at any time been declared bankrupt and/or have any money judgments
		been made against you which have not been satisfied in full? Y N
	j)	in connection with the formation, management or ownership of a substantial interest in a body corporate, partnership or unincorporated institution been convicted by a court for fraud, misfeasance or other misconduct by a body or company or towards any member thereof?
		misconduct by a body of company of lowards any member mereory

20. Has a body corpor associated as a direct up or made a compro circumstances where their claims, either whi	tor/manager, mise or arran its creditors o	partner or con gement with its did not receive	npany sec s creditors or have 1	cretary been cor or ceased tradii not yet received	npulsorily w ng in full settleme	ound ent of
associated with it?	Y	Ν				
21. With regard to any have you ever:	previous exp	erience at an i	nstitution	ocated anywhei	re in the wor	rld,
a) been responsible in	whole or in p	art for the instit	ution exp	eriencing loss?	Υ	١
b) refused to make av records, or wilfully fu			oks of acc Y	counts, or N		
c) obstructed or ende	avoured to o	bstruct the pro	per perfoi	mance by an au	uditor or an	
inspection by the supe	ervisory autho	rity? Y		Ν		
d) had intent to decei statements or entries t statements or entries in	hat should ho	ave been mad	e, or alter	ed, concealed, d	or destroyed	,

22. Complete the authorisation in Part A of the Banker's Questionnaire providing the name of one bank with whom you hereby authorise the Bank of Ghana to contact with a view to seeking information about how satisfactorily you have conducted your financial affairs over the previous 10 years. If you have changed banks/branches within the last 10 years, then complete Part A authorisation for each bank/branch.

Ν

23. Attach a duly certified copy of your valid ID (passport for foreigners). A person of repute should certify the identification by stating that it is a true copy of the original document and by signing at the back of the photo certifying that it is the true likeness of the individual. The certifier should include his/her signature, name in block letters, contact details, profession, name and official stamp, and date on which the document is being certified.

A Notary public is the acceptable certifier

institution?

Υ

24. Complete the networth form for shareholders.

DECLARATION

I certify that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director of an institution/holder of substantial interest under the Payment Systems and Services Act, 2019 (Act 987), I will notify the Bank of Ghana of any material changes affecting the completeness of this Questionnaire within a reasonable period of time.

I fully understand that false or fraudulent statement, other material irregularities or failure to disclose accurate information may result in the application being declined. When irregularities are discovered subsequent to the issuance of the licence/authorisation, the Bank of Ghana may revoke or vary the terms and conditions of the licence/authorisation.

I understand and accept that the Bank of Ghana may wish to make enquiries both now and on a continuing basis to satisfy itself as to my initial and continuing fit and proper state. Accordingly, I authorise the Bank of Ghana to make these enquiries and seek further information as it thinks appropriate in verifying the information given in this Personal Questionnaire, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

Sic	ınc	utr	re:
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Date:		/		/	
	dd	/	m m	/	уууу

All enquiries in respect of these requirements shall be addressed or directed to:

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

Ref:



BANKER'S QUESTIONNAIRE

(this questionnaire should accompany the Personal Questionnaire)

	PART A	
Ι		authorise (full name of bank and
branch address)		
to provide the following infi		er information that the Bank of Ghana
Signed:		
Dated:		

APPLICATION FORM Bank of Ghana

P	A	R7	Г	R

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 plea	se specify the period during which it existed.
	to
dd /mm /yyyy	dd / mm / yyyy
2 Is the bank satisfied about the manne maintained? γ N	er in which the person's financial relationship was
(If the answer is "No" please prov	ide an explanation)
(Authorised Signatory)	(Signature of Authorised Signatory)
(Official Stamp of Bank)	(Position of Authorised Signatory)
dd / mm / yyyy	

LICENCE APPLICATION FOR A PAYMENT SERVICE PROVIDER

A. Assets:		
Current Assets:		
1. Current /105015.	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		
T + 101 + T + 1111111		
Total Short Term Liabilities		
Long Term Liabilities	:	
	:	
4. Long Term Liabilities	:	
Long Term Liabilities Mortgages on real estate	:	
4. Long Term Liabilities Mortgages on real estate Long term loans	:	
4. Long Term Liabilities Mortgages on real estate Long term loans Guarantees		
4. Long Term Liabilities Mortgages on real estate Long term loans Guarantees Other long term liabilities		
4. Long Term Liabilities Mortgages on real estate Long term loans Guarantees Other long term liabilities		
4. Long Term Liabilities Mortgages on real estate Long term loans Guarantees Other long term liabilities Total Long Term Liabilities		