

SCHEDULE 1

ARRANGEMENT OF FORMS

Regulation 13(1)

The Debt Arrangement Scheme (Scotland) Regulations 2004

FORM 2 **APPLICATION FOR APPROVAL AS PAYMENTS DISTRIBUTOR**

1	Date of Application (dd/mm/yyyy)								
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2 Details of Payment Distributor

Name of Organisation								
Business Address								
Business phone number								
E-mail address								

6 Declaration

I certify that this organisation meets the requirements of Schedule 5 of the Debt Arrangement Scheme (Scotland) Regulations 2004 and attach the necessary supporting documentation

Signature

Name

Position held

Date