



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [Section 10]

SCHEDULE C (2): NOTICE OF ADDITIONAL LOCATIONS OF THE MONEY SERVICES BUSINESS

Please forward completed form with any supporting information to:

The Director
Financial Services Regulatory Commission

P.O. Box 2674
Royal Palms Place
Friars Hill Road
St. John's, Antigua

Tel: (268) 481-3300 • Fax: (268) 463-0422

Email: MSBandGamingSupport@fsrc.gov.ag;

Email: cheryl.george@fsrc.gov.ag

Website: <http://www.fsrc.gov.ag>

SECTION I: INSTRUCTIONS FOR COMPLETING THIS SCHEDULE

1. This schedule must be submitted with all supporting documentation listed at the end of the form and can be downloaded from the Commission’s website in Adobe Acrobat format, and completed online. Alternatively, the form may be printed and completed with the use of a typewriter, or **black ink** and **BLOCK CAPITALS** or typescript.
2. Any information provided on additional sheets must be signed and dated.
3. Where there is a question which is not applicable, please write “N/A” beside the question.
4. Place a tick (✓) mark in the appropriate box.
5. All dates must be completed in the form: Day/Month/Year.
6. This schedule must be completed by reporting information on each location of the money services business regarding the management structure and the nature of its business. Additionally, the level of due diligence and risk involved with conducting the business at this location must be documented on this schedule.
7. Questions left unanswered or which do not disclose all information will affect the Commission’s assessment, and may result in significant delays in processing.
8. A person commits an offence if, for the purposes of obtaining a licence, he or she makes any representation that he or she knows to be false or does not believe to be true.

1. Date:		
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In connection with the Money Services Business named below, I hereby make representation and supply the following information as hereafter set forth.

SECTION II: PARTICULARS OF THE MONEY SERVICES BUSINESS

2. Provide the relevant Money Services Business (MSB) information below associated with the location:

Name of MSB:			
Address:			
Contact Person:		Telephone Number:	
E-mail Address:		Fax Number:	

SECTION III: PARTICULARS OF THE LOCATION

3. Provide the relevant location information below:

	<input type="checkbox"/> Address Information Attached
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Business Name:			
Operating Address:			
Registration Number:		Contact Person:	
Contact Number:		E-mail Address:	

SECTION IV: EXECUTIVE OFFICER’S INFORMATION AT THE LOCATION

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4. Comment on the status of each officer of the location by entering the relevant information in the space provided below.

Executive Officer 1:			
Residential Address:			
Job Title:		Date of Appointment:	
Citizenship:		Social Security Number:	
E-mail Address:		Telephone Number:	

a) The incumbent holds the required educational and professional background:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) The incumbent has the requisite experience having regard to the nature of the MSB services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) The incumbent is in good financial standing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) The incumbent is of good financial integrity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) The incumbent is of good reputation, character and is reliable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Executive Officer 2:			
Residential Address:			
Job Title:		Date of Appointment:	
Citizenship:		Social Security Number:	
E-mail Address:		Telephone Number:	

a) The incumbent holds the required educational and professional background:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) The incumbent has the requisite experience having regard to the nature of the MSB services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) The incumbent is in good financial standing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) The incumbent is of good financial integrity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) The incumbent is of good reputation, character and is reliable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Executive Officer 3:			
Residential Address:			
Job Title:		Date of Appointment:	
Citizenship:		Social Security Number:	
E-mail Address:		Telephone Number:	

a) The incumbent holds the required educational and professional background:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) The incumbent has the requisite experience having regard to the nature of the MSB services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) The incumbent is in good financial standing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) The incumbent is of good financial integrity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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e) The incumbent is of good reputation, character and is reliable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION V: NATURE OF THE LOCATION'S ACTIVITIES

5. Indicate the type(s) of money services that will be facilitated at this location (v tick as appropriate):

<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Cheque Cashing	<input type="checkbox"/> Currency Exchange	<input type="checkbox"/> Issuance of money orders/traveller's cheque
<input type="checkbox"/> Other (Please specify):			

6. Indicate the anticipated monthly inbound monetary activities (v tick as appropriate):

<input type="checkbox"/> EC\$1 – EC\$10,000	<input type="checkbox"/> EC\$10,001 – EC\$20,000	<input type="checkbox"/> EC\$20,001 – EC\$50,000
<input type="checkbox"/> EC\$50,001 – EC\$100,000	<input type="checkbox"/> EC\$100,001 – EC\$150,000	<input type="checkbox"/> EC\$150,001 and over

7. Indicate the anticipated monthly outbound monetary activities (v tick as appropriate):

<input type="checkbox"/> EC\$1 – EC\$10,000	<input type="checkbox"/> EC\$10,001 – EC\$20,000	<input type="checkbox"/> EC\$20,001 – EC\$50,000
<input type="checkbox"/> EC\$50,001 – EC\$100,000	<input type="checkbox"/> EC\$100,001 – EC\$150,000	<input type="checkbox"/> EC\$150,001 and over

8. Indicate the anticipated monthly inbound transactional activities (v tick as appropriate):

<input type="checkbox"/> 1 – 500	<input type="checkbox"/> 501 – 1,000	<input type="checkbox"/> 1,001 – 1,500
<input type="checkbox"/> 1,501 – 2,000	<input type="checkbox"/> 2,001 – 2,500	<input type="checkbox"/> 2,501 and over

9. Indicate the anticipated monthly outbound transactional activities (v tick as appropriate):

<input type="checkbox"/> 1 – 500	<input type="checkbox"/> 501 – 1,000	<input type="checkbox"/> 1,001 – 1,500
<input type="checkbox"/> 1,501 – 2,000	<input type="checkbox"/> 2,001 – 2,500	<input type="checkbox"/> 2,501 and over

10. Indicate the five (5) most frequent countries that funds will be transmitted (SENT TO) at the location (v tick as appropriate):

<input type="checkbox"/> Dominican Republic	<input type="checkbox"/> Jamaica	<input type="checkbox"/> Canada	<input type="checkbox"/> UK	<input type="checkbox"/> Anguilla	<input type="checkbox"/> Dominica	<input type="checkbox"/> Grenada	<input type="checkbox"/> Montserrat
<input type="checkbox"/> St. Vincent	<input type="checkbox"/> Trinidad	<input type="checkbox"/> USA	<input type="checkbox"/> St. Kitts & Nevis	<input type="checkbox"/> St. Lucia	<input type="checkbox"/> Guyana	<input type="checkbox"/> Other	

11. Indicate the five (5) most frequent countries that funds will be transmitted (RECEIVED FROM) at the location (v tick as appropriate):

<input type="checkbox"/> Dominican Republic	<input type="checkbox"/> Jamaica	<input type="checkbox"/> Canada	<input type="checkbox"/> UK	<input type="checkbox"/> Anguilla	<input type="checkbox"/> Dominica	<input type="checkbox"/> Grenada	<input type="checkbox"/> Montserrat
<input type="checkbox"/> St. Vincent	<input type="checkbox"/> Trinidad	<input type="checkbox"/> USA	<input type="checkbox"/> St. Kitts & Nevis	<input type="checkbox"/> St. Lucia	<input type="checkbox"/> Guyana	<input type="checkbox"/> Other	

12. Based on your risk assessment of the location, please indicate the risk classification at the location:

<input type="checkbox"/> Low Risk [has implemented an adequate AML program]	<input type="checkbox"/> Medium Risk [has implemented a moderate AML program]
<input type="checkbox"/> High Risk [has not implemented a satisfactory AML Program]	<input type="checkbox"/> [Risk Assessment matrix attached]

Telephone Number:		E-mail Address:	
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13. The MSBs AML compliance program is communicated to this location. Yes No

SECTION VI: DECLARATION

This declaration must be signed by any two authorized signatories of the money services business. Authorized signatories Attached

I hereby certify that all the information provided and any other document provided in support of this schedule is true and correct to the best of my knowledge and belief. I further undertake to inform the Commission without delay of any changes to the information supplied with this schedule.

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Authorized Name:		Signature:	
Authorized Title:		Date:	

SECTION VII: DOCUMENTATION WHICH FORMS PART OF THIS NOTICE

Documents	Notes	Attached
1. Address Information	Provide proof of the correspondent institution's business address by submitting a certified copy of a utility bill etc.	<input type="checkbox"/>
2. Schedule L: Risk Assessment Matrix	A copy of the Schedule L: Risk Assessment Matrix must be attached.	<input type="checkbox"/>

SECTION VIII: ADMINISTRATION – FOR FSRC USE ONLY

Received by (employee's name):		Date:	
Authorization Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Authorized Name:		Signature:	
Authorized Title:		Date:	