

ANGUILLA FINANCIAL SERVICES COMMISSION

MONEY SERVICES APPLICATION FORM

This application must be accompanied by the prescribed application fee.

the contract or agency agreement.

| A. | Particulars of Applicant: | | | | |
|----|---|--|--|--|--|
| 1. | Name | | | | |
| | Complete physical address | | | | |
| | Postal Address | | | | |
| | Telephone Number | | | | |
| | Email address | | | | |
| 2. | Class of business license being sought (tick as appropriate) | | | | |
| | Class A Class B Class C Class D Class E | | | | |
| 3. | Registered office information if different from above: | | | | |
| | Tel: Number Address | | | | |
| | Email | | | | |
| 4. | If the applicant is a legal person, (Corporation, Limited Liability Company, Partnership or other entity) the applicant must provide the following: | | | | |
| | (a) A copy of the applicant's incorporation or formation certificate along with its constitution document(s) e.g. memorandum and articles of association, bylaws, Act, charter, partnership agreement, etc. | | | | |
| | (b) a description of the structure or organisation of the applicant including any parent or subsidiary of the applicant. If a franchise holder or agent of an international company, certified copies o | | | | |

| | c) copies of all operating policy and procedures manual or relevant documents, includi applicant's anti-money laundering procedures manual. | | | _ | | |
|---|---|---|----------------|---|--|--|
| 5. | Period of existence of the applicant. Please tick: | | | | | |
| | less th | nan 5 years | 5 to ten years | More than 10 years | | |
| 6. | If prev | previously in operation, please provide copies of financial statements the last three years. (Please ttach) | | | | |
| * For I | | ncorporated comp ess plan covering | | v engaged in Money Services Business please provide a | | |
| (a) | Background and experience of the applicant and of the applicant's shareholders if applicable; | | | | | |
| (b) | Overview of the proposed business activities, including proposed volumes of business; | | | | | |
| (c) | Administration of the business, including proposed staffing levels, due diligence and 'know your customer' controls; | | | | | |
| (d) | Reasons for choosing Anguilla to set up the business. | | | | | |
| (e) | Three years of financial projections (balance sheet and income statement), supported by rationales ar assumptions which form the basis for the projections. | | | | | |
| 7. List name(s) and address(es) of persons or entities owning or controlling 10 % or more applicant's shares. | | ies owning or controlling 10 % or more of the | | | | |
| 1) | | | | | | |
| 2) | - | | | | | |
| 3) | | | | | | |
| 8. | List na | List name(s) and address(es) of the applicant's director(s) or proposed directors. | | | | |
| 1) | | | | | | |
| 2) | | | | | | |

| 3) | |
|-----|---|
| 9. | List name(s) and address(es) of the applicant's executive officer(s) or proposed executive officer(s) |
| | |
| 2) |) |
| 3) |) |
| 10. | Name and other designation(s), (if applicable), of the compliance officer (please attach a resume for the |
| | officer, detailing relevant training and experience) |
| 1 |) |
| 2 |) |
| | |
| | : Personal Questionnaire Form B must be completed for questions 7 to 10 above. ASB Act (Form 2 A & B) |
| В. | General Company Information |
| 1. | Proposed date of commencement of business. |
| | |
| 2. | Source of funds for initial capitalization or acquisition of money services business. |
| 3. | Details of proposed auditor |
| | Name: |
| | Address: |
| | Contact: |

| 4. | Date of accounting year end of the applicant | | | |
|---------------|---|--|--|--|
| 5. maint | List the name(s), address(es) and contact information for any depositary institution where the applicant ains an account for the purposes of the money services business. | | | |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 6. attach | Provide a bank reference in the name of the applicant verifying the good financial standing (Please n). | | | |
| 7. | List all locations within Anguilla where the applicant will, or is currently licensed to provide money services business; including the parent company, subsidiaries, agents or sub-agents. (Please include Regulatory contact information) | | | |
| Addre | ss Address | | | |
| | certify that, to the best of my (our) knowledge and belief, the information given in this application is lete and correct. | | | |
| Signat | ture: | | | |
| Name | : | | | |
| Title:_ | | | | |
| Date <u>:</u> | | | | |
| | | | | |
| For O | fficial use Only | | | |

MONEY SERVICES BUSINESS APPLICATION CHECK LIST

Name of Organization

| Hems | Date Received or Completed |
|---|--|
| Application Fee (Upon submission) | |
| Application Form | |
| Certificate of Incorporation | THE RESIDENCE OF THE PARTY OF T |
| Contract or Agency Agreement | ALCOHOLD BY AND ADDRESS OF THE PARTY OF THE |
| Organizational Chart | |
| Financial Accounts (last 3 years) | THE RESERVE AND ADDRESS OF THE PARTY OF THE |
| Business Plan (See Sec. A Q6 of application form) | THE RESIDENCE OF THE PARTY OF T |
| Appointment of Auditor | Batter of the A |
| Procedures/Operating Manual | THE RESERVE AND THE |
| Statement of Capital (See Sec. B Q2) | 120 35 14 2 15 |
| Bank Reference | 100 30 100 |
| Personal Questionnaire (Form 2 A & B in MSB Act) | |
| MLRO/MLCO/CO application form | THE RESERVE OF |
| Resume (compliance/reporting officer) | |
| Police Record (MLRO/MLCO/CO) | |
| Identification documents (2) | |
| Regulator's Approval | |
| Supervisor's Approval | |
| Supervisor's Approval | |
| Director's Approval | ALL MALES |
| Registry Notification | |