

Application for Exemption from provision of data under the Payment Service Provider Regulations 2022

1	IRD number (8 digit numbers start in the second Box <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	The name of the organisation applying for the exemption <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3	Type of payment service provider (more than one box can be ticked): <input type="checkbox"/> Acquirer <input type="checkbox"/> Switch <input type="checkbox"/> Online payment gateway <input type="checkbox"/> Provides settlement services <input type="checkbox"/> Provides alternative payment methods <input type="checkbox"/> Other	
4	Exemption type <input type="checkbox"/> Partial Exemption or <input type="checkbox"/> Full Exemption	
5	Print the full name of the person we can contact about this exemption in case we need to ask any questions <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Put first names above and surname below <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact phone number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prefix <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phone number Position in organisation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6	Details relating to the organisation who will be providing the information on your behalf The reason for the exemption request <input type="text"/> Who is to provide the information on your behalf (if there is more than one organisation please repeat all of Step 6, which includes page two). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The specific information you want the exemption for <input type="text"/> Why they are the best placed to provide this information <input type="text"/>	

Note: Please attach any supporting documents (e.g., contracts, contract end dates, information concerning the services, how the payment information flows, the information that you do not hold, correspondence between PSPs indicating agreement to provide on behalf of (if this has occurred)).

Indicate below the information you hold.

Merchant data

Column name	Yes	No	Partial
MERCHANT_KEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNT_ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NZBN_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NZ_COMPANY_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRD_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS_CATEGORY_DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIVIDUAL_NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRADING_NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MERCHANT_DOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL_ADDRESS_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL_ADDRESS_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL_ADDRESS_CITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL_ADDRESS_POSTCODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL_ADDRESS_COUNTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTAL_ADDRESS_1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTAL_ADDRESS_2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTAL_ADDRESS_CITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTAL_ADDRESS_POSTCODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTAL_ADDRESS_COUNTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTACT_NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTACT_PHONE_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTACT_EMAIL_ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORD_ACTIVE_FROM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORD_ACTIVE_TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MERCHANT_LODGEMENT_TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transactional data

Column name	Yes	No	Partial
MERCHANT_KEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNT_ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SETTLEMENT_BANK_ACCOUNT_NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SETTLEMENT_BANK_ACCOUNT_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSACTIONAL_PERIOD_START_DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSACTIONAL_PERIOD_END_DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL_PAYMENTS_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL_PAYMENTS_VAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASH_OUTS_ONLY_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASH_OUTS_ONLY_VAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFUNDS_NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFUNDS_VAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASHOUT_COMPONENT_AMOUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSACTIONAL_LODGEMENT_TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

Name of authorised person

Designation or title

For example, proprietor, partner, director, manager, security, executive office holder, duly authorised person.

I declare that the information given on this form is true and correct.

Signature

/ /
Date

Notes:

This form should be completed by payment service providers seeking an exemption from providing Inland Revenue merchant sales information, as required by the "Order in Council Tax Administration (Regular Collection of Bulk Data) Regulations 2022." The exemption will be granted if the Commissioner determines the information is better collected from another payment service provider.

The Commissioner may revoke this exemption at any time if:

- i. The Commissioner reasonably believes that the organisation no longer meets the requirements on which the exemption is based;

- ii. Or the organisation did not meet the requirements on which their exemption was based having acquired the exemption through misleading information

If, at any time, circumstances change that the exemption is based on, there is a requirement to notify Inland Revenue as soon as practical.

Definitions:

Full exemption – this is where an organisation meets the definition of a payment service provider, however another payment service provider or providers processes the payments for the merchant(s), and those payment service providers holds the same information as, or more information than the entity applying for the exemption; and this covers all the transactions that the entity would have otherwise been required to provide.

Partial exemption – this is where an organisation meets the definition of a payment service provider, however another payment service provider or providers processes the payments for the merchant(s), and those payment service providers holds the same information as, or more information than the entity applying for the exemption; and this covers only a portion of the transactions that the entity is required to provide.