## PAYMENT SERVICES ACT 2019 (ACT 2 OF 2019)

**FORM** 

9

APPLICATION FOR APPROVAL TO PROVIDE MONEY-CHANGING SERVICE OR CROSS-BORDER MONEY TRANSFER SERVICE AT ANY PLACE OF BUSINESS OTHER THAN THE LICENSEE'S PERMANENT PLACE OF BUSINESS UNDER SECTION 14(6) OF THE PAYMENT SERVICES ACT 2019

(Full name of applicant as per ACRA's record)

### **Explanatory Notes**

- 1. This document is only a specimen of the application form and is not intended for submission. All licensees must apply via the online form with its own CorpPass account. All other modes of submission will not be accepted.
- 2. This application form must be completed in English.
- 3. All terms used in this form shall, except where expressly defined in this form or where the context otherwise requires, have the same meaning as defined in the <u>Payment Services Act 2019</u> ("PS Act").
- 4. All fields marked with an asterisk (\*) are mandatory fields. If a question or field is not applicable, please check the "N.A." box or mark "N.A." in the space provided.
- 5. If there are any changes in the information furnished in the application after submission, the Monetary Authority of Singapore (the "Authority") should be notified immediately.
- 6. It will take approximately 5 minutes to complete this application form if the applicant has all the required information ready.

## SECTION 1: CONTACT PERSON

1.1 Provide the following details of the person who will be liaising with the Authority on this application. This person should be familiar with the application and able to address queries from the Authority on the application. The applicant accepts responsibility for all the submissions and representations which will be made by this authorised personnel/contact person.\*

Name of contact person	
Designation	
Contact Number	
E-mail	

## SECTION 2: ADDITIONAL PLACE(S) OF BUSINESS

- 2.1 Please indicate the proposed number of additional place(s) of business:\*
- 2.2 Please provide the following information for every proposed additional place of business: \*

Serial	Reason for the additional	Address/Location	Customer self-help kiosk
Number	place of business		(Yes/No)

# SECTION 3: OTHER INFORMATION

3.1 Set out any additional information that is relevant or material to this application.

### SECTION 4: DECLARATION BY APPLICANT

#### We declare that:

 $\square$  We are aware that sections 94(2) and (3) of the PS Act provides as follows:\*

- "(2) AN INDIVIDUAL WHO -
  - (A) SIGNS ANY DOCUMENT LODGED WITH THE AUTHORITY; OR
  - (B) LODGES WITH THE AUTHORITY ANY DOCUMENT BY ELECTRONIC MEANS USING ANY IDENTIFICATION OR IDENTIFYING CODE, PASSWORD OR OTHER AUTHENTICATION METHOD OR PROCEDURE ASSIGNED TO THE INDIVIDUAL BY THE AUTHORITY,

MUST USE REASONABLE CARE TO ENSURE THAT THE DOCUMENT IS NOT FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.

(3) AN INDIVIDUAL WHO CONTRAVENES SUBSECTION (1) OR (2) SHALL BE GUILTY OF AN OFFENCE AND 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."

We declare that all information given in this application is true to the best of our knowledge and that we have not suppressed any material fact.				
Date	Name	Designation		