

**APPLICATION FOR REGISTRATION AS OPERATOR OF A PAYMENT SYSTEM (OPS)**

(To be completely filled up. Indicate "N/A" if an item is not applicable.)

<b>Thru: The Office of the Director Payment System Oversight Department (PSOD)</b>					<b>Date:</b>	
This form is to be accomplished by the Operator of a Payment System (OPS). An OPS refers to any person performing any of the activities as defined in Section 4(1) of R.A. No. 11127 (The National Payment Systems Act). Kindly indicate in the checklist at the back of this form the activities performed by your company.						
<b>1. FULL COMPANY NAME</b>				<b>2. TIN</b>		
<b>3. COMPANY NAME</b>						
<b>4. REGISTERED BUSINESS/TRADE NAME/S</b>						
<b>5. COMPANY REGISTRATION NO.</b>			<b>6. DATE ISSUED</b>		<b>7. VALID UNTIL</b>	
<b>8. BUSINESS LOCATION</b>		If within a Building, specify stall, room, floor number		Street No. and Name		Barangay
						City/Municipality
<b>9. BUSINESS CONTACT INFO</b>		Landline		Mobile No.	Email Address <sup>1</sup>	Website
<b>10. BUSINESS PERMIT/TYPE OF BUSINESS</b>		Business Permit No.		Date Issued	Valid Until	Type of Business
						Years in Business
<b>11. Are you licensed to do business in the Philippines?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate the type of license issued to the company		
<b>12. FORM OF BUSINESS ORGANIZATION</b> (e.g. Sole Proprietorship, Partnership, Corporation, Cooperative, etc.)				<b>13. AUTHORIZED CAPITAL STOCK (in Php)</b>		
<b>14. OWNERSHIP AND MANAGEMENT STRUCTURE</b>						
<b>14.1 List of Board of Directors/Partners/Owners</b>						
Name	Citizenship	Address	Position	TIN	% of Ownership	Email Address
<b>14.2 List of Shareholders (with ownership of at least 10%)</b>						
Name	Citizenship	Address	Position	TIN	% of Ownership	Email Address
<b>14.3 List of Key Officers (President, Finance Officer, Treasurer and their equivalent)</b>						
Name	Citizenship	Address	Position	TIN	Email Address	
<b>15. BRIEF DESCRIPTION ON HOW THE BUSINESS OPERATES AND TARGET MARKET</b>						
<b>15.1 Primary Product/Service</b>		<b>15.2 Revenue Generating Activities</b>			<b>15.3 Target Market</b>	
<b>16. NETWORK AND OPERATIONS</b>						
<b>16.1 Number of branches or servicing units (over-the-counter/teller assisted)</b>		<b>16.2 Number of payment terminals (self-service – ATM, Payment Kiosks)</b>			<b>16.3 Number of participants/users</b>	
<b>17. TYPES OF PAYMENT INSTRUMENTS/MEDIA ISSUED</b>		Short Description of Payment Instruments/Media		Number of payment instruments/accounts		Average monthly volume of transactions
						Average monthly value of transactions

<sup>1</sup>Shall be considered the official e-mail address registered with BSP.<sup>2</sup> Key officers include the President, Finance Officer, Treasurer (or their equivalent) and heads of internal audit, risk management, and compliance functions

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(To be completely filled up. Indicate "N/A" if an item is not applicable)

**A. Maintains the platform that enables payments or fund transfers, regardless of whether the source and destination accounts are maintained with the same or different institutions**

- ☐ Owns or operates a computer application system that enables payments or fund transfers
- ☐ Sets rules by which payments may be made or funds may be transferred
- ☐ Allows customers to fund their accounts by submitting to the operator cash or its equivalent in exchange for the value to be stored in their account
- ☐ Allows accounts of system users to be linked to their accounts with other financial institutions (FIs) (e.g., deposit account, e-money account, credit card account)

**B. Operates the system or network that enables payments or fund transfers to be made through the use of a payment instrument**

- ☐ Provides a system or network infrastructure that enables payments and financial services of FIs
- ☐ Sets rules, functions, procedures, arrangements or devices that enable an account holder or holder of the payment instrument to transact with a third party
- ☐ Transfers payment information (e.g., card transaction details) to and from participating institutions.
- ☐ Provides network participants with a listing of the amounts due to/from other participants.
- ☐ Offers service/s to more than one (1) FI and enables them to perform payments or fund transfers among each other.
- ☐ Enables the acceptance of specific payment instrument/s by institutions such as government, commercial establishments, and other merchant/billers

**C. Provides a system that processes payments on behalf of any person, or the government**

- ☐ Receives payment for or on behalf of the sellers of goods, providers of services, or creditors/billers in accordance with a written agreement
- ☐ Sets rules, provides arrangements or facilities to collect funds from the public and transmits the same to sellers of goods, providers of services, or creditors/billers in accordance with the written agreement
- ☐ Allows payments to be made to more than one commercial establishment or creditor/biller

I, *[insert name]*, *[insert designation]* of *[insert company name]*, hereby certify to the following:

1. I am authorized to submit this Application for Registration as OPS for and on behalf of *[insert company name]*.
2. The completion of the Application for Registration as OPS was made after conduct of self-assessment whereby it was determined that *[insert company name]* is an OPS pursuant to R.A. No. 11127 (The National Payment Systems Act) and BSP Circular No.1049. As OPS, *[insert company name]* performs: *[insert activities performed as an OPS]*.
3. By submitting the personal information of our Board of Directors, partners, owners, shareholders and key officers, the said persons are aware of their rights under R.A. No. 10173 (Data Privacy Act of 2012) and they authorize the BSP to collect, process and store their personal information and share with and make them available to interested parties for lawful purposes and legitimate interests and to comply with legal mandate.
4. The information provided herein are true, accurate, timely and complete.

Name  
Designation of Authorized Officer