



BANK *Of* ZAMBIA

**APPLICATION FORM FOR DESIGNATION OF A
PARTICIPANT IN A PAYMENT SYSTEM**

APPLICATION FORM FOR DESIGNATION OF A PARTICIPANT IN A PAYMENT SYSTEM

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 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 participant 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
1st 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 PARTICIPANT IN A PAYMENT SYSTEM

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 +260-21-1-226844
Fax : +260-21-1-237070

APPLICATION DETAILS

1. Name of the participant:		
2. Address of the participant: i) Physical	Telephone number	
	Fax number	
	Email address	
	ii) Postal	Website

3. Name of the system(s) in which you participate :

DDACC	<input type="checkbox"/>	PIC	<input type="checkbox"/>
RTGS	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

<p>5. Give details of arrangements or proposed arrangements for monitoring and enforcing compliance with the National Payment Systems Act :</p>
<p>6. Please briefly outline the risk management measures put in place to address liquidity, credit and such other risks associated with payment systems.</p>

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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