

COMPLIANCE OFFICER & ALTERNATE COMPLIANCE OFFICER APPLICATION FORM

NOTES TO APPLICANTS

- A. This form should be completed by all Reporting Entities specified in Part C of the First Schedule (except entities at serial numbers 7 and 8) of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2020 ("AML/CFT Act) and submitted to the Financial Intelligence Unit ("FIU").
- B. An application for approval should be made by the Reporting Entity, not by the prospective Compliance Officer or Alternate Compliance Officer.
- C. A single application form may be submitted for a group of companies provided that those companies are subsidiaries of a common parent or share common ownership.
- D. If a single application is submitted for a group of companies, Sections A, F and G shall be completed by each Reporting Entity in the group. Please print additional pages of these sections as necessary.
- E. Please ensure that the documents specified in the Document Checklist are submitted in support of this application.
- F. Please submit the completed application form, together with all supporting documents to:

Financial Intelligence Unit
P.O. Box 7021
Ile Perseverance, Seychelles

DOCUMENTS CHECKLIST

Certified Copy of Identification Documents (National Identity Card or Passport
Identification Page(s))
Certified Copies of Professional and Educational Qualifications
Résumé or Curriculum Vitae:
 Outlining the relevant qualifications and experience of the proposed Compliance Officer or Alternate Compliance Officer; and
 Including the names, addresses and telephone numbers of previous employers
Police Certificate or Sworn Affidavit (where a certificate is not issued) as to
the non-criminal record of the applicant for the past three years
Professional Reference
This should be from a person who can speak to the experience and
ability of the prospective Compliance Officer or Alternate Compliance
Officer
Personal Reference
This should be from a person who can vouch for the individual's
conduct and character
Bank Reference
 This should be addressed to the Director of the FIU
Any other supporting documents deemed relevant for the purposes of this
Application. Please list the additional documents provided (if any)

SECTION A – REPORTING ENTITY DETAILS

This section should be completed by the Reporting Entity submitting the Application Form.

Name of Reporting Entity:	
Physical Business Address:	
Reporting Sector:	
Details of Person to be contact	ted in relation to this Application:
Full Name:	
Position:	
Telephone Number:	
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SECTION B – APPLICANT PERSONAL DETAILS

This section should be completed by or on the behalf of the prospective Compliance Officer or Alternate Compliance Officer.

Approval Request for:	
Compliance Officer	Alternate Compliance Officer
Surname	
Forename(s)	
Maiden Name (if applicable)	
Previous Names (if any) Please provide Date of Change and Reason for Change	
Date of Birth	
Place of Birth:	
National Identity Number and/or Passport Number	National Identity Card Passport
Please select the type of identification being provided	
Current Residential Address	
Please state date from which you are resident at this address from (Month/Year)	
	Office Number:
Contact Details	Mobile Number:
	Email Address:

SECTION C - EDUCATION & QUALIFICATIONS

This section should be completed by or on the behalf of the prospective Compliance Officer or Alternate Compliance Officer.

Education

Institution Attended	Degree/Qualification	Year Completed

Memberships

Organisation/Association	Membership Status (Student, Associate, Fellow)	Member Since	Membership No.

SECTION D - EMPLOYMENT HISTORY

This section should be completed by or on the behalf of the prospective Compliance Officer and Alternate Compliance Officer.

Current Employment

Name of Employer:	
Address:	
Telephone:	
E-Mail:	
Date of Appointment:	
Current Position:	
Current i Ostaon.	
0	
Supervisor/Contact Person:	
Name of Regulator(s) (If Any):	
Responsibilities:	

Previous Employment

Please indicate positions held during the last ten years. Please use additional pages as required.

Name of Employer:	
Nature of Business:	
Address:	
Telephone:	
E-Mail:	
Date of Employment (From/To):	
Position Held	
Supervisor/Contact Person:	
Name of Regulator(s) (If Any):	
Responsibilities:	
Reason for Leaving:	

SECTION E - FITNESS & PROPRIETY

This section should be completed by the prospective Compliance Officer and Alternate Compliance Officer.

This section should be completed by selecting (\checkmark) either YES or NO.

Please list any incident or action in any jurisdiction, with the exception of minor traffic offences. Please note that no time restriction applies to the matters you are asked to disclose.

If the answer is "YES" to any of the following questions, please provide full details on a separate sheet.

1.		ny criminal or civil offence by any court in the motoring offences may be omitted).
	YES	NO
2.	Have you ever been charged waction?	vith any offence that is currently awaiting legal
	YES	NO
3.		ent, disqualification or similar proceeding been sional body, regulatory body or association or are
	YES	NO
4.	,	nducting any unauthorised regulated activities or nduct of unauthorised regulated activities?
	YES	NO
5.	Has any application for your regu	llatory approval ever been refused?
	YES	NO

entered into a compromise a	6. Have you been the subject of any bankruptcy proceedings or filed for bankruptcy, entered into a compromise agreement or other similar arrangement with your creditors or had a receiver appointed in respect of any of your property?		
YES	NO		
7. Have you at any time failed to	satisfy any personal or business-related debts due?		
YES	NO		
Have you been the subject o malpractice in connection with	of an investigation into allegations of misconduct or any business activity?		
YES	NO		
Have you ever been expelled professional body?	ed or excluded from, or refused admission to, a		
YES	NO		
10. Have you been refused, restricted in, or had suspended, the right to carry on trade, business or profession for which a specific license, authorisation, registration, membership or other permission is required?			
YES	NO		
11. Have you ever been asked to resign, or been dismissed from any fiduciary office or position of trust?			
YES	NO		
12. Are you aware of any matter relating to your character, reputation or financial position that the FIU may regard as relevant in considering this application?			
YES	NO		
or officer ever entered a for	you have been associated as a director, senior officer rmal insolvency process or ceased trading whilst associated with it or within one year after your		
YES	NO		

SECTION F - RELATIONSHIP WITH REPORTING ENTITY

This section should be completed by the Reporting Entity.

1.	What other positions or offices (if any) does or will the prospective Compliance Officer or Alternate Compliance Officer hold with the Reporting Entity?
2.	Does the prospective Compliance Officer or alternate Compliance Officer hold any shares in, or have any interest, legal or equitable, direct or indirect, in the firm?
	YES NO
3.	If the answer to 2 above is "yes" provide details of shareholding or other interest.
4.	Is the prospective Compliance Officer or Alternate Compliance Officer able, directly, to exercise more than 10% of the voting power of the Reporting Entity?
	YES NO
5.	If the answer to 5 above is "yes" provide details.

SECTION G – DECLARATIONS

The following declaration should be completed by the Reporting Entity in relation to the information provided in Sections A and F.

The information provided in sections A and F is, to the best of our knowledge and belief, complete and true and there are no other facts or matters relevant to this application of which the FIU should be aware.

We undertake to inform the FIU forthwith, of any material changes to the information supplied on this application.

Signed on behalf of the Reporting Entity	
Signature:	
Name of Authorised Signatory:	
Job Title / Position:	
Date:	
	completed by the prospective Compliance in relation to the information provided in
·	sections B, C, D and E, is to the best of my and there are no other facts or matters relevan y authority should be aware.
I undertake to inform the supervisory authinformation supplied on this application.	hority, forthwith, of any material changes to the
Signature:	
Name of Prospective Compliance Officer, Alternate Compliance Officer	/ :
Date:	