



FINANCIAL INTELLIGENCE UNIT
(REPORTING ENTITY REGISTRATION FORM)

Initial Registration **Renewal** **Correction to prior registration**

Please type or complete in BLOCK LETTERS

1. Reporting entity information (Individual or Legal Entity):

(a) Name of Reporting Entity

.....

(b) Address of Reporting Entity (*where there are branches /outlets, include addresses of the locations*):

.....

.....

Tel. No. Email Website

(c) Type of Reporting Entity (*Indicate whether Financial Institution or Designated Non-financial Business or Profession as stated in the First Schedule of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009*)

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(d) Type of Business (*Tick appropriate box*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Company |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Charity/Non-Profit Org. |
| <input type="checkbox"/> Trust Service Provider | <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Company Service Provider |
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Other - if other, please specify | |

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(e) Type of activity or nature of business engaged in:

.....

(f) Date of commencement/incorporation of business/Professional Practice:

.....

(g) Date of obtaining/renewal of operations registration/ licence

2. Beneficial Ownership information

<u>Name</u>	<u>Personal Address</u>	<u>ID type & No.</u>
.....
.....
.....
.....
<u>% Shares in entity</u>	<u>Nationality</u>	
.....	
.....	
.....	
Tel. No.	Email	

3. Director(s)/Senior Executive(s) information

<u>Name</u>	<u>Personal Address</u>	<u>ID type & No.</u>
.....
.....
.....
<u>Position held in entity</u>	<u>Nationality</u>	
.....	
.....	
.....	
Key contacts Tel. No.	Email	

4. Anti-money Laundering & Countering the Financing of Terrorism Compliance

Number of employees Number of Agents (if applicable)
Name of Compliance Officer.....
Position held in Entity (if other than Compliance Officer)
Nationality of Compliance Officer.....
Telephone No Email address.....

5. Supporting Documents to be provided with Registration Form

	Submitted	Not submitted
I. Copies of Identification for Owners/ Directors/Snr Executives/Trustees	<input type="checkbox"/>	<input type="checkbox"/>
II. Copy of Entity's Registration/Certificate of Incorporation Documents (including any governing document e.g. Constitution/by-laws or Rules)	<input type="checkbox"/>	<input type="checkbox"/>
III. Copy of Operations Registration/ Licence and/or Premises Licence(s)	<input type="checkbox"/>	<input type="checkbox"/>
IV. Copy of Agency Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
V. Copy of Entity's most recent Financial Statement and/or Annual Returns (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Date of submission of documents..... Signature of verifying Officer

6. Authorised Signature (of owner or officer authorized to sign on behalf of entity is mandatory)

I am authorized to sign this information sheet on behalf of the reporting entity listed in (1). I declare that the information provided is true, correct and complete. I understand that the reporting entity listed in (1) is subject to the Anti Money Laundering and Countering the Financing of Terrorism Act 2009 (as amended) and the Regulations made thereunder and all other laws related to my Entity's Operations.

.....
Name (please print)

.....
Signature
Reporting Entity's Official Stamp

.....
Position held in the Reporting Entity

...../...../.....
Date DD/MM/YYYY