**Annex 1**

Business name: Click here to enter text.

Head office address:Click here to enter text.

Registration number: Click here to enter text.

TIN: Click here to enter text.

**APPLICATION FOR APPROVAL TO ESTABLISH A BRANCH IN A FOREIGN COUNTRY OR DIRECTLY PROVIDE VIRTUAL CURRENCY SERVICES IN A FOREIGN COUNTRY**

 **1.** **The virtual currency service provider** Click here to enter text. **intends to provide the following virtual currency services in** Click here to enter text. **[through a branch under the name** Click here to enter text.**, with the following address** Click here to enter text.**] / [directly]:**

[ ]  reception, transmission and execution of orders relating to the purchase and sale of virtual currencies on behalf of third persons;

[ ]  purchase and sale of virtual currencies for cash and/or scriptural money and/or e-money;

[ ]  exchange of virtual currencies for other virtual currencies and/or other digital assets;

[ ]  custody (safekeeping) and administration of virtual currencies on behalf of virtual currency users and the related services;

[ ]  services pertaining to the issuing, offering and placing of virtual currencies on a firm commitment basis (underwriting) or without a firm commitment basis (agent services);

[ ]  maintaining a register of pledges on virtual currencies;

[ ]  virtual currency acceptance/transfer services;

[ ]  virtual currency portfolio management;

[ ]  operation of a virtual currency trading platform.

 **2. In addition to the virtual currency services referred to in Section 1 of this Annex, the virtual currency service provider would also [through a branch** Click here to enter text.**] / [directly] perform the following activities and services which are directly related to virtual currency services:**

 **3. Person authorised to contact the National Bank of Serbia[[1]](#footnote-1) in the process of deciding on the application:**

|  |  |
| --- | --- |
| **Name and surname:** |  |
| **Telephone number:** |  |
| **E-mail:** |  |

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 place and date name and surname

 of the legal representative or proxy

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 signature

1. Original power of attorney for this person, issued by the applicant and certified in accordance with the law, must be submitted along with the application. [↑](#footnote-ref-1)