



Council of the
European Union

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COVER NOTE

From: Secretary-General of the European Commission, signed by Ms Martine DEPREZ, Director

date of receipt: 21 June 2021

To: Mr Jeppe TRANHOLM-MIKKELSEN, Secretary-General of the Council of the European Union

No. Cion doc.: C(2021) 4273 final

Subject: ANNEXES to the COMMISSION DELEGATED REGULATION (EU) supplementing Directive (EU) 2015/2366 of the European Parliament and of the Council with regard to regulatory technical standards specifying the framework for cooperation and the exchange of information between competent authorities of the home and the host Member States in the context of supervision of payment institutions and electronic money institutions exercising cross-border provision of payment services

Delegations will find attached document C(2021) 4273 final.

Encl.: C(2021) 4273 final



Brussels, 18.6.2021
C(2021) 4273 final

ANNEXES 1 to 6

ANNEXES

to the

COMMISSION DELEGATED REGULATION (EU)

supplementing Directive (EU) 2015/2366 of the European Parliament and of the Council with regard to regulatory technical standards specifying the framework for cooperation and the exchange of information between competent authorities of the home and the host Member States in the context of supervision of payment institutions and electronic money institutions exercising cross-border provision of payment services

ANNEX I

Request for cooperation or information exchange

Reference number:

Date:

FROM:

TO:

Member State:

Member State:

Competent authority:

Competent authority:

Address:

Address:

Name:

Name:

Telephone:

Telephone:

E-mail:

E-mail:

Dear [name],

Under Article 29 of Directive (EU) 2015/2366 on payment services in the internal market, we are seeking your input on the matter(s) detailed below.

I would be grateful to receive a response to this request by [insert indicative date for the reply] or, if that is not possible, for an indication of your estimated date of response.

Type of request

Please tick the appropriate box(es):

- Provision of information
- On-site inspection
- Delegation of inspection
- Other – please provide details below

Please provide the main reasons for the request:

.....

.....

.....

.....

Please provide a detailed description of the information sought:

.....

.....

.....

.....

Please provide any additional information that could be of interest and could help the authority concerned provide a swift reply:

.....
.....
.....
.....

If the request is urgent, please explain why it is urgent and why the deadline is short:

.....
.....
.....
.....

Please add any further comments on data confidentiality and how you expect to use the information provided:

.....
.....
.....
.....

Yours sincerely,

[signature]

ANNEX II

Reply to a request for cooperation or information exchange

Reference number:

Date:

FROM:

TO:

Member State:

Member State:

Competent authority:

Competent authority:

Address:

Address:

Name:

Name:

Telephone:

Telephone:

E-mail:

E-mail:

Dear [*name*]

Below is the information compiled in response to your request [*Reference number*]

[Please provide all the information needed to meet the request and help the process of cooperation or information exchange]

.....
.....
.....
.....

[If you were unable to provide all the information requested and/or meet the deadline for replying, please explain the reasons and give an estimate of the date by which you can reply]

.....
.....
.....
.....

[Please provide, on a best efforts basis, any other essential information to further assist the process of cooperation information exchange for the purposes of the request]

.....
.....
.....
.....

[Please add any further comments on data confidentiality and on how you expect to use the information provided]

.....
.....

.....
.....

Yours sincerely,

[*signature*]

ANNEX III

Notification of intention to carry out an on-site inspection in the host Member State

Reference number:

Date:

FROM:

TO:

Member State:

Member State:

Competent authority:

Competent authority:

Address:

Address:

Name:

Name:

Telephone:

Telephone:

E-mail:

E-mail:

Dear *[name]*

Under Article 29 of Directive (EU) 2015/2366 on payment services in the internal market, I intend to carry out an on-site inspection in your country, as detailed below.

Information on the payment institution to be inspected:

.....
.....
.....
.....

Information on the scope of and plan for the on-site inspection, if possible:

.....
.....
.....
.....

Planned dates of the on-site inspection:

.....
.....

Yours sincerely,

[signature]

ANNEX IV

Notification of an infringement or suspected infringement

Reference number:

Date:

FROM:

TO:

Member State:

Member State:

Competent authority:

Competent authority:

Address:

Address:

Name:

Name:

Telephone:

Telephone:

E-mail:

E-mail:

Dear [name]

Under Article 29 of Directive (EU) 2015/2366 on payment services in the internal market, please find below information on [an infringement/a suspected infringement].

[Please provide all indispensable information on the infringement/suspected infringement, which must include the type of infringement and any action taken by your competent authority, including any precautionary measures or penalties]

.....
.....
.....
.....

[Please provide any other information on the infringement/suspected infringement that could be of interest and benefit to the notified competent authority]

.....
.....
.....
.....

[Please add any further comments on the confidentiality and potential use of the information provided]

.....
.....
.....
.....

Yours sincerely,

[signature]

ANNEX V

Form to be used for reporting data for information and statistical purposes

Payment institutions headquartered in a Member State and providing payment services in a different Member State via agents or branches or electronic money institutions providing services via agents, branches or distributors must provide the following data when required by the host competent authority to enable the host authority to receive regular information on the activities carried out in its country.

Table 1. General information on the payment institution/electronic money institution

1)	Name of the payment institution/electronic money institution	
2)	Type of institution	<input type="checkbox"/> Payment institution <input type="checkbox"/> Electronic money institution
3)	Head office address of the payment institution/electronic money institution	
4)	Unique identification number of the payment institution/electronic money institution in the format of the home Member State (where applicable)	
5)	Legal entity identifier (LEI) of the payment institution/electronic money institution (where available)	
6)	Home Member State authorisation number of the payment institution/electronic	

Table 1. General information on the payment institution/electronic money institution

	money institution (where applicable)	
6)	Contact person within the payment institution/electronic money institution (where available, please provide contact details of the appointed contact person in the host Member State)	<p>Name:</p> <p>Role:</p> <p>E-mail:</p> <p>Telephone:</p>
7)	Payment services to be provided	<p><input type="checkbox"/> Services enabling cash to be placed in a payment account and all the operations required to operate a payment account</p> <p><input type="checkbox"/> Services enabling cash withdrawals from a payment account and all the operations required to operate a payment account</p> <p>Execution of payment transactions, including transfers of funds on a payment account with the user's payment provider or with another payment service provider:</p> <p>Execution of direct debits, including one-off direct debits <input type="checkbox"/></p> <p>Execution of payment transactions through a payment card or a similar device <input type="checkbox"/></p> <p>Execution of credit transfers, including standing orders <input type="checkbox"/></p> <p>Execution of payment transactions where the funds are covered by a credit line for a payment service user:</p> <p>Execution of direct debits, including one-off direct debits <input type="checkbox"/></p> <p>Execution of payment transactions through a payment card or a similar device <input type="checkbox"/></p> <p>Execution of credit transfers, including standing orders <input type="checkbox"/></p>

Table 1. General information on the payment institution/electronic money institution

		<p>Including granting of credit in accordance with Article 18(4) of Directive (EU) 2015/2366? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Issuing of payment instruments</p> <p><input type="checkbox"/> Acquiring of payment transactions</p> <p>Including granting of credit in accordance with Article 18(4) of Directive (EU) 2015/2366? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Money remittance</p> <p><input type="checkbox"/> Payment initiation services</p> <p><input type="checkbox"/> Account information services</p>
8)	Electronic money services to be provided (applicable only to electronic money institutions)	<p><input type="checkbox"/> Distribution of electronic money</p> <p><input type="checkbox"/> Redemption of electronic money</p>
9)	Name and address of the 10 largest agents in the host Member State by value of transactions	<p>Agent 1</p> <p>Agent 2</p> <p>...</p> <p>Agent 10</p>
10)	Name and address of the 10 largest distributors in the host Member State by e-money distribution/redemption value	<p>Distributor 1</p> <p>Distributor 2</p> <p>...</p> <p>Distributor 10</p>

Table 2. Branches

	Number
Total number of branches and their addresses, where applicable	
Total number of employees of the branches, where applicable	

Table 3. Agents

	Under freedom to provide services (FOS)	Under the right of establishment (FOE)
Number of agents enrolled in the reporting period		
Total number of agents at the end of the reporting period		

Table 4. Customers/payment service users

	Registered in the reporting period	At the end of the reporting period
Number of customers (framework contracts)		
Number of payment service users (single payment transactions)		

Table 5. Card-based payment instruments

	Number of				
	Credit cards	Revolving cards	Debit cards	Prepaid cards	Other (please specify)
Issued in the reporting period					

Table 5. Card-based payment instruments

	Number of				
	Credit cards	Revolving cards	Debit cards	Prepaid cards	Other (please specify)
Outstanding at the end of the period					

	Credit cards	Revolving cards	Debit cards	Prepaid cards	Other (please specify)
Value of card-based payment transactions executed through					

Table 6. Payment accounts

	Payment accounts
Opened in the reporting period	
Accessed in the reporting period	
Total number of payment accounts operated/maintained in the host Member State	
Total number of payment accounts accessed in the host Member State	

Table 7. Automated teller machines (ATMs)

	Number	Amount
Number of ATMs operated/managed by the payment institution		n.a.
Cash withdrawals		
Cash placed in payment accounts		

Table 8. Complaints

	Agents (FOS)	Agents (FOE)	Branches
Aggregated number of complaints received from payment service users within the reporting period			

Table 9. Total fraudulent transactions

	Volume	Gross value
Total fraudulent payment transactions		

Table 10. Notifications to the financial intelligence unit in the host Member State

	Volume
Number of suspicious transaction reports sent to the financial intelligence unit	

Table 11. Payment transactions in and out of the host Member State

	Volume								Value								
	Agents (FOS)		Agents (FOE)		Branch		TOTAL		Agents (FOS)		Agents (FOE)		Branch		TOTAL		
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
Payment services as referred to in Annex I to Directive (EU) 2015/2366																	
1																	
2																	
3a																	
3b																	
3c																	
4a																	
4b																	
4c																	
5 (issuing payment instruments)																	

Table 11. Payment transactions in and out of the host Member State

	Volume								Value							
	Agents (FOS)		Agents (FOE)		Branch		TOTAL		Agents (FOS)		Agents (FOE)		Branch		TOTAL	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Payment services as referred to in Annex I to Directive (EU) 2015/2366																
5 (acquiring payment transactions)																
6																
7																

Table 12. Country of destination of payment transactions OUT (disclose only countries that account for > 10% of the total value)

	Agents (FOE)			Agents (FOE)			Branch		
	Country 1	Country 2	...	Country 1	Country 2	...	Country 1	Country 2	...
Payment services as referred to in Annex I to Directive (EU) 2015/2366									
1									
2									
3a									
3b									
3c									
4a									
4b									
4c									
5 (issuing payment instruments)									
5 (acquiring payment transactions)									
6									
7									

Table 13. Country of origin of payment transactions IN (disclose only countries that account for > 10% of the total value)

Payment services as referred to in Annex I to Directive (EU) 2015/2366	Agents (FOE)			Agents (FOE)			Branch		
	Country 1	Country 2	...	Country 1	Country 2	...	Country 1	Country 2	...
1									
2									
3a									
3b									
3c									
4a									
4b									
4c									
5 (issuing payment instruments)									
5 (acquiring payment transactions)									
6									
7									

Table 14. Payment transactions broken down by distribution channel

Payment services as referred to in Annex I to Directive (EU) 2015/2366	Volume						Value					
	Face to face	Online	Mobile	ATM	Phone	Other	Face to face	Online	Mobile	ATM	Phone	Other
1												
2												
3a												
3b												
3c												

Table 14. Payment transactions broken down by distribution channel

Payment services as referred to in Annex I to Directive (EU) 2015/2366	Volume						Value					
	Face to face	Online	Mobile	ATM	Phone	Other	Face to face	Online	Mobile	ATM	Phone	Other
4a												
4b												
4c												
5 (issuing payment instruments)												
5 (acquiring payment transactions)												
6												
7												

Table 15. E-money services

	Amount
E-money distributed during the reporting period in the host Member State	
E-money redeemed during the reporting period in the host Member State	

Table 16. E-money distributors

	Under the freedom to provide services (FOS)	Under the right of establishment (FOE)
Number of distributors enrolled in the reporting period		
Total number of distributors at the end of the reporting period		

ANNEX VI

Form to be used for reporting data for monitoring compliance with the provisions of national law transposing Titles III and IV of Directive (EU) 2015/2366

Payment institutions or electronic money institutions headquartered in a Member State and providing payment services in a different Member State via branches or agents under the right of establishment must provide the following additional data when required by the host competent authorities to enable the authorities to monitor compliance with national law transposing Titles III and IV of Directive (EU) 2015/2366.

Table 1: General information on the payment institution/electronic money institution

1)	Person(s) responsible for the payment institution's activity and/or the compliance officer (if different) in the host Member State, where applicable	a. Name of representative b. Address c. Telephone number d. E-mail
2)	Central contact point, if appointed and/or required in accordance with Article 29(4) of Directive (EU) 2015/2366	a. Name of representative b. Address c. Telephone number d. E-mail
3)	Complaints handling	Do you have an internal procedure to handle and follow up on customer complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide contact details for the person(s) responsible for handling complaints: Name: Address:

		<p>Telephone:</p> <p>E-mail:</p> <p>Is this procedure available in the official language of the host Member State?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, please state the languages in which the customer complaints procedure is available.</p> <p>Please provide a brief description of your internal procedure for handling payment service user complaints in the host Member State (max. 300 words)</p>
4)	Business model	<p>Is this your first report, which includes a brief description of your business model?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please provide a brief description of your business model, focusing on the products and payment services provided and how you employ agents/distributors in the host Member State (max. 300 words)</p> <p>If not, have you made any significant changes to your business model over the reporting period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please briefly describe the changes (max. 300 words).</p>

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Table 2. Detailed breakdown of complaints

	Agents				Branches			
	Received	Settled	Not settled	Not replied	Received	Settled	Not settled	Not replied
Number of complaints received from payment service users (PSUs) concerning the rights and obligations under Titles III and IV of Directive (EU) 2015/2366 and security-related matters in the reporting period								

Table 3. Requests for refunds

	Agents		Branches	
	Refunded	Not refunded	Refunded	Not refunded
Aggregated number of requests for refunds received from payment service users for unauthorised and/or incorrectly executed payment transactions in the reporting period				

	PSUs		ASPSPs	
	Refunded	Not refunded	Refunded	Not refunded
Aggregated number of requests for refunds received for losses resulting from the liabilities referred to in Article 5(2) of Directive (EU) 2015/2366 in the reporting period				
Aggregated number of requests for refunds received for losses resulting from the liabilities referred to in Article 5(3) of Directive (EU) 2015/2366 in the reporting period				

Table 4. Detailed breakdown of the total value of refunds made

	Agents		Branches	
	Unauthorised	Incorrectly executed	Unauthorised	Incorrectly executed
Total value of refunds made to payment service users for unauthorised and/or incorrectly executed payment transactions in the reporting period				
Where applicable, total value of refunds made to payment service users for losses resulting from the liabilities referred to in Article 5(2) of Directive (EU) 2015/2366 in the reporting period				
Where applicable, total value of refunds made to ASPSPs for losses resulting from the liabilities referred to in Article 5(2) of Directive (EU) 2015/2366 in the reporting period				

	Unauthorised access to/use of payment account information	Fraudulent access to/use of payment account information
Where applicable, total value of refunds made to payment service users for losses resulting from the liabilities referred to in Article 5(3) of Directive (EU) 2015/2366 in the reporting period		
Where applicable, total value of refunds made to ASPSPs for losses resulting from the liabilities referred to in Article 5(3) of Directive (EU) 2015/2366 in the reporting period		

Table 5. Operational and security incidents

	Agents	Branches
Number of major operational and/or security incidents in the reporting period		

Table 6. Amendments to framework contracts in the reporting period

<p>Please tick the box(es) to indicate any amendments made in the reporting period to the following conditions of the framework contract governing payment accounts that you operate</p>	<input type="checkbox"/> Fees and charges <input type="checkbox"/> Interest/exchange rates <input type="checkbox"/> Payment service users' rights <input type="checkbox"/> Payment service users' obligations <input type="checkbox"/> Payment initiation procedure
<p>Please tick the box(es) to indicate any amendments made in the reporting period to the following conditions of the framework contract governing credit cards issued by you</p>	<input type="checkbox"/> Fees and charges <input type="checkbox"/> Interest/exchange rates <input type="checkbox"/> Spending limits <input type="checkbox"/> Payment service users' rights <input type="checkbox"/> Payment service users' obligations <input type="checkbox"/> Payment initiation procedure
<p>Please tick the box(es) to indicate any amendments made in the reporting period to the following conditions of the framework contract governing debit cards issued by you</p>	<input type="checkbox"/> Fees and charges <input type="checkbox"/> Exchange rates <input type="checkbox"/> Spending limits <input type="checkbox"/> Payment service users' rights <input type="checkbox"/> Payment service users' obligations <input type="checkbox"/> Payment initiation procedure
<p>Please tick the box(es) to indicate any amendments made in the reporting period to the following conditions of any other framework contract (please specify) to which you are party</p>	<input type="checkbox"/> Fees and charges <input type="checkbox"/> Interest/exchange rates <input type="checkbox"/> Spending limits <input type="checkbox"/> Payment service users' rights <input type="checkbox"/> Payment service users' obligations <input type="checkbox"/> Payment initiation procedure