



**APPLICATION
FOR
APPROVAL OF THE
APPOINTMENT OF A COMPLIANCE OFFICER**

This form and annexes thereto should be printed or completed using INK and BLOCK CAPITALS or typescript for all answers

This form is also to be used by persons conducting money transmission services, check encashment facilities, the remittance of telegraph money orders, and attorneys-at-law, accountants and company secretaries in so far as the Anti-Money Laundering Code of Practice applies to this.

Application for the appointment of a Compliance Officer under:

Financial Services Commission Ordinance
(*section 31*)

SECTION 1

Company Information

1. Name of Regulated Entity Applying _____

2. Address _____

3. Name of person that the FSC is to contact in relation to this application?

Position _____

Telephone _____

Fax _____

Email _____

4. Type of Licence(s) currently Held (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Trust Licence | <input type="checkbox"/> PORC Licence |
| <input type="checkbox"/> Restricted Trust Licence | <input type="checkbox"/> Banking Licence |
| <input type="checkbox"/> Banking Licence | <input type="checkbox"/> Full Investment Dealer Licence |
| <input type="checkbox"/> Company Management Licence | <input type="checkbox"/> Execution Only Investment Licence |
| <input type="checkbox"/> Company Agent Licence | <input type="checkbox"/> Investment Advisor Licence |
| <input type="checkbox"/> Insurance Manager Licence | <input type="checkbox"/> Fund Manager Licence |
| <input type="checkbox"/> Insurance Broker Licence | <input type="checkbox"/> Mutual Fund Administrator Licence |
| <input type="checkbox"/> Insurance Agent Licence | <input type="checkbox"/> Licenced Mutual Fund |
| <input type="checkbox"/> Re-Insurance Licence | <input type="checkbox"/> Recognised / Registration Mutual Fund |
| <input type="checkbox"/> Other: <i>(Please specify)</i> _____ | |

FSC LICENCE # _____

5. DATE OF APPLICATION _____

SECTION 2**Personal Data**

6. **NAME** _____
First Name(s) Middle Name Surname

7. **PREVIOUS NAMES (If Any)** _____
Give reason for change and date of change _____

8. **CURRENT ADDRESS** _____

9. **PREVIOUS ADDRESS** _____

10. **DATE OF BIRTH** _____ **PLACE OF BIRTH** _____

11. **PERSONAL IDENTIFICATION** (e.g. social security, national insurance, passport, driver's licence etc.) *(Please include a certified copy of the passport photo identification page)*

(i)	_____	_____
	Type of identification	Number
(ii)	_____	_____
	Type of identification	Number

12. **NATIONALITY** _____

13. DETAILS OF MEMBERSHIP IN PROFESSIONAL ORGANISATIONS OR INSTITUTIONS

ORGANISATION/ASSOCIATION	MEMBERSHIP STATUS	DATE MEMBERSHIP COMMENCED	DATE MEMBERSHIP EXPIRES/ IS TO BE RENEWED

14. EDUCATION DETAILS

INSTITUTIONS ATTENDED	DIPLOMA/DEGREE OR PROFESSIONAL QUALIFICATION ATTAINED	DATE COMPLETED

15. PREVIOUS EMPLOYMENT (List in chronological order giving the most recent first)

NAME OF FIRM _____

ADDRESS _____

DATES OF EMPLOYMENT From _____ To _____

NATURE OF BUSINESS _____

POSITION HELD _____

RESPONSIBILITIES _____

Is/was employer regulated by a regulatory body? Yes No

If yes, Name the Regulatory Body: _____

Reason for leaving:

- Resignation
- End of Contract
- Redundancy
- Retirement
- Termination/Dismissal
- Other (*Please specify*) _____

NAME OF FIRM _____

ADDRESS _____

DATES OF EMPLOYMENT From _____ To _____

NATURE OF BUSINESS _____

POSITION HELD _____

RESPONSIBILITIES _____

Is/was employer regulated by a regulatory body? Yes No

If yes, Name the Regulatory Body: _____

Reason for leaving:

- Resignation
 - End of Contract
 - Redundancy
 - Retirement
 - Termination/Dismissal
 - Other (*Please specify*)_____
-

NAME OF FIRM_____

ADDRESS_____

DATES OF EMPLOYMENT From_____ To_____

NATURE OF BUSINESS_____

POSITION HELD_____

RESPONSIBILITIES_____

Is/was employer regulated by a regulatory body? Yes No

If yes, Name the Regulatory Body:_____

Reason for leaving:

- Resignation
 - End of Contract
 - Redundancy
 - Retirement
 - Termination/Dismissal
 - Other (*Please specify*)_____
-

NAME OF FIRM_____

ADDRESS_____

DATES OF EMPLOYMENT From_____ To_____

NATURE OF BUSINESS_____

POSITION HELD_____

RESPONSIBILITIES _____

Is/was employer regulated by a regulatory body? Yes No

If yes, Name the Regulatory Body: _____

Reason for leaving:

- Resignation
- End of Contract
- Redundancy
- Retirement
- Termination/Dismissal
- Other (*Please specify*) _____

NAME OF FIRM _____

ADDRESS _____

DATES OF EMPLOYMENT From _____ To _____

NATURE OF BUSINESS _____

POSITION HELD _____

RESPONSIBILITIES _____

Is/was employer regulated by a regulatory body? Yes No

If yes, Name the Regulatory Body: _____

Reason for leaving:

- Resignation
- End of Contract
- Redundancy
- Retirement
- Termination/Dismissal
- Other (*Please specify*) _____

SECTION 4 Character, Reputation and Financial Soundness

The following questions should be answered by placing an "X" in the appropriate box. Please note that no time restriction applies to the matters you are asked to disclose, give details of any incident or action in any jurisdiction, with the exception of minor traffic offences. If the answer to any of the following questions is "yes" full details must be provided.

i. Docs he/she have any criminal convictions? Yes No

ii. Arc any criminal charges pending? Yes No

iii. Has disciplinary, enforcement, disqualification or similar proceedings been taken against him/her or arc any such proceedings pending? Yes No

iv. Is he/she the subject of any regulatory investigation or is any such investigation pending? Yes No

v. Has there been any adverse finding or settlement against him/her in civil proceedings?

Yes

No

vi. Have bankruptcy proceedings ever been taken against him/her or has a receiver been appointed in respect of any of his/her property?

Yes

No

vii. Is he/she aware of any matter relating to his/her character, reputation or financial position that the Commission may consider relevant in considering this application?

Yes

No

viii. Has he/she been associated with a firm, company or other person in respect of which, the answer to any of the above questions would be "yes"?

Yes

No

SECTION 5

Relationship with Applicant Firm

(1) Will the proposed compliance officer be employed under a full time contract of employment? Yes No

(2) If the answer to (1) above is "no" provide details of employment with applicant.

(3) Will the applicant also serve as the company's money laundering reporting officer (MLRO)?

(4) What other positions or offices (if any) does or will the proposed compliance officer hold within the firm?

(5) Does the proposed compliance officer hold any shares in, or have any interest, legal or equitable, direct or indirect, in the firm? Yes No

(6) If the answer to (5) above is "yes" provide details of shareholding or other interest.

(7) Is the proposed compliance officer able, directly to exercise more than 10% of the voting power of the firm? Yes No

(8) If the answer to (7) above is "yes" provide details.

The information provided in this application is, to the best of our knowledge and belief, complete and true and there are no other facts or matters relevant to this application of which the Financial Services Commission should be aware. We undertake to inform the Commission without delay, of any material changes to the information supplied on this application.

Details of person signing on behalf of the regulated entity applying:

Name of Authorized Signatory: _____

Job Title / Position: _____

Signature: _____

Date: _____

I certify that the information provided in this application is, to the best of my knowledge and belief, complete and true and there are no other facts or matters relevant to this application of which the Financial Services Commission should be aware. I undertake to inform the Commission, without delay, of any material changes to the information supplied on this application.

Name of Proposed Compliance Officer _____

Signature of Compliance Officer _____

Date _____

For Financial Services Commission Official Use Only

Date Received: _____ Has Application Fee been Received: Yes No

Action Taken	Date	Initials
Acknowledgment	_____	_____
Receipt No:	_____	_____
Decision	_____	_____
Further Enquiries	_____	_____
Further Enquiries	_____	_____
Further Enquiries	_____	_____