

**FINANCIAL DEALERS LICENSING ACT [CAP 70]**

**APPLICATION & FILE REVIEW FORM**

**Company Name:**

**Date Reviewed: Receipt No.:**

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| --- | --- | --- | --- |
| **No.** | **Document** | **Yes** | **No (Action Required and Date Completed)** |
| **1.** | **Principal License (Natural Person)**  |  |  |
| (a) | Application in Prescribed Form (Schedule 1) |  |  |
| (b) | Notarized Copy of Passport |  |  |
| (b) | Notarized Copy of Police Clearance (If original, certification not required) |  |  |
| (c) | Certified Copies of Academic Transcripts |  |  |
| (d)  | Curriculum Vitae |  |  |
| (e) | 2 Independent References on related experience in fund management, securities and investment |  |  |
|  |  |  |  |
| **2.** | **Principal License (Body Corporate)** |  |  |
| (a) | Application in Prescribed Form (Schedule 1) |  |  |
| (b) | Certified Copy of Certificate of Incorporation |  |  |
| (c) | Certified Copy of Memorandum and Articles of Association or Constitution |  |  |
| (d) | Certified Copy of License to deal in securities in foreign jurisdictions |  |  |
| (e) | Registered Agent and Registered Office Information |  |  |
| (f) | Proof of Business Address of Applicant |  |  |
| (g) | Particulars of Each Key Person as defined under Act |  |  |
| (h) | Details of the Source of Funds of Capital of Applicant |  |  |
| (I) | Audited financial accounts of company where company has been active for 12 months |  |  |
| (i) | Director Statement detailing financial standing, current assets, contingent liabilities and professional indemnity and directors and officers liability cover |  |  |
| (j) | Directors statement detailing the activity to be carried out under the license and the mediums in which this business will use |  |  |
| (k) | Business plan outlining the Applicant’s internal organization, internal controls and corporate governance, including details on keeping current books and records detailing receipt of investment, how it is held and dealt with, and outline procedures for withdrawal of funds by investors or maturity of investment |  |  |
| (l) | Internal risk assessment report  |  |  |
| (m) | Anti Money Laundering and KYC Client Compliance Policy Manual |  |  |
| (m) | Disclosure of internet related business or e-commerce business links and must ensure that all websites used reflect the name and information of the Applicant |  |  |
| (n) | Resolution of Directors appointing the Representative of the Principal |  |  |
| (o)  | Declaration by the Applicant stating that there is no reason for the Commissioner to doubt competence, integrity or financial resources to undertake this business |  |  |
| (p) | Declaration by the Directors of the Applicant stating that there is no reason for the Commissioner to doubt competence, integrity or financial resources to undertake this business |  |  |
| (q) | Copies of Registration Form For Reporting Entity Pursuant to Section 9 (3) of the Anti-Money Laundering & Counter-Terrorism Financing Act No. 13 of 2013; |  |  |
| (r) | Copy of AML/ CTF Compliance Officer Contact Officer and Authority Form pursuant to Section 34 of the Anti-Money Laundering & Counter-Terrorism Financing Act No. 13 of 2013 |  |  |
| (s) | Copy of Compliance Report pursuant to Section 31 of the Anti-Money Laundering & Counter-Terrorism Financing Act No. 13 of 2014. |  |  |
| (t) | Prospectus / Client Agreement  |  |  |
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| **3.** | **Representative License (Natural Person ONLY)** |  |  |
| (a) | Application in Prescribed Form (Schedule 2) |  |  |
| (b) | Notarized Copy of Passport |  |  |
| (c) | Notarized Copy of Police Clearance (If original, certification not required) |  |  |
| (d) | Certified Copies of Academic Transcripts |  |  |
| (e) | Curriculum Vitae |  |  |
| (f) | 2 Independent References including email and telephone contact of Referee’s showing at least (3) years of professional experience confirming CV above 3(e) |  |  |
| (g) | Proof of residence of Applicant |  |  |
| (h) | Declaration by the Applicant stating that there is no reason for the Commissioner to doubt competence, integrity or financial resources to undertake this business |  |  |
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|  | **Other Comments:** |  |  |
|  | **Completed By:**  |  | **Date:**  |