

ANNEXURE A: APPLICATION FOR SERVICE PROVIDER

REGISTERED NAME OF INSTITUTION:

IMPORTANT INFORMATION that should be read before completing the application

- 1. The application for authorisation as a service provider should be accompanied by the following:
 - Self-assessment Application
 - Fit & Proper Requirements for all Directors/Shareholders
- 2. PAN reserves the right to request further information, where it deems such information necessary, in the assessment and determination of the application.
- 3. Applicants are encouraged to keep copies of the completed forms and any supporting documentation you included in your application pack for future reference.
- 4. Any information provided to PAN will be treated with the outmost confidentiality. However, PAN may disclose the information to a third party as per its obligation to the Bank (Bank of Namibia) and the Financial Intelligent Centre (FIC).
- 5. It's important that applicants provide and disclose all relevant information, as requested. Failure to provide and disclose all relevant information may increase the chances of the application being rejected or increase the time taken to finalise the assessment of your application.
- 6. All applicants must be registered in terms of the relevant Namibian Legislation.
- 7. Any changes to the initial application must be reported to PAN.



SECTION 1

1.	Date of incorporation or for	ormation of the applicant institution (dd/mm/yyyy) :
2.	Applicant company regist	
3.		ial year end (dd/mm/yyyy) :
4.	Please attach the followir	ıg:
	Certificate of Incorpo	ration
	Articles of Association	n
	Copy of Partnership	Agreement or Deed (if applicable)
	Close Corporation Fo	ounding Statement
	Any Other Relevant D	ocument
5.	given on the top of this ap	to use any other trading name in addition to the name oplication form?
	☐ Yes	
	☐ No If yes: Give details below	of all intended names to be used:
6.	Address	
	(Note: The Head Office Address will be used for communication purpose if it is different from the registered office)	
	6.1. Head Office Addre	ess
	Registered Office Addres	s:
	Postcode:	

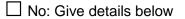


Contact details:	
Email address:	
Contact person:	
Title:	

6.2. Registered Office Address

Is the address of the registered office the same as the head office?

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7. Registered Office Address in Namibia:

Registered Office Address:

.....

Postcode:	
Contact details:	
Email address:	
Contact person:	
Title:	

- 8. Does the applicant have a website address?
- ΠNο

Yes, it is live. Give detailed address below:

.....

Yes, being developed, give address (if known) and launch date below:

.....



9. Has the applicant institution been regulated by any other regulatory authority in the financial sector in Namibia or other authorities internationally?

□No □Yes: Give details below Name(s) of regulator(s): Type(s) of Service(s) regulated: Address of regulator(s)



Section 2

1.	What type of payment service is the applicant applying for?
2.	Please describe the payment service activity below:
3.	On the day of submission of the application, is the applicant providing payment services to anyone in Namibia?
	□ YES
	□No: Continue at 5
4.	Please specify when the applicant began providing payment services (dd/mm/yyyy)
5.	Please provide the process flow of all the different payment services that your institution offers. Kindly provide details of all parties involved .
6.	Please attach and submit the following:
	A diagram flow of the transactions/funds
	Draft/ Signed contracts between parties involved in the provision of payment services
	\Box The business plan
	\Box If outsourcing any services, please provide the outsourcing agreement(s)
	Proof of demonstration to Financial Intelligence Centre how business operation will mitigate Money laundering, Terrorism Financing and Proliferation Financing risks
7.	If entering into an agent agreement, please provide the following:
	A copy of the Agent agreement



	\Box IT system, processes and infrastructure used by the agent to perform the activities on behalf of the applicant
	☐ The selection policy of agent, monitoring procedures and agents training and where available the draft terms of engagement
8.	Please list all natural or legal person(s) that have technical agreement(s) with the applicant - indicate the identity and the nature of the arrangement:
9.	Any other information you would like to share with us:
10.	The Applicant appoints the following liaison person:
	Name:
	Position:
	Address:
	Telephone no:
	E-mail Address:

Signed this day of20.....



At.....

Signature of Applicant's duly authorised representative

Authorised Representative (CEO/MD)

.....

Full Name of Authorised Representative

.....

Witness

FOR PAN REGULATORY AND COMPLIANCE MANAGEMENT OFFICE USE ONLY		
Application Received Date:		
Referred to:		
Sign/Date:		

The electronic copy of this application is available at the Payment Association of Namibia's Office. Please send an electronic version of the completed application as soon as possible with all the necessary documentation to info@pan.org.na or send to:

Chief Operations Officer Payment Association of Namibia Unit 4A, 4th Floor, Ikon Building, Jan Jonker Road, Ausspannplatz, P.O. Box 134, Windhoek