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| **fsc logo1 (2)** | **TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION** | | | | |
| **AML/CFT Supervisory Questionnaire for Company Managers & Agents** | | | | |
| 1. **WHO SHOULD USE THIS FORM?**   This form should be completed by all licensees licensed under the Company (Management) Licensing Ordinance. The purpose of this form is to enable the Financial Services Commission to assess the ML/TF risk of licensees through the implementation of a risk-based approach to the supervision and monitoring of licensees, in accordance with sections 22A of the Anti-Money Laundering and Prevention of Terrorist Financing Regulations (as amended 2021).  Please note that this form is required to be submitted on an annual basis by 31st March (unless otherwise indicated by the Commission) and covers the reporting period from 1st January to 31st December of the previous year.  ***1.1 How to submit this form***  This form and supporting 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 GENERAL INFORMATION** | | | | | |
| **2.1 Reporting Period** | | 1 January       to 31 December | | | |
| **2.2 Name of the Licensee** | |  | | | |
| **2.3 Present Legal Structure** | | Company | Sole Proprietorship | | Limited Partnership |
| Other  (please describe) | | | |
| **2.4 Principal Address of the Licensee** | |  | | | |
| **2.5 No. of Employees** | | No. of Employees:       No. directly engaged in licensed activity: | | | |
| **2.6 No. of Client Companies and Limited Partnerships as at the end of the reporting period** | | No. of Client Companies:       No. of Limited Partnerships | | | |
| **2.7 Are you part of a franchise or group[[1]](#endnote-1)?** | | Yes | | No | |

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| **2.8 Services** | **Tick** | **% of service offered** |
| **Company formation** |  |  |
| Indicate the number of companies formed during the reporting period |  | |
| **Company registration** |  |  |
| Indicate the number of companies registered during the reporting period |  | |
| **Partnership formation** |  |  |
| Indicate the number of limited partnerships formed during the reporting period |  | |
| **Provision of Registered Agent Service** |  |  |
| Indicate the number of companies/partnerships that this service has been provided to |  | |
| **Provision of secretary or assistant secretary** |  |  |
| Indicate the number of companies that this service has been provided to |  | |
| State the name of the company/individual providing this service if different from the Licensee |  | |
| **Provision of directors** |  |  |
| Indicate the number of companies that this service has been provided to |  | |
| State the name of the company/individual providing this service if different from the Licensee |  | |
| **Provision of shareholders** |  |  |
| Indicate the number of companies that this service has been provided to |  | |
| State the name of the company/individual providing this service if different from the Licensee |  | |
| **Provision of registered office; business address or accommodation, correspondence, or administrative address** |  |  |
| Indicate the number of companies/partnerships that this service has been provided to |  | |
| **Other (please describe):** |  |  |

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| **2.9 Financial Year Start and End Dates** | to : |

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| **3 OWNERSHIP, MANAGEMENT AND KEY PERSONNEL**  **3.1 The names** **of all the beneficial owners[[2]](#endnote-2) of the Licensee must be stated below. The Commission may require updated due diligence documents after reviewing this form.** |

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| **Name of Person[[3]](#endnote-3)** | | **% of Ownership** | | **Principal Residential Address[[4]](#endnote-4)**  **Note:** Include Country of Residence | | **Country of Citizenship** |
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| **3.2 The names of all Managers, Compliance Officer, Money Laundering Compliance Officer (MLCO), and the Money Laundering Reporting Officer (MLRO) of the Licensee are stated below. The Commission may require updated due diligence[[5]](#endnote-5) documents after reviewing this form** | | | | | | |
| **Name of Person** | **Position** | | **Principal Residential Address[[6]](#endnote-6)** | | **Country of Residence** | **Country of Citizenship** |
|  | MLCO | |  | |  |  |
|  | MLRO | |  | |  |  |
|  | Compliance Officer | |  | |  |  |
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| **4 SOLVENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 Please provide the following information as at your most recent financial year end** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Capital | |  | | | | | Total Liabilities | | | | | | | | | | |  | | | | | | | | | | | | | |
| Paid-up Capital | |  | | | | | Short-term Liabilities | | | | | | | | | | |  | | | | | | | | | | | | | |
| Net Revenue/Profit | |  | | | | | Receivables older than 90 days | | | | | | | | | | |  | | | | | | | | | | | | | |
| Total Assets | |  | | | | | Payables older than 90 days | | | | | | | | | | |  | | | | | | | | | | | | | |
| **5 ML/TF/PF RISK INDICATORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.1 Total number of transactions[[7]](#endnote-7) processed by the Licensee in its capacity as a company manager or agent during the reporting period.** | | | | | | **Estimate the Total No of Transactions** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1 to 500 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 501 - 1,500 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Above 1,500 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **5.2 Total value of transactions undertaken above in 5.1 for the reporting period.** | | | | | | **Total Value of Transactions** | | | | | | | | | | | | | | | | | | | | | | | | | |
| $0 - $100,000 | | | | | | | | |  | | $5,000,001 - $10,000,000 | | | | | | | | | | | | | |  |
| $100,001 - $500,000 | | | | | | | | |  | | $10,000,001 - $100,000,000 | | | | | | | | | | | | | |  |
| $500,001 - $1,000,000 | | | | | | | | |  | | $100,000,001 -$1,000,000,000 | | | | | | | | | | | | | |  |
| $1,000,001 - $5,000,000 | | | | | | | | |  | | Above $1,000,000,000 | | | | | | | | | | | | | |  |
| **5.3 List the countries where your customers[[8]](#endnote-8) are based, and the percentage of your customers based in the listed countries.**  **Note: “based” refers to the place where the customer physically resides.** | | | | | | **Country** | | | | | | | | | | | **% of Customers** | | | | | | | | | | | | | | |
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| **5.4 List the countries where the ultimate beneficial owners of client companies are based, and the percentage of them based in the listed countries.**  **Note: “based” refers to the place where the beneficial owner physically resides.** | | | | | | **Country** | | | | | | | | | | | **% of Customers** | | | | | | | | | | | | | | |
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| **5.5 List the countries where client companies or limited partnerships operate, and the percentage based in the listed countries. This question concerns the country where client companies have a physical office, sell products or services, hold assets, etc.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country** | | | | **% of Customers** | | | | | | **Country** | | | | | | | | | | | | | **% of Customers** | | | | | | | | |
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| **5.6 Customer Payment Methods Used During the reporting period.** | | | | | | **Payment Method** | | | | | | | | **%[[9]](#footnote-1)** | | | **Payment Method** | | | | | | | | | | **%** | | | | |
| Cash | | | | |  | | |  | | | Mobile Payment | | | | | | | |  | |  | | | | |
| Wire Transfer | | | | |  | | |  | | | Digital Currency | | | | | | | |  | |  | | | | |
| Credit Card | | | | |  | | |  | | | eCheck | | | | | | | |  | |  | | | | |
| Digital Wallet | | | | |  | | |  | | | Cheques | | | | | | | |  | |  | | | | |
| Prepaid/Debit Card | | | | |  | | |  | | | Bank Drafts | | | | | | | |  | |  | | | | |
| Direct Deposit | | | | |  | | |  | | |  | | | | | | | |  | |  | | | | |
| Other | | | | |  | | |  | | | (Describe) | | | | | | | | | | | | | | |
| **5.7 Indicate which categories best describes your customers and the percentage of your customers falling into each category.** | | | | | | **Customer Type** | | | | | | | | | | | **%** | | | | | | | | | | | | | | |
| Natural Person | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Company | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Trust | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Limited Partnership | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Ordinary Partnership | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Other (describe below) | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **5.8 What percentage of your customers are not resident in the TCI?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 26 – 50% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | 51 – 75% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | | 76% - 100% | | | | | | | | | |  | | | | |
| **5.9 What percentage of your customers or persons associated with your customers are domestic PEPs?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 11 - 25% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | Above 25% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | |  | | | | | | | | | |  | | | | |
| **5.10 What percentage of your customers or persons associated with your customers are foreign PEPs?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 11 - 25% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | Above 25% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | |  | | | | | | | | | |  | | | | |
| **5.11 What percentage of your customers are third parties acting on behalf of, or on the instructions of, another party?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 26 – 50% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | 51 – 75% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | | 76% - 100% | | | | | | | | | |  | | | | |
| **5.12 What percentage of your customers during the reporting period are new customers?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 26 – 50% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | 51 – 75% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | | Above 75% | | | | | | | | | |  | | | | |
| **5.13 What percentage of your services are offered face to face** **i.e. where the customer is physically present?** | | | | | | **Indicate the Percentage** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0% | | | | | | |  | | | | 26 – 50% | | | | | | | | | |  | | | | |
| 1 – 10% | | | | | | |  | | | | 51 – 75% | | | | | | | | | |  | | | | |
| 11 – 25% | | | | | | |  | | | | 76% - 100% | | | | | | | | | |  | | | | |
| **5.14 Indicate which categories your client companies fall under and the percentage.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity** | **√/X** | | **%** | | **Activity** | | | | **√/X** | | | **%** | | | | **Activity** | | | | | | | | **√/X** | | | **%** | | | | |
| Asset Holding[[10]](#endnote-9) |  | |  | | Real Estate[[11]](#endnote-10) | | | |  | | |  | | | | Virtual Assets | | | | | | | |  | | |  | | | | |
| Construction |  | |  | | Retail Trading | | | |  | | |  | | | | Jewellers | | | | | | | |  | | |  | | | | |
| Lenders |  | |  | | Consultancy Services | | | |  | | |  | | | | Maritime | | | | | | | |  | | |  | | | | |
| Accounting |  | |  | | Long-term Insurance | | | |  | | |  | | | | Trade Finance | | | | | | | |  | | |  | | | | |
| Reinsurance |  | |  | | Restaurants | | | |  | | |  | | | | Transportation | | | | | | | |  | | |  | | | | |
| Wholesaling |  | |  | | Oil, Gas & Mineral | | | |  | | |  | | | | Agriculture | | | | | | | |  | | |  | | | | |
| Pawnshops |  | |  | | Non-Profit Organisations | | | |  | | |  | | | | Art and antique dealers | | | | | | | |  | | |  | | | | |
| Gambling |  | |  | | Bars & Night Clubs | | | |  | | |  | | | | Liquor and tobacco | | | | | | | |  | | |  | | | | |
| Marine Vessel Sales |  | |  | | Auction | | | |  | | |  | | | | Motor Vehicle Sales | | | | | | | |  | | |  | | | | |
| Airplane Sales |  | |  | | Other (please describe): | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| **5.15 Have audited accounts been prepared for the licensee during the reporting period?** | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | | |  | | | | |
| **5.16 Indicate the percentage of your customers falling under the money laundering (ML), terrorist financing (TF), proliferation financing (PF) risk categories listed.** | | | | | | **ML Risk Rating** | | **%** | | | | | **TF Risk Rating** | | | | | **%** | | **PF Risk Rating** | | | | | | | | **%** | | | |
| High Risk | |  | | | | | High Risk | | | | |  | | High Risk | | | | | | | |  | | | |
| Medium Risk | |  | | | | | Medium Risk | | | | |  | | Medium Risk | | | | | | | |  | | | |
| Low Risk | |  | | | | | Low Risk | | | | |  | | Low Risk | | | | | | | |  | | | |
| **5.17 Indicate the number of companies with nominee directors or shareholders.** | | | | | | **Nominee Directors** | | | | | | | | | | | | **Nominee Shareholders** | | | | | | | | | | | | | |
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| **6 PROFESSIONAL INDEMNITY INSURANCE (PII)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.1 Do you have a current Professional Indemnity Insurance in place?**  **Note:** Please provide a copy of the PII policy document. | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | | |  | | | | |
| If ‘Yes’, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of provider: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Period of coverage: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Value of coverage: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Name of entity covered: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **6.2 Have any claims been made by the Licencee on its Professional Indemnity Insurance during the reporting period?** | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | | |  | | | | |
| If ‘Yes’, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.3 Have any claims under the Professional Indemnity Insurance been settled during the reporting period?** | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | | |  | | | | |
| If ‘Yes’, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.4 Has the Professional Indemnity Insurer refused any claims during the reporting period?** | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | | |  | | | | |
| If ‘Yes’, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7 ANTI – MONEY LAUNDERING COMPLIANCE PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.1 Have you fully implemented an AML compliance program in your organization? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.2 Do you have up-to-date written policies, procedures, controls for AML/CFT? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.3 Are these policies and procedures accessible to all employees? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.4 Do you have an up-to-date ML/TF Business Risk Assessment? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.5 Have you independently (i.e., through an independent third party) tested your organisation’s compliance (including sample testing) with its AML/CFT policies, systems, and controls during the reporting period? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.6 Were internal reports of suspicious activities generated during the reporting period? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.7 Were external suspicious activity report(s) filed during the reporting period? | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| 7.8 Was any part of your AML/CFT compliance program outsourced during the reporting period? *If yes, please describe below the activity which has been outsourced and the person to whom the activity was outsourced:* | | | | | | | | | | | | | | | | | | | Yes | |  | | | | | No | | |  | | | |
| **8 FIT AND PROPER ASSESSMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 Has the Licensee or any of its officers at any time been convicted of any criminal offence by any court in the Turks and Caicos Islands or elsewhere? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.2 Has the Licensee or any of its officers been the subject of a criminal investigation during the reporting period? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 Has the Licensee or any of its officers, during the reporting period, been disciplined by any professional body to which it/they belonged, or has any of its officers been dismissed from office or employment or refused entry to any profession or occupation in the Turks and Caicos Islands or elsewhere? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.4 Has the Licensee or any of its officers at any time failed to satisfy a debt adjudged due and payable as judgement debtor under an order or court in the Turks & Caicos Islands? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.5 Has the Licensee or any of its officers during the reporting period been found liable in a civil suit involving dishonest or unlawful conduct? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.6 Has the Licensee or any of its officers ever been an officer, director trustee, investment committee member, key employee, or controlling stockholder of any financial services business which, while you occupied any such position or capacity with respect to it, become insolvent or was place under supervision or in receivership rehabilitation, liquidation, or conservatorship? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.7 Has any entity with which the Licensee or any individual connected to the Licensee was associated as a director, shareholder or controller, anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors where they did not receive or have not yet received full settlement of their claims, either while the licensee, or connected persons was associated with it or within one year after the Licensee or connected persons ceased to be associated with it? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.8 Has any entity with which the Licensee or any of its officers was associated as a director, shareholder, anywhere, been fined or censured by any securities commission, banking commission or any similar regulatory commission or body? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| **If yes, give details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.9 **COMPLIANCE WITH THE LAW: Please confirm to the best of your knowledge and belief that during the reporting period you have complied with the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Financial Services Commission Ordinance (FSCO) | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Company Management (Licensing) Ordinance | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Companies Ordinance | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Proceeds of Crime Ordinance | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Anti-Money Laundering and Prevention of Terrorist Financing Regulations (AML/PTF Regulations) | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Anti-Money Laundering and Prevention of Terrorist Financing Code (AML/PTF Code) | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |
| * Guidelines and directions issued by the Commission | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | | |  | | |

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| **9 DECLARATIONS** | | | |
| Only an authorised official of the organisation who has been approved by the Commission as a fit and proper person should sign 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** |  | | |
| **Signature** |  | **Date** |  |
| **Position with Licensee** |  | | |
| **Contact Telephone Number** |  | | |

1. Group means the Licensee together with any direct or indirect subsidiaries of the Licensee. [↑](#endnote-ref-1)
2. A person is a beneficial owner of an entity if the person—

   holds, directly or indirectly, more than 10% of the issued shares in the company;

   is entitled, directly or indirectly, to exercise, or control the exercise of, more than 10% of the voting rights in the company;

   has the right, directly or indirectly, to appoint or remove most of the directors of the company;

   has the right to exercise, or exercises, significant influence or control over the company; or

   has the right to exercise, or exercises, significant influence or control over the activities of a trust or a partnership that, by the law under which the partnership is governed, is not a corporate body, and apply to—

   (i) the trustees of the trust; or

   (ii) the members of the partnership, in the capacity of trustee or member [↑](#endnote-ref-2)
3. A person includes a natural person or a legal person such as a company or limited partnership, or legal arrangement such as a partnership. [↑](#endnote-ref-3)
4. The Commission may require updated identification and address verification documents every three years from last submission. [↑](#endnote-ref-4)
5. An updated Personal Declaration Questionnaire will be required every three years from the last submission made by or on behalf of an owner, manager, Compliance Officer, Money Laundering Compliance Officer or Money Laundering Reporting Officer. [↑](#endnote-ref-5)
6. [↑](#endnote-ref-6)
7. A transaction is defined as an activity carried out in relation to the activities set out in section 2.8. [↑](#endnote-ref-7)
8. A customer is the person or entity that hires and pays for the services provided by the licensee. [↑](#endnote-ref-8)
9. Indicate the amount of transactions paid in cash, wire transfers, etc. during the reporting period. [↑](#footnote-ref-1)
10. The company exists for the purpose of owning assets. It does notconduct any operations, or ventures for itself. [↑](#endnote-ref-9)
11. Includes the buying and selling of real estate, property management, property development [↑](#endnote-ref-10)