



TURKS AND CAICOS ISLANDS  
FINANCIAL SERVICES COMMISSION

*Regulating with Honesty, Integrity and Transparency*

## **SUPERVISORY COMPLAINTS SUBMISSION FORM**

Pursuant to Paragraph 4 of the Complaints Policy – Complaints against Licensee / Supervisee  
Policy Number: Admin-Comp 001/22

### **Supervisory Complaints Complaint against Licensee / Supervisee**

#### **COMPLAINANT'S DETAILS**

**1. Name**

**2. Address**

**3. Email**

**4. Telephone**

**5. Authorised Person's<sup>1</sup> Details** *(if applicable)*

Name:	Email:
Telephone:	Connection to Complainant:

<sup>1</sup> An authorized person is:

1. A person authorized by an individual to file the complaint on the Complainant's behalf or
2. An officer of the Company where the complainant is a Company



**DETAILS OF COMPLAINT**

**6. Which Industry Sector does the Complaint refer:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Banks                                | <input type="checkbox"/> Trust Companies     | <input type="checkbox"/> Insurance    |
| <input type="checkbox"/> Money Transmitters                   | <input type="checkbox"/> Credit Unions       | <input type="checkbox"/> Investments  |
| <input type="checkbox"/> Mutual Funds                         | <input type="checkbox"/> DNFBPs <sup>2</sup> | <input type="checkbox"/> Non-Profit   |
| <input type="checkbox"/> Insolvency Practitioners             | <input type="checkbox"/> Company Management  |                                       |
| <input type="checkbox"/> Other: <i>(please specify)</i> _____ |  | <input type="checkbox"/> I don't know |

**7. Details of Complaint**

Provide a full and detailed description of the transaction/event that is the subject of the complaint; identifying key persons involved and providing supporting documents

**8. Attachments**

Please list attachments that accompany or support this Complaint

9. Has the complaint been discussed with the licensee/supervisee to clarify or resolve the issues subject to this complaint?       Yes       No

10. If 'Yes' kindly summarize the discussions and outcome

**11. Suggestions for Resolution**

Please outline any suggestions that you may have for resolving the complaint

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<sup>2</sup> DNFBP means Designated Non-Financial Businesses and Professions which includes accountants, lawyers, high value dealers, and other business and professions mentioned in Schedule 2 of the AML Regulations.



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## CONFIRMATION AND DECLARATION

12. **Please select all that apply** *(select all that apply)*

I confirm that I am the complaint named herein

I confirm that I am authorized by the complainant to make this complaint on his/her/its behalf

I declare that all the information provided herein are true and accurate to the best of my knowledge

*Please be reminded that by submitting a complaint, you are consenting to the Commission sharing and/or discussing the contents of this complaint with relevant parties, including the person that is the subject of the complaint, in furtherance of investigating/resolving the complaint*

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**Claimant's/Authorised Person's Signature**

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**Date**