## FORM FOR THE DESCRIPTION OF TERMINATION OF ACTIVITY IN ITALY BY UK AUTHORIZED PAYMENT INSTITUTIONS AND E-MONEY INSTITUTIONS

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.

| Institution's corporate name   |
|--|
| Institution's trade name (identifying the service or product)  |
| Institution's reference number (according to the Financial Conduct Authority's Register)                         |
| Contact details of the person in charge of activities related to the termination procedure for the Italian marke |
| Name   |
| Telephone number   |
| e-mail address   |
| Passported services  [   |
| SECTION I  |
| Business strategy adopted by the Institution. Please indicate the selected option:                               |
| ☐ OPTION A: transfer of the Italian business to an EU legal entity:  |
| □ already authorised and passported by an EU Member State  |
| Please indicate:   |
| Cessionary legal entity's corporate name EU  |
| Member State   |
| Date of granted authorisation  |
| Date of passport application   |
| Expected or actual date of transfer of the   |
| Italian business to the EU legal entity  |

|        |  | in process of authorization by an EU Member State (please fill SECTIO     | N II as a fall-back   |  |  |  |
|--------|--|---|-----------------------|--|--|--|
|        |  | strategy in case of denied authorization)                                 |                       |  |  |  |
|        | Please indicate:  Cessionary legal entity's corporate name                             |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        | EU Men   | nber State  |                       |  |  |  |
|        | Application date of the authorisation  |   |                       |  |  |  |
|        | Expecte  | d date for the conclusion of the  |                       |  |  |  |
|        | authoriz   | ation procedure   |                       |  |  |  |
|        | OPTION   | N B: termination of the Italian business (please fill in SECTION II)      |                       |  |  |  |
|        |  | SECTION II  |                       |  |  |  |
| For e  | ach servi  | ce offered in Italy please describe in the boxes provided the measures t  | to be adopted by the  |  |  |  |
|        |  | the termination of activities in order to ensure the execution of pending | payment transactions  |  |  |  |
| and th |  | ation of existing contracts:  |                       |  |  |  |
|        |  | s enabling cash to be placed on a payment account as well as all the op   | erations required for |  |  |  |
|        | operatin   | g a payment account (available space 3,000 characters)                    |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        |  |   |                       |  |  |  |
|        | Please indicate:   |   |                       |  |  |  |
|        | the date in which the notice of withdrawal from the contract will be sent to customers |   |                       |  |  |  |
| tne da | ate in whi   | ch the service to the customers will be terminated                        |                       |  |  |  |

| ☐ Services enabling cash withdrawals from a payment account as well as all the operation operating a payment account (available space: 3,000 characters)   | ons required for |
|--|------------------|
|  |                  |
|  |                  |
| Please indicate: the date in which the notice of withdrawal from the contract will be sent to customers the date in which the service to the customers will be terminated  |                  |
| Execution of payment transactions, including transfers of funds on a payment account with the user' payment service provider or with another payment service provider ( <i>available space 3,000 characters</i> (a) execution of direct debits, including one-off direct debits; (b) execution of payment transactions through a payment card or a similar device; (c) execution of credit transfers, including standing orders. |                  |
|  |                  |
| Please indicate:   |                  |
| the date in which the notice of withdrawal from the contract will be sent to customers the date in which the service to the customer will be terminated  |                  |

|       | Execution of payment transactions where the funds are covered by a credit line for a payment service |                |  |
|-------|--|----------------|--|
|       | user (available space 3,000 characters):   |                |  |
|       | (a) execution of direct debits, including one-off direct debits;                                     |                |  |
|       | (b) execution of payment transactions through a payment card or a similar device;                    |                |  |
|       | (c) execution of credit transfers, including standing orders.  |                |  |
|       |  |                |  |
| Pleas | se indicate:   |                |  |
| the d | ate in which the notice of withdrawal from the contract will be sent to customers                    |                |  |
| the d | ate in which the service to the customer will be terminated  |                |  |
|       |  |                |  |
|       | Issuing of payment instruments and/or acquiring of payment transactions (availab characters)         | le space 3,000 |  |
|       |  |                |  |
| Pleas | e indicate:  |                |  |
| the d | ate in which the notice of withdrawal from the contract will be sent to customers                    |                |  |
| the d | ate in which the service to the customer will be terminated  |                |  |

| ☐ Money remittance (available space 3,000 characters)   |  |
|---|--|
|   |  |
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|   |  |
| Please indicate the date in which the service to the customer will be terminated                        |  |
|   |  |
| ☐ Payment initiation services (available space 3,000 characters)  |  |
|   |  |
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|   |  |
|   |  |
|   |  |
| Please indicate: the date in which the notice of withdrawal from the contract will be sent to customers |  |
| the date in which the service to the customer will be terminated  |  |
|   |  |
| ☐ Account information services (available space 3,000 characters)                                       |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| Please indicate:   |  |
|--|--|
| the date in which the notice of withdrawal from the contract will be sent to customers |  |
| the date in which the service to the customer will be terminated                       |  |
|  |  |
| E-money instruments and services (available space 3,000 characters)                    |  |
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| Please indicate:   |  |
| the date in which the notice of withdrawal from the contract will be sent to customers |  |
| the date in which the service to the customer will be terminated                       |  |