

Central Bank Of Lesotho



**APPLICATION FOR LICENCE TO OPERATE AS ISSUER OF
ELECTRONIC PAYMENT INSTRUMENTS**

APPLICATION FORM

A. Application form

Applicant's particulars

Position of the applicant in the named issuance of payment instrument business:

Chief Executive Officer

Partner

Other (Specify)

Address of the business:

Physical Address

Telephone number

Fax number

Postal Address

Email address

Website

A.1. If the business is to be operated in such a way that it utilises certain payment systems, please indicate their names below:

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2. Please provide details of how the business uses the above payment systems to conduct its business by stating the number of links including telecoms, hardware and software links of this particular system business to the named systems:

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3. Please state the mode of transferring money to be used:

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4. Please state if the business is a franchise and the distribution of the already established outlets in the country:

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5. Please provide particulars of ALL the sole proprietor/partners/director of issuers of electronic payment instruments business:

Full Names	Nationality
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Experience in issuing electronic payment instruments

6. Give details of the electronic payment instruments business's organisation structure, management and ownership:

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7. Give details of the volumes and values of transactions expected to be or are currently being processed by the electronic payment instruments business in question:

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8. Where the electronic payment instruments business is partly owned by a foreign institution/corporation/firm, please indicate below the name and location and state the regulatory body that the electronic payment instruments business is registered under in that foreign country:

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9. Give details of arrangement or proposed arrangement for monitoring and enforcing compliance with the Payment Systems Act of 2014 and these regulations:

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10. Please briefly outline the risk management measures put in place to address liquidity, credit and such other risks:

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11. Business Plan

Please furnish business plan on a separate sheet of paper. Remember to include the following: business model, clientele type, the kind of electronic payment instruments business service intended to be provided and other such relevant information.

I/We, the undersigned, declare that the particulars in this application are true to the best of my/our knowledge and I/we have not suppressed any material fact. I/we understand that if after the issuance of the designation license, it is found that I/we have made any false declaration in this form; the Central Bank of Lesotho may withdraw this license as stipulated in the Payment Systems (Issuers of Electronic Payments Instruments) Regulations, 2016.

Date Authorised Signatory Name in Block Letters Designation

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