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| **fsc logo1 (2)** | **TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION** | | | |
| **DNFBP Form for appointment of MLCO/MLRO** | | | |
| 1. **WHO SHOULD USE THIS FORM?**   This form should be completed by a DNFBP that has appointed a new Money Laundering Compliance Officer (MLCO) or Money Laundering Reporting Officer (MLRO). The purpose of this form is to enable the DNFBP Supervisor to apply its fit and proper test to the new officer in accordance with the Proceeds of Crime Ordinance and the Anti-Money Laundering and Prevention of Terrorist Financing Regulations (as amended 2021).  ***1.1 How to submit this form***  This form must be accompanied by a Personal Declaration Questionnaire (PDQ) for the new officer along with supporting documents indicated on the PDQ. The documents can be submitted electronically via email at [aml\_supervision@tcifsc.tc](mailto:aml_supervision@tcifsc.tc) or a paper version can be submitted by hand to the Commission’s offices in Providenciales or Grand Turk. | | | | |
| **2 AML/CFT COMPLIANCE** | | | | |
| 2.1 Name of the DNFBP | |  | | |
| 2.2 Name of Outgoing MLCO | |  | 2.6 Name of Outgoing MLRO |  |
| 2.3 Name of Incoming MLCO | |  | 2.7 Name of Incoming MLRO |  |
| 2.4 Date of Appointment | |  | 2.8 Date of Appointment |  |
| 2.5 Please indicate the financial institutions or other DNFBPs that the MLCO also serves in the same capacity. | |  | 2.9 Please indicate the financial institutions or other DNFBPs that the MLRO also serves in the same capacity. |  |

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| **3 DECLARATIONS** | | | | | |
| Only an authorised official of the organisation should sign this form. The directors (or equivalent) of the organisation are ultimately responsible for the accuracy of the information provided on this form.  I declare that –   * I have the authority to sign this form. * I have answered every question and included all relevant details. Where necessary, I have continued my answers on a separate sheet of paper which is attached to this form. * The information given is true and complete, to the best of my knowledge * I understand that I must advise the Commission in writing as soon as possible of a material change or significant inaccuracies in any information or documentation provided in this form. * I will provide any further information as the Commission may consider appropriate to support this form | | | | | |
| **Name** |  | **Position** |  | **Telephone No** |  |
| **Signature** |  | | **Date** |  | |