

**FSA057 PAYMENT SERVICES DIRECTIVE TRANSACTIONS**

Currency Units: Single

**Introductory Matters**

Questions 11 to 13 must be answered in GBP

	A	B
11 Total income during the reporting period	<input type="text"/>	
12 Total income derived from payment services during the reporting period	<input type="text"/>	
13 Operating profit / loss of firm in the reporting period	<input type="text"/>	

**Transaction and User Information**

1 Please report the total number of payment transactions the firm has undertaken during the reporting period	<input type="text"/>
14 Please provide the exchange rate used to convert GBP to EUR in this return	<input type="text"/>

	EUR	GBP
2 Please report the total value of these transactions <i>(The figure should be entered in single units and in both currencies)</i>	<input type="text"/>	<input type="text"/>
3 Number of full months in the reporting period in which the firm was registered	<input type="text"/>	
15 What is the monthly average of the total value of payment transactions executed over the reporting period including payment transactions executed through UK agents (EUR)?	<input type="text"/>	
16 Number of new payment service users in the reporting period	<input type="text"/>	

**Safeguarding of relevant funds**

4 Has your firm voluntarily adopted safeguarding arrangements?	<input type="text"/>
--	----------------------

If you have answered YES to question 4, please indicate which method(s) the firm uses to safeguard relevant funds  
*(Select all that apply and add the appropriate information)*

	A	B	C
5 Placed in a separate account with an authorised credit institution	<input type="text"/>	Credit institution name <input type="text"/>	Country where the account is located <input type="text"/>
6 Invested in approved secure liquid assets held in a separate account with an authorised custodian	<input type="text"/>	Custodian name <input type="text"/>	Country where the account is located <input type="text"/>
7 Covered by an insurance policy with an authorised insurer	<input type="text"/>	Insurer name <input type="text"/>	
8 Covered by a guarantee from an authorised insurer	<input type="text"/>	Insurer name <input type="text"/>	
9 Covered by a guarantee from an authorised credit institution	<input type="text"/>	Credit institution name <input type="text"/>	

**Number of Agents**

	A
10 Please report the number of agents the firm has	<input type="text"/>

**Payment Systems**

17 Is the firm a member of any sterling interbank payment systems? <i>Select all that apply</i>	<input type="checkbox"/> Bacs <input type="checkbox"/> CHAPS <input type="checkbox"/> Cheque and Credit <input type="checkbox"/> Faster Payments <input type="checkbox"/> LINK <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other(s)
--	---

18 If Other(s), please specify	<input type="text"/>
--------------------------------	----------------------

19 Which, if any, sterling interbank payment systems does your firm access indirectly? <i>Select all that apply</i>	<input type="checkbox"/> Bacs <input type="checkbox"/> CHAPS <input type="checkbox"/> Cheque and Credit <input type="checkbox"/> Faster Payments <input type="checkbox"/> Other(s)
--	--

20 If Other(s), please specify	<input type="text"/>
--------------------------------	----------------------

21 Which institution is your firm's primary provider of indirect access to sterling interbank payment systems?	<input type="text"/>
--	----------------------