



SECURITIES COMMISSION OF THE BAHAMAS

Poinciana House
North Building, 2nd Floor
31A East Bay Street
P.O. Box N-8347
Nassau, Bahamas

Tel: (242) 397-4100
Intl: 1 (360) 450-0981
Fax: (242) 356-7530
E-mail: info@scb.gov.bs
Website: www.scb.gov.bs

THE FINANCIAL AND CORPORATE SERVICE PROVIDERS ACT, 2000

Application for a Financial and Corporate Service License - Individual

SECTION ONE – Applicant Background Information

- 1) Applicant Name: _____
- 2) Trading Name: _____
- 3) Applicant Information:

Address	
Postal Address	
Home Telephone Number	
Mobile Number	
Email Address	

Education:

Undergraduate Degree: _____ College/ University: _____

Graduate Degree: _____ College/ University: _____

Postgraduate Degree: _____ College/ University: _____

Professional Certifications (if applicable):

Professional Experience:

Position	Company	Start Date (MM/DD/YY)	End Date (MM/DD/YY)

SECTION TWO – Business Information

4) Principal Office Details:

Street Address	
Postal Address	
Telephone Number	
Fax	
Email Address	

5) Proposed Registerable Activities (check all applicable):

6) Other Service Providers:

Name		Name	
Type of Service		Type of Service	
Address		Address	
Telephone Number		Telephone Number	
Fax		Fax	
Email Address		Email Address	

SECTION THREE – Money Laundering Reporting Officer

Money Laundering Reporting Officer

Name	
Address	
Postal Address	
Home Telephone Number	
Mobile Number	
Email Address	

Education:

Undergraduate Degree: _____ College/ University: _____

Graduate Degree: _____ College/ University: _____

Postgraduate Degree: _____ College/ University: _____

Professional Certifications (if applicable):

Professional Experience:

Position	Company	Start Date (MM/DD/YY)	End Date (MM/DD/YY)

SECTION FOUR – ATTESTATION

I, _____, hereby affirm that to the best of my knowledge and belief, the contents of this application are true and correct.

Signature

Date