

**FSA057 PAYMENT SERVICES DIRECTIVE TRANSACTIONS**

**A**

1 Please report the total number of Payment Services Directive transactions the firm has undertaken in the last calendar year

2 Please report the total value of these transactions (this figure must be entered in Euro)

3 How many full calendar months are covered by this return?

**SAFEGUARDING OF CLIENT ASSETS**

4 Has your firm voluntarily adopted safeguarding arrangements?

If you have answered YES to question 4, please indicate which method(s) the firm uses to safeguard client assets (tick at least one box)

5 Placed in a separate account with an authorised credit institution

6 Invested in approved secure liquid assets held in a separate account with an authorised custodian

7 Covered by an insurance policy with an authorised insurer

8 Covered by a guarantee from an authorised insurer

9 Covered by a guarantee from an authorised credit institution

**NUMBER OF AGENTS**

10 Please report the number of agents the firm has