

 **REGULATORY SANDBOX**

 **APPLICATION FORM**

**PART A**

**BUSINESS/CONTACT DETAILS**

|  |  |
| --- | --- |
| Name of Applicant (Corporate Name): |  |
| Business Address:  |  |
| Name of Main Contact Person: |  |
| Contact Number: |  |
| Email Address: |  |
| Description of the entity and its financial status: |  |
| Sector of Business or Main Business Activity (tick appropriately): | [ ]  Financial Service Provider[ ]  Payment Service Provider[ ]  FinTech[ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| Business Website URL: |  |

**PART B**

**ELIGIBILITY OF APPLICATION**

|  |  |
| --- | --- |
| Is the product or service a genuine innovation? |   |
| Is the product or service ready for live testing? |  |
| Is there a test plan in place? Give a summary of the test plan |  |
| What are the key deliverables/ Key Performance Indicators of the test? |  |
| What benefit will the product or service provide to the ecosystem, the consumers and other stakeholders? |  |
| How will the product or service promote financial inclusion? |  |
| Identify potential risks to be faced and state the safeguards that will be implemented? This should be in the form of a risk management framework for management of risks, including Anti-Money Laundering and Counter Terrorist Financing risk, operational risk, credit risk and liquidity risk associated with the proposed products and services. |  |
| Are agreements with key stakeholders relating to the novel product or service in place? |  |
| What is the exit strategy? |  |

**PART C**

**TEST PLAN**

|  |  |
| --- | --- |
| What are the key objectives of the test? |  |
| State the target market? |  |
| What is the scope (e.g. size of the target market, geographical area, transaction volumes and values, etc.) of the test? |  |
| What is the test period? The test period shall not exceed one year.  |  |
| What safeguards will be put in place to safeguard customers especially in the event of a failed test? |  |

**PART D**

This part is to be filled in where the participant does not already have a regulatory license issued by the Bank of Zambia.

**SHAREHOLDING**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Shareholding  | Contact details | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**BOARD OF DIRECTORS**

|  |  |  |
| --- | --- | --- |
| Name | Contact Details | Signature |
|  |  |  |
|  |  |  |
|  |  |  |

**MANAGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position |  | Contact Details | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Notes:**

Applicants who do not already have a regulatory license issued by the Bank of Zambia should attach:

1. Certified copies of the Certificate of Incorporation;
2. Detailed Curriculum Vitae of each of the significant Shareholders, Directors and senior management;
3. Directors questionnaires for significant shareholders, Directors and senior management;
4. Vital Statistics forms for each of the significant Shareholders, Directors and senior management; and
5. Where a significant shareholder, senior manager or Director is a non-Zambian, results of security screening from their country of origin.

**Name (Chief Executive Officer of applicant):**

**Signature:**

**Date:**