# 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<br>Reference <sup>1</sup> | Applicant<br>Confirmation | Bank of<br>Ghana² |
|---|------------------------------------|---------------------------|-------------------|
| Required documents  |                                    |                           |                   |
| <ol> <li>Application letter addressed to the<br/>Governor, Bank of Ghana, P O Box<br/>GP 2674, Accra.</li> </ol>  |                                    |                           |                   |
| <ol> <li>All applicants are to submit the legal<br/>and regulatory requirement per the<br/>Payment Systems and Services Act,<br/>2019 (Act 987) detailed in the licensing<br/>requirement document and<br/>summarised below:</li> </ol> |                                    |                           |                   |
| <ol> <li>Application letter addressed to the<br/>Governor, Bank of Ghana, P O Box<br/>GP 2674, Accra.</li> </ol>  |                                    |                           |                   |
| 4. Company Profile  |                                    |                           |                   |
| 5. Governance Arrangement   |                                    |                           |                   |
| 6. Business Plan  |                                    |                           |                   |
| 7. Systems and Technology   |                                    |                           |                   |
| 8. Enterprise Risk Management   |                                    |                           |                   |
| 9. Consumer Protection Policy   |                                    |                           |                   |

 $<sup>^{1}</sup>$  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
  - f) Payment and Financial Technology Service Provider

## 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 birthb) by naturalisationc) by marriaged) 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       | Decease  | ed          |                   |
|----|-----------|---------------------|----------|-------------|-------------------|
|    | Full name | Date/Place of birth | Hometown | Nationality | Occupation (last) |
|    |           |                     |          |             |                   |
|    |           |                     |          |             |                   |
|    |           |                     |          |             |                   |

| b. | Mother    | Status: Alive       | Decease  | ed          |                   |
|----|-----------|---------------------|----------|-------------|-------------------|
|    | 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<br>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    | Employer (Name, Address & | Nature of Business | Position & Description |
|------------|---------------------------|--------------------|------------------------|
| Employment | Telephone Numbers)        |                    | 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)

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)

- b) been the subject of an investigation by a governmental, professional or other regulatory body?
   Y
   N
- c) had its licence/authorisation revoked? Y N

### 19. Have 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
- c) been subject to a disciplinary enquiry? Y N
- d) been censured, disciplined or criticised by any professional body to which you belong or have belonged? N Y
- e) been suspended from any office, or asked to resign? Y Nf) been dismissed from any office or employment or barred from
- entry to any profession or occupation? Y
- 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) been adjudicated bankrupt by a court in any jurisdiction? Y N
   i) 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

Ν

 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? Y

Ν

20. Has a body corporate, partnership or unincorporated institution with which you were associated as a director/manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be

associated with it? Y N

21. With regard to any previous experience at an institution located anywhere in the world, have you ever:

| a) been responsible in whole or in part for the institution experiencing loss? | Y | Ν |
|--|---|---|
| b) refused to make available for examination, books of accounts, or            |   |   |
| records, or wilfully furnished false information? Y N                          |   |   |

c) obstructed or endeavoured to obstruct the proper performance by an auditor or an inspection by the supervisory authority? Y N

d) had intent to deceive, made false or misleading statements or entries, omitted statements or entries that should have been made, or altered, concealed, or destroyed any statements or entries in any book, record, account, document, report, or statement of the

institution? Y N

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.

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

### 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.

#### Signature:

Date: / / dd / mm / yyyy

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 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

LICENCE APPLICATION FOR A PAYMENT SERVICE PROVIDER

## 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 |  |
|--|--|
|  |  |