

Form 2 - Registered Payment Service Providers

Application for Management Suitability Assessment

A board member, alternate board member, managing director, deputy managing director and the person responsible for the payment service operations shall pro-vide the information in this form. The management suitability assessment is part of the application for exemption from the authorisation obligation to conduct payment service operations as a registered payment service provider.

Information in this form shall also be provided to Finansinspektionen in conjunction with the notification of changes in the positions mentioned above.

As a part of the management suitability assessment, Finansinspektionen will collaborate with e.g. the Swedish Police, the Swedish Companies Registration Office, the Swedish Tax Agency, the Swedish Enforcement Authority, and undertakings that provide credit assessments.

Application form

Fill in the information in the form below. Some of the information, however, must be provided in separate documents. See Checklist for Appendices on the last page of the management suitability assessment.

Contact details

Whom should Finansinspektionen contact about this application?

First name:
Last name:
Title:
Address:
Telephone number:
Email:
Fax:
The registered issuer referred to in the notification (including CIN)?

Finansinspektionen Box 7821 SE-103 97 Stockholm [Brunnsgatan 3] Tel +46 8 408 980 00 Fax +46 8 24 13 35 finansinspektionen@fi.se



Position on board and role

Which position in the board or role will be assessed?								
chair of the board of directors								
□ board member□ alternate board member								
deputy managing director								
person responsible for the payment service operations								
person responsible for the payment service operations								
If you have previously provided identical information to Finansinspektionen as part of a separate matter, you can refer to that matter below. State the reference number and the information that was provided.								
Personal details								
1. If the senior executive is registered in Sweden								
First name:								
Last name:								
Title:								
Address:								
Telephone number:								
Email:								
If the senior executive is not registered in Sweden*								
First name:								
Last name:								
Personal ID number								
or equivalent:								
Date of birth:								
Place of birth:								
Address:								
Telephone number:								
Email:								
Nationality:								
Passport number:								
Previous nationalities (if any):								



Previous name (if any): * If the senior executive is not registered in Sweden, append a certified copy of an identity document. CV2. Append a CV that contains relevant information for the position in question about the senior executive's education, work experience and other assignments. **Reputation of senior executives** 3. Have you a) during the past ten years been convicted by a Swedish or foreign court, or formally been charged as a suspect in an ongoing investigation, for a financial crime in respect of which imprisonment is included in the range of penalties? No \square Yes | | b) in the past ten years been sentenced to imprisonment by a Swedish or foreign court for a crime other than that specified in 3a? Yes No \square c) in the past five years been a board member or managing director or deputy man-aging director of a commercial undertaking in which the board of directors was not discharged from liability? Yes \square No 🗌 d) in the past five years been dismissed from employment at a financial undertaking or as a senior executive or from an assignment as a board member or auditor in another commercial undertaking? Yes \square No 4. To the best of your knowledge, has the senior executive or any undertaking in which this person is or has been a senior executive or a board member or has or has had control:

a) during the past five years been (or still is) party to arbitration

proceedings concerning tax or business?

proceedings or civil (excluding family-related matters) or management



	Yes		No							
b)	in the past five years been (or still is) subject to a debt restructuring, composition or company reconstruction or entered into bankruptcy or an equivalent process in another country?									
	Yes		No							
c)	in the past ten years been sanctioned by either Swedish or foreign supervisory authorities?									
	Yes		No							
d)	in the past ten years, either in Sweden or in another country, had an application rejected, been excluded from conducting business or in another way had limitations placed on your right to conduct business or a profession that requires a licence, registration or the equivalent?									
	Yes		No							
e)	in the past ten years been the subject of a fit and proper assessment by a foreign competent supervisory authority?									
	Yes		No							
5. If you have answered yes to any of the questions under 3 and 4, please explain the circumstances:.										
Addit	ional i	nformation								
Provid	le any	additional inf	ormat	tion to Finansinspektionen below.						
The undersigned hereby certifies that the information provided in this application is correct and complete.										
Date:										
Signat	ure:		• • • • • •							
Name	Name in print									

