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| **fsc logo1 (2)** | **TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION** |
| **DNFBP Registration Application Form for Independent Legal Professionals** |
| 1. **WHO SHOULD USE THIS FORM?**

This form should be completed by all independent legal professionals to register as a designated non-financial business and profession (DNFBP). The purpose of this form is to enable the DNFBP Supervisor to establish a profile of the business and conduct fit and proper assessments on applicants in accordance with the Anti-Money Laundering and Prevention of Terrorist Financing Regulations (as amended 2021).***1.1 How to submit this form***This form and supporting documents can be submitted electronically via email at 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/DNFBP PROFILE** |
| **Name of the DNFBP** |       |
| **Present Legal Structure** | Company [ ]  | Sole Proprietorship [ ]  | Partnership [ ]  |
| Other [ ]  (please describe)       |
| ***If you are a company or limited partnership, please provide the below information–*** |
| Name of the Registered Agent |       |
| **Principal Address of the DNFBP** |       |
| **Telephone Number of the DNFBP:** |       |
| **Email Address of the DNFBP:** |       |
| **Website Address for the DNFBP:** |       |
| **Number of Employees** |       |
| **Is the business part of a franchise?** | Yes [ ]  | No [ ]  |

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| **Services** | **Tick** | **% of service offered** |
| Property conveyancing | [ ]  |       |
| Advice in relation to commercial property development | [ ]  |       |
| Advice in relation to employment law | [ ]  |       |
| Managing of client money, securities, or other assets | [ ]  |       |
| Management of bank, savings, or securities accounts | [ ]  |       |
| Creation, operation or management of legal persons or arrangements, and buying and selling of business entities | [ ]  |       |
| Advocacy before courts and tribunals | [ ]  |       |
| Representing clients in disputes and mediations | [ ]  |       |
| Advice in relation to divorce and custody proceedings | [ ]  |       |
| Advice on the structuring of transactions | [ ]  |       |
| Advisory services on regulations and compliance | [ ]  |       |
| Advisory services related to insolvency/receiver-managers/bankruptcy | [ ]  |       |
| Administration of estates and trusts | [ ]  |       |
| Assisting in the formation of entities and trusts | [ ]  |       |
| Trust and company services | [ ]  |       |
| Legitimising signatures by confirming the identity of the signatory (in the case of notaries) | [ ]  |       |
| Overseeing the purchase of shares or other participations (also in the case of notaries) | [ ]  |       |
| Other (please describe):       | [ ]  |       |
| **3 ML/TF RISK INDICATORS** |
| **Total Income anticipated by your business annually.** | **Indicate the Total Income** |
| $0 - $10,000 | [ ]  | $300,001 - $500,000 | [ ]  |
| $10,001 - $50,000  | [ ]  | $500,001 - $1,000,000 | [ ]  |
| $50,001 - $150,000  | [ ]  | $1,000,000 -$2,000,000 | [ ]  |
| $150,001 - $300,000  | [ ]  | Above $2,000,000 | [ ]  |
| **List the countries where the income is or will be generated, and the percentage of the income generated or to be generated.** | **Country** | **% of Income Generated** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Customer Payment Methods to be used.** | **Payment Method** | **%[[1]](#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)       |
| **Please indicate which category best describes your customers and indicate the percentage of your customers falling into this category.** | **Customer Type** | **%** |
| Natural Person |       |
| Company |       |
| Trust |       |
| Limited Partnership |       |
| Ordinary Partnership |       |
| Other (describe below)      |       |
| **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% | [ ]  |
| **Are your products or services offered solely face to face?** | Yes  | [ ]  | No  | [ ]  |
| **Will audited accounts be prepared for the organization annually?** | Yes  | [ ]  | No  | [ ]  |
| **Current Business License Obtained** | Yes | [ ]  | No | [ ]  |
| **Holds a valid (current) Business Name Registration** | Yes | [ ]  | No | [ ]  | Not applicable | [ ]  |
| **4 OWNERSHIP, MANAGEMENT AND KEY PERSONNEL****The names of all the persons owning or controlling 10 % (percent) or more of the DNFBP must be stated below. The DNFBP Supervisor require due diligence documents in respect of each. Each person is required to complete the Personal Declaration Questionnaire.** |

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| **Name of Person[[2]](#endnote-1)** | **% of Ownership** | **Principal Residential Address[[3]](#endnote-2)** | **Telephone** | **Email Address** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **The names of all the Managers, the Money Laundering Compliance Officer (MLCO), and the Money Laundering Reporting Officer (MLRO)of the DNFBP are stated below. The DNFBP Supervisor require due diligence documents in respect of each. Each person is required to complete the Personal Declaration Questionnaire.** |
| **Name of Person[[4]](#endnote-3)** | **Position** | **Principal Residential Address[[5]](#endnote-4)** | **Telephone** | **Email Address** |
|       | MLCO |       |       |       |
|       | MLRO |       |       |       |
|       |       |       |       |       |
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| **5 ANTI – MONEY LAUNDERING COMPLIANCE PROGRAM** |
| Have you developed an AML compliance program for your organization to identify and manage money laundering and terrorist financing risks? | Yes | [ ]  | No | [ ]  |
| Do you have written policies, procedures, controls for AML/CFT? | Yes | [ ]  | No | [ ]  |
| **6 FIT AND PROPER ASSESSMENT** |
| Has the applicant, whether under the laws of the Turks and Caicos Islands or any other jurisdiction, been investigated, charged, or convicted of an offence involving dishonesty e.g., theft, fraud, money laundering, bribery, corruption, making false or misleading statements, dishonest use of position, embezzlement, etc? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |
| Has the applicant or any of its officers, during the reporting period, been disciplined by any professional body to which 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.**      |
| Has the applicant 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.**      |
| Has the applicant at any time been found liable in a civil suit involving dishonest or unlawful conduct? | Yes | [ ]  | No | [ ]  |
| **If yes, give details.**      |

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| **7 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** |       |
| **Signature** |  | **Date** |       |
| **Position in the Organisation** |       |
| **Contact Telephone Number** |       |

1. Indicate how much of transactions were paid in cash, wire transfers, etc. during the reporting year [↑](#footnote-ref-1)
2. The DNFBP Supervisor may require ID if the version on file has expired. ID presented must not be expired regardless of whether it is used to verify identity or residential address. The ID must be certified by a suitable certifier as outlined on page 59 of the Anti-Money Laundering and Prevention of Terrorist Financing Code which can be found at <http://tcifsc.tc/aml-ctf-sanctions/aml-legislation/aml-ctf>. Alternatively, original documents may be presented to the DNFBP Supervisor for certification by an analyst. [↑](#endnote-ref-1)
3. The DNFBP Supervisor may require proof of address if the version on file is outdated. If a utility bill or bank statement is used, it must not be dated more than 3 months from the date it was presented to the DNFBP Supervisor. Address must match principal residential address stated on this form. The document must be certified by a suitable certifier as outlined on page 59 of the Anti-Money Laundering and Prevention of Terrorist Financing Code which can be found at <http://tcifsc.tc/aml-ctf-sanctions/aml-legislation/aml-ctf>. Alternatively, original documents may be presented to the DNFBP Supervisor for certification by an analyst. [↑](#endnote-ref-2)
4. [↑](#endnote-ref-3)
5. [↑](#endnote-ref-4)