

<p>PAYMENT SYSTEMS (OVERSIGHT) ACT 2006</p> <p>(ACT 1 OF 2006)</p> <p>PAYMENT SYSTEMS (OVERSIGHT) REGULATIONS 2006</p> <p>REGULATION 15(1)</p> <p>APPLICATION FOR APPROVAL AS AN APPROVED HOLDER</p>	<p>FORM</p> <p>4</p>
---	-----------------------------

Explanatory Notes

1. Please read these explanatory notes carefully before completing the form.
2. All questions must be answered. If a question is not applicable, please mark "N.A." in the space provided. If there is insufficient space for your answers, please attach annex(es) which should be identified as such and signed by the signatories to this application.
3. Where there is an asterisk (*), please delete whichever is inapplicable.
4. If there are any changes in the submitted information, the Monetary Authority of Singapore ("the Authority") should be notified immediately.
5. In the case of an application by a corporation, this application is to be signed by 2 directors or a director and a secretary of the applicant, and must be accompanied by the relevant documents and information requested in the various parts of this application. Where the applicant is not a corporation, this application is to be signed by two authorised persons of the applicant.

I. NAME OF APPLICANT

--

Application is hereby made for approval under Section 34(1) of the Payment Systems (Oversight) Act 2006 (Act 1 of 2006) as an approved holder.

II. INFORMATION ON APPLICANT

1. Provide the following corporate information:

(a) address, telephone number and facsimile number of the principal place at which the business of the applicant is/is to be* carried on:

(b) e-mail address and URL of the applicant's internet web page (if applicable):

(c) form of corporation (e.g. incorporated; publicly listed/privately held, etc.):

(d) date and place of incorporation/establishment:

(e) attach an organisation chart showing the key officers and employees of the applicant, and their reporting lines.

(f) attach an organisation chart showing the applicant and its relationships with its related corporation(s).

III. ABOUT THE STORED VALUE FACILITY

1. Date of launch of stored value facility: _____

Proposed bank who undertakes to be fully liable for stored value of the stored value facility:

Total stored value of stored value facility: _____

2. Provide relevant information on the applicant's business plans and operations, including information such as ---
 - (a) detailed information on the proposed widely accepted stored value facility;
 - (b) the applicant's operations with respect to the projected volume and value of transactions that would be conducted using the applicant's widely accepted stored value facility;
 - (c) any other relevant information which may help in processing this application.
3. If applicable, provide the name of any person (other than the applicant) that will be involved in managing or operating material aspects of the applicant's operations on behalf of the applicant. Provide a description of the role and responsibilities of each person to which the applicant has delegated or outsourced its operations.
4. Give an outline of the applicant's plans with regard to the operation and expansion of its business in Singapore and abroad (if applicable) over the next 3 to 5 years.
5. If applicable, provide description(s) of the applicant's business(es), other than the operation of the proposed widely accepted stored value facility.
6. Attach certified true copies of the most recent auditor's report, audited balance-sheet, and audited profit and loss account, by whatever name called.

IV. DECLARATION

1. We are aware that sections 47(3) and (4) of the Payment Systems (Oversight) Act 2006 (Act 1 of 2006) provide as follows:

Any person who signs any document provided to the Authority which is false or misleading in any material particular shall be guilty of an offence unless he has exercised due care to ensure that the document is not false or misleading in any material particular. Any person who is guilty of this offence shall be liable on conviction to a fine not exceeding \$50,000 or to imprisonment for a term not exceeding 2 years or to both.

2. We declare that all information given in this application and in the attached annexes (if any) are true and correct.

Signature

Signature

Name of Director/Authorised Person *

Name of Director/Secretary/
Authorised Person*

Date (dd/mm/yy)

Date (dd/mm/yy)