

**FORM FOR THE COMMUNICATION OF THE INTENTION OF CONTINUING  
ACTIVITIES AND SERVICES IN ITALY BY UK AUTHORIZED E-MONEY  
INSTITUTIONS (EMIs) ALREADY ESTABLISHED WITH A BRANCH**

*Please fill out this form in electronic format and transmit it using the editable PDF template, without altering the format. Please refrain from sending scans of printed documents. Once completed, the file must be saved and named with the company name (for example XXXXX\_LTD.pdf) and sent to the address **SERVIZIO.SIF.IP\_IMEL@bancaditalia.it**. If you have any questions, please contact the following telephone numbers 00 39 06 47925606/4745/5229.*

EMI's corporate name

EMI's trade name  
(identifying the service or product)

EMI's reference number  
(according to the Financial Conduct  
Authority's Register)

Contact details of the person in charge of activities related to the communication

Name

Telephone number

e-mail address

Passported services

(see Annex I to PSD2)

1 2 3 4 5 6 7 8 e-money

☐ The EMI intends to continue offering the following services provided so far on a cross border basis:

1 2 3 4 5 6 7 8 e-money

Brief description of the services which have been provided so far  
(available space 3,000 characters)

- ☐ The EMI confirms that its intention to carry on activities and services in Italy on a cross border basis has already been communicated to the competent UK Authority

Please indicate measures adopted to comply with safeguarding requirements of funds received from the payment services users or in exchange for e-money, set forth in art. 10 of Directive 2015/2366/UE and art. 7 of Directive 2009/110/CE (available space 3,000 characters)