



**BANK *Of* ZAMBIA**

**APPLICATION FORM FOR DESIGNATION OF A PAYMENT  
SYSTEM BUSINESS**

**APPLICATION FOR DESIGNATION OF A PAYMENT SYSTEM BUSINESS  
UNDER SECTION 12 OF THE NATIONAL PAYMENT SYSTEMS ACT No. 1 of 2007**

**TO BE SUBMITTED BY PERSONS CONDUCTING OR WISHING TO CONDUCT PAYMENT  
SYSTEM BUSINESS IN ZAMBIA**

*Section 2 of the National Payment Systems Act No. 1 of 2007 defines a payment system business as 'a business of providing money transfer or transmission services or any other business the Bank of Zambia may prescribe as a payment systems business'*

Explanatory Notes

1. Please read these explanatory notes carefully before completing the form.
2. Please tick (√) in the relevant boxes where appropriate.
3. This application form should be completed by at least two authorised signatories. This may include a Chief Executive Officer, Chief Finance Officer, Chief Operations Officer, Secretary/Legal Advisor, Director, etc. and they should state in what capacity they are signing.
4. The payment system business may be required to provide any additional information considered relevant or material.
5. If there is insufficient space for your answers, please attach annex (es) which should be identified as such.
6. If there are any changes in the submitted information, the Bank of Zambia should be notified within fourteen days.
7. For further guidance please contact:

The Director,  
Banking, Currency and Payment Systems Department,  
Bank of Zambia  
1<sup>st</sup> Floor, Executive building  
Bank square, Cairo Road  
P.O Box 30080  
Lusaka, Zambia 10101

Telephone     +260- 21-1-237040 or +260-21-1228888

Fax                 +260-21-1-223637.

**APPLICATION FORM FOR DESIGNATION OF A PAYMENT SYSTEM BUSINESS**

**To:**  
 The Deputy Governor Operations  
 Bank of Zambia  
 7th Floor, Executive Building  
 Bank Square, Cairo Road  
 P. O. Box 30080  
**Lusaka, Zambia 10101**  
**Telephone: +260-21-1-228888 or +021-1226844**  
**Fax : +260-21-1-237070**

New payment system business   
 Existing payment system business

(Please tick as applicable)

1. APPLICANT'S PARTICULARS	
Name of the payment system business :	
Position of the applicant in the named payment system business.	
Chief executive <input type="checkbox"/>	Partner <input type="checkbox"/>
Other <input type="checkbox"/> (specify _____ )	
Address of the payment system business:	Telephone number <input type="text"/>
i) Physical Address	Fax number <input type="text"/>
ii) Postal Address	Email address <input type="text"/>
	Website <input type="text"/>
a) i) If the payment system business is to be operated in such a way that it utilises certain payment systems please indicate their names below :	
ii) Please provide details of how the payment system 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.	
ii) Please state the mode of transferring money to be used.	

<p>iii) Please state if the payment system business is a franchise and the distribution of the already established outlets in the country.</p>		
<p>b) Please provide particulars of <b>ALL</b> the sole proprietor/partners/directors of the payment system:</p>		<p>c)</p>
<p>i). Full Names</p>	<p>ii) Nationality</p>	<p>Experience in operating payment systems</p>
<p>c) Give details of the payment system business's organisational structure, management and ownership:</p>		
<p>d) Give details of the volumes and values of money transfers expected to be or are currently being processed by the payment system business in question:</p>		
<p>e) Where the payment system business is partly owned by a foreign institution/corporation/firm, please indicate below the name and location and state the regulatory body that the payment system business is registered under in that foreign country. :</p>		

(e ..continued)
f) Give details of arrangements or proposed arrangements for monitoring and enforcing compliance with the rules of the National Payment Systems Act of 2007:
g) Please briefly outline the risk management measures put in place to address liquidity, credit and such other risks.
<b>2. BUSINESS PLAN</b>
a) Please furnish business plan on a separate sheet of paper. Remember to include the following: business model, clientele type, the kind of payment system service intended to be provided and other such relevant information.

I/We 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 licence, it is found that I/we have made any false declaration in this form; the Bank of Zambia may revoke this licence as stipulated in the National Payment Systems Act No. 1 of 2007.

\_\_\_\_\_  
(Date)                      (Authorised Signatory)                      (Name in Block Letters)                      (Designation)

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(Date)                      (Authorised Signatory)                      (Name in Block Letters)                      (Designation)