



ANGUILLA FINANCIAL SERVICES COMMISSION

MONEY SERVICES APPLICATION FORM

This application must be accompanied by the prescribed application fee.

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 of the contract or agency agreement.

c) Copies of all operating policy and procedures manual or relevant documents, including the applicant's anti-money laundering procedures manual.

5. Period of existence of the applicant. Please tick:

less than 5 years 5 to ten years More than 10 years

6. If previously in operation, please provide copies of financial statements the last three years. (Please attach)

* For newly incorporated companies, i.e. Not previously engaged in Money Services Business please provide a business plan covering the following:

(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 and 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 of the applicant's shares.

1) _____

2) _____

3) _____

8. 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)

1) _____

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) _____

**Note: Personal Questionnaire Form B must be completed for questions 7 to 10 above.
See MSB Act (Form 2 A & B)**

B. 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. List the name(s), address(es) and contact information for any depository institution where the applicant maintains an account for the purposes of the money services business.

1) _____

2) _____

3) _____

6. Provide a bank reference in the name of the applicant verifying the good financial standing (Please attach).

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)

Address _____

Address _____

I (We) certify that, to the best of my (our) knowledge and belief, the information given in this application is complete and correct.

Signature: _____

Name: _____

Title: _____

Date: _____

For Official use Only _____