



## SECURITIES COMMISSION OF THE BAHAMAS

Poinciana House  
 North Building, 2<sup>nd</sup> Floor  
 31A East Bay Street  
 P.O. Box N-834  
 Nassau, Bahamas

Tel: (242) 397-4100  
 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 Licence - Company

**General Instructions:** Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced in the form with the reference index also attached.

Completed applications should be submitted to:

Supervision Department  
 Securities Commission of The Bahamas  
 Poinciana House  
 North Building, 2<sup>nd</sup> Floor  
 31A East Bay Street  
 P.O. Box N-8347  
 Nassau, Bahamas

**WARNING** *Intentional misstatement or failure to disclose information may constitute an offence.*

Section A – Personal Details	
<b>1. Name of Registered Person</b>	Full legal name of Registered Person (firm) in connection with which this questionnaire is being completed
<b>2. Name of Applicant</b>	Full legal name of Applicant -(Surname, First, Middle)
<b>3. Business Name</b>	Registered Company Name
<b>4. Previous Business Name</b>	Registered Company Name (if Name was changed prior to the application)
<b>5. Type of Activity</b>	Company providing corporate services for International Business Companies (IBCs) including: <input type="checkbox"/> Registration, management or administration <input type="checkbox"/> Acting as registered agent or registered office <input type="checkbox"/> Provision of directors, officers or nominee shareholders
	Company providing corporate services for Exempted Limited Partnerships (ELPs) including: <input type="checkbox"/> Acting as registered agent or registered office <input type="checkbox"/> Provision of partners
	Company providing corporate services for Private Trust Companies (PTCs) including: <input type="checkbox"/> Acting as registered agent or registered office <input type="checkbox"/> Registered representatives



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	Company providing corporate services for Investment Condominiums (ICONS): <input type="checkbox"/> Governor administrator	
	Company providing corporate services for Executive Entities: <input type="checkbox"/> Acting as a registered agent	
	Company providing corporate services for Purpose Trusts: <input type="checkbox"/> Acting as a registered trustee	
	Company providing corporate services for Segregated Accounts Company: <input type="checkbox"/> Registered representatives	
	Company providing corporate services for foundations: <input type="checkbox"/> Acting as a registered agent	
<b>6. Business Address</b>	<i>Provide current business address</i>	
	Street Address 1:	Country:
	Street Address 2:	Telephone:
	P.O. Box Number:	Fax:
	State:	Email Address:
<b>7. Incorporation Date:</b>	Date(DD/MM/YYYY):	
<b>8. Business Licence Certificate Information:</b>	Licence Number:	
	Tax Identification Number:	
<b>9. Home Address</b>	<i>Provide current home address</i>	
	Street Address 1:	Country:
	Street Address 2:	Telephone:
	P.O. Box Number:	Fax:
	State:	Email Address:
<b>10. Previous Home Address</b>	<i>Provide all previous home addresses during the last ten years – with relevant dates</i>	
	<b>Previous Address 1</b>	<b>Previous Address 2</b>
	Street Address 1:	Street Address 1:
	Street Address 2:	Street Address 2:
	P.O. Box Number:	P.O. Box Number:
	State:	State:
	Country:	Country:
	Dates at this Address:	Dates at this Address:
	<b>Previous Address 3</b>	
	Street Address 1:	State:
	Street Address 2:	Country:
	P.O. Box Number:	Dates at this Address:
<b>11. Date and Place of Birth:</b>	Date:(DD/MM/YYYY)	
	Place of Birth(Including town, state and country):	
<b>12. Citizenship:</b>	Bahamas: <input type="checkbox"/>	Other: <input type="checkbox"/> _____
<b>13. Identification:</b>	<i>Please provide identification information ( Passport, Voters Registration, National Identification, Social Security, Tax Identification or Other and number)</i>	
	Type:	Number:
<b>Section B – Employment and Education</b>		



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<b>14. Present Occupation or Employment &amp; Reference</b>	<b>Employer</b> ( <i>Indicate name and address of present employer, nature of business, title of position and relevant date</i> )		
	Name of Employer:		
	Address of Employer:		
	Street Address 2:		
	P.O. Box Number:	State:	Country:
	Nature of Business:		
	Title of Position Held:		
	Relevant Start Date:		
	<b>Reference</b> ( <i>Provide the name, position, telephone number of a reference</i> )		
	Name:		
Position:			
Telephone:			
<b>15. Prior Occupation or Employment &amp; Reference</b>	<i>(Indicate names and addresses of prior employer/s, nature of business, title of position and relevant date within the last ten years)</i>		
	Name of Previous Employer:		Country:
	Address of Previous Employer:		Telephone:
	Street Address 2:		Fax:
	P.O. Box Number:		Title of Position Held:
	State:		Relevant Dates:
	Name of Previous Employer:		Country:
	Address of Previous Employer:		Telephone:
	Street Address 2:		Fax:
	P.O. Box Number:		Title of Position Held:
	State:		Relevant Dates:
	<i>(Provide the name, position, telephone number of a reference)</i>		
	Name :		
	Position:		
	Telephone:		
<b>16. Education</b>	Describe the Formal Education or Training the Applicant has Securities Related Activities ( <i>Including qualifications and year in which they were obtained</i> )		
	<b>Qualification</b>	<b>Year</b>	<b>Other Details</b>
<b>17. Other Professional Qualification</b>	Do you have any other professional qualifications? -e.g. lawyer, account, etc. ( <i>If yes, provide full details</i> )		
	Lawyer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Accountant:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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	<b>Details:</b>		
<b>Section C – Money Laundering Reporting Officer</b>			
<b>18. Name of Applicant</b>	<i>Full legal name of Applicant -(Surname, First, Middle)</i>		
<b>19. Previous Names</b>	<i>List any previous names of the Applicant – (Surname, First, Middle)</i>		
<b>20. Home Address</b>	<i>Provide current home address:</i>		
	Street Address 1:	Country:	
	Street Address 2:	Telephone:	
	P.O. Box Number:	Fax:	
	State:	Email Address:	
<b>21. Previous Home Address</b>	<i>Provide all previous home addresses during the last ten years – with relevant dates</i>		
	<b>Previous Address 1</b>		<b>Previous Address 2</b>
	Street Address 1:	Street Address 1:	
	Street Address 2:	Street Address 2:	
	P.O. Box Number:	P.O. Box Number:	
	State:	State:	
	Country:	Country:	
	Dates at this Address:	Dates at this Address:	
	<b>Previous Address 3</b>		
	Street Address 1:	State:	
	Street Address 2:	Country:	
P.O. Box Number:	Dates at this Address:		
<b>22. Date and Place of Birth:</b>	Date:(DD/MM/YYYY)		
	Place of Birth:(Including town, state and country)		
<b>23. Citizenship:</b>	Bahamas: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
<b>24. Identification:</b>	<i>Please provide identification information ( Passport, Voters Registration, National Identification, Social Security, Tax Identification or Other and number)</i>		
	Type:	Number:	
<b>Section D -Employment and Education</b>			
<b>25. Present Occupation or Employment &amp; Reference</b>	<b>Employer</b> <i>(Indicate name and address of present employer, nature of business, title of position and relevant date)</i>		
	Name of Employer:		
	Address of Employer:		
	Street Address 2:		
	P.O. Box Number:	State:	Country:
	Nature of Business:		
	Title of Position Held:		
	Relevant Start Date:		
	<b>Reference</b> <i>(Provide the name, position, telephone number of a reference)</i>		
	Name:		



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	Position:		
	Telephone:		
<b>26. Prior Occupation or Employment &amp; Reference</b>	<i>(Indicate names and addresses of prior employer/s, nature of business, title of position and relevant date within the last ten years)</i>		
	Name of Previous Employer:	Name of Previous Employer:	
	Address of Previous Employer:	Address of Previous Employer:	
	Street Address 2:	Street Address 2:	
	P.O. Box Number:	P.O. Box Number:	
	State:	State:	
	Country:	Country:	
	Telephone:	Telephone:	
	Fax:	Fax:	
	Title of Position Held:	Title of Position Held:	
	Relevant Dates:	Relevant Dates:	
	<i>(Provide the name, position, telephone number of a reference)</i>		
	Name :		
	Position:		
	Telephone:		
<b>27. Education</b>	Describe the Formal Education or Training the Applicant has Securities Related Activities <i>(Including qualifications and year in which they were obtained)</i>		
	<b>Qualification</b>	<b>Year</b>	<b>Other Details</b>
<b>28. Other Professional Qualification</b>	Do you have any other professional qualifications? -e.g. lawyer, account, etc. <i>(If yes, provide full details)</i>		
	Lawyer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Accountant:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>Details:</b>		
<b>29. Previous Registration</b>	Have you ever been licensed as a registered representative or similar capacity in any other jurisdiction? <i>(If yes, please provide full details including copy of evidence of such registration)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>Details:</b>		
<b>Section E – Discipline History</b>			



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**30. Have you or any person with which you were associated as a director, security holder, manager, officer or significant security holder in any jurisdiction ever been disciplined by any stock exchange, securities regulatory body or professional association, or been denied admission, registration or renewal or had a membership or registration? (If yes, provide full details) Yes  No**

**Details:**

**31. Have you or any person with which you were associated as a director, security holder, manager officer or significant security holder, in any jurisdiction ever been declared bankrupt, been convicted of a crime, or sued under any commercial law, securities law, companies law concerning fraud? (If yes provide full details) Yes  No**

**Details:**

**32. Have you at any time been involved with an application for regulatory approval in any jurisdiction where that application has been refused or withdrawn? (If yes, provide full details) Yes  No**

**Details:**

**33. Have you, in any jurisdiction, been dismissed from any office or employment or barred from entry to any profession or occupation? (If yes, provide full details) Yes  No**

**Details:**

**34. Has any person with which you were associated as a director, manager, officer or security holder in any jurisdiction, been compulsorily wound up or made any arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after ceased to be associated with it? (If yes, provide full details) Yes  No**

**Details:**



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35. In carrying out your duties will you be acting on the directions or instructions of any other person? (If yes, provide full details)  
Yes  No

Details:

**ATTESTATION**

"I, the undersigned, hereby affirm that to the best of my information, knowledge and belief, the contents of this form and any attachments provided with this form are true, correct and not misleading and that I am in compliance with all the applicable provisions of the Act. I undertake that, as long as I continue to be registered with the Securities Commission of The Bahamas, I will

- continue to comply with all the applicable provisions of the Act, and
- notify the Commission immediately of any material changes affecting the accuracy or completeness of the answers to any of the questions above.

"I also hereby authorize the Commission to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Application, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. I understand that the results of these checks may be disclosed to the person who submitted this application."

Date:

Signature:



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### Other documents to be attached to the Application:

1. Certificate of Incorporation;
2. Certificate of Good Standing;
3. Memorandum and Articles of Association;
4. Detailed business plan;
5. Organizational Chart, with confirmation of number of employees;
6. Business Licence;
7. Status for the purposes of the Exchange Control Regulations Act and any regulations made thereunder and in force at the date of the application.
8. A synopsis of the company's anti-money laundering policies along with a summary of the due diligence procedures with respect to the vetting of prospective clients, suspicious transaction reporting and record retention);
9. Identification of target market;
10. Register of Shareholders, Directors and Officers;
11. Financial statements (where applicable);
12. Confirmation of MLRO, if applicable (please be guided by the Guidance Notes for the Fitness and Propriety of MLROs for required items to be submitted);
13. Required due diligence items on behalf of directors, beneficial owners, and officers; and
14. An application fee must be submitted with this application. The appropriate fee can be found in the Financial and Corporate Service Providers (General) Regulations, 2001.

### Outsourcing agreements must include:

- Name of Company (name of the applicant to be included in the agreement);
- Name of Outsourced Service Provider (to be stated in the agreement);
- Application type;
- Address of the Company;
- Address of the outsourced provider;
- Effective date;
- Contract signed and executed;
- Defined responsibilities of the registrant and the outsourcing service provider;
- Permission for the Commission to access any record and information held by the service provider relating to the activities carried out;
- The details of the functions should be clearly stated and defined;
- Description of Products, Services Offered, and the method by which they are to be offered; and
- Detailed description of the operational capabilities.