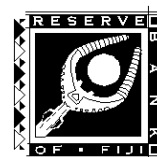


RESERVE BANK OF FIJI



APPLICATION FORM FOR A LICENCE TO CONDUCT BUSINESS IN FIJI AS A PAYMENT SYSTEM OPERATOR OR PAYMENT SERVICE PROVIDER

Pursuant to section 13(1) of the National Payment System Act 2021, “Any person seeking to provide a payment service or operate a payment system must apply in writing to the Reserve Bank for a licence to provide the payment service or operate the payment system.”

1. MANDATORY REQUIREMENTS FOR AN APPLICANT

- A. This application must be completed in English.
- B. This application must be addressed to the Governor of the Reserve Bank of Fiji (see address below) with a covering letter summarising the profile of the applicant and the licence applied for. At a minimum, the covering letter must be accompanied by:
 - (i) *Board Resolution*: The Board of Directors for the applicant company must attest in writing with their endorsement full support for the establishment of the applicant and their confirmation of the nominated person who will be liaising with the RBF during the licensing process.
 - (ii) *Shareholders Resolution*: A certified copy of all the shareholders endorsements signifying their approval to apply for a licence to operate a payment system or provide a payment service in Fiji.
- C. The information contained in this application and its supporting documents required under Annex 1 must be TRUE and CORRECT.

2. LICENCE APPLIED FOR

Use this form for application for any of the following categories (please tick the appropriate box):				
Payment System Operator:				
Payment Service Provider:				
Payment Service Provider				
Activity A: Account issuance service	Activity B: Domestic money transfer service	Activity C: Cross-border money transfer service	Activity D: Merchant acquisition service	Activity E: E- money issuance service

The service of issuing a payment account or any service relating to any operation required for operating a payment account, such as an e-wallet (including certain multi-purpose stored value cards) or a non-bank issued credit card.	Providing local funds transfer services in Fiji. This includes payment gateway services and payment kiosk services.	Providing inbound or outbound remittance services in Fiji.	Providing merchant acquisition services in Fiji where the service provider processes payment transactions from the merchant and processes payment receipts on behalf of the merchant. Usually the service includes providing a point-of-sale terminal or an online payment gateway.	Issuing e-money to allow the user to pay merchants or transfer to another individual.
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3. NAME OF APPLICANT

(In capital letters in the order the names that appear on the Registration Certificate, etc)

Name of Applicant:

Application for *(specify category of applicant)*:

4. APPLICANT'S CONTACTS

4.1. Physical Address

Town/City:

Street/Road:

Name of Building:

4.2. Mailing Address:

Address:

4.3. Phone Contact:

Tel. No:

Mobile:

Other Tel No:

4.4. Authorised Contact

Provide the following details of the person who will be liaising with the Reserve Bank of Fiji on this application. This person should be familiar with the application and able to address queries from the Reserve Bank of Fiji on the application. The applicant accepts responsibility for all submissions and representations which will be made by this authorised personnel/contact person.

Name of contact person:

Designation:

Entity (if not the applicant):

Contact Number:

Email:

5. OTHER INFORMATION ABOUT THE APPLICANT

5.1. State whether any of the partners/ directors/ shareholders is an undischarged bankrupt. (If so, provide details):

5.2. State whether any of the partners/ directors/ shareholders have a beneficial interest in any other business licensed to provide payment services:

5.3. Has any previous application by you been rejected or cancelled under the National Payment System Act 2021? (If so, provide details):

6. REFEREES

The following details should be completed by two different referees who have known the entity/person in a professional capacity.

1st Referee

I certify that the information given in this form is true and correct to the best of my knowledge.

Full Name:

(Block letters as the names that appear on the person's birth certificate)

Postal Address:

P.O. Box:

Postal Code:

Town/City:

Tel. No:

Fax No:

Mobile No:

E-mail Address:

Occupation:

Signature:

2nd Referee

I certify that the information given in this form is true and correct to the best of my knowledge.

Full Name:

(Block letters as the names that appear on the person's birth certificate)

Postal Address:

P.O. Box:

Postal Code:

Town/City:

Tel. No:

Fax No:

Mobile No:

E-mail Address:

Occupation:

Signature:

7. DECLARATION

I/We hereby declare the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence to give false information in support of any application.

Name:

Designation

Signature:

Date:

8. COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:

Reserve Bank Bldg, Pratt St,
Private Mail Bag
Suva, Fiji.
Tel: (679) 331 3611
Fax: (679) 330 2094
Email: info@rbf.gov.fj