

Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [Section 10]

SCHEDULE C (3): NOTICE OF SUB-LICENSEE 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

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 sub-licensee in regards to its ownership and management structure and the nature of its business. Additionally, the level of due diligence and risk involved with conducting the business with this sub-licensee 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:									
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 sub-licensee:									
Name of MSB:									
Address:									
Contact Person:					Telephone Number:				
E-mail Address:					Fax Number:				
SECTION I	SECTION III: PARTICULARS OF THE SUB-LICENSEE								
3. Provide the	3. Provide the relevant sub-licensee information below:								
Business Name:									
Operating Address:									
Registration Number:					Contact Person:				
Contact Number:					E-mail Address:				
4. Give information relating to the structure of the sub-licensee, by providing (V tick as appropriate):									
a) Legal status of the applicant:									

C(3): NOTICE OF SUB-LICENSEE OF THE MONEY SERVICES BUSINESS Franchise Partnership Subsidiary Sole Proprietor Corporation Limited Liability Company Other Limited Liability Partnership b) Provide a brief description of the sub-licensee, including parent or subsidiary information: Group Structure attached The company has been in existence for a minimum of three (3) years: Date of Incorporation: Certificate of Incorporation Attached SECTION IV: SHAREHOLDER'S INFORMATION OF THE SUB-LICENSEE Comment on the status of each shareholder of the sub-licensee by entering the relevant information in the space provided below. Share Register Attached Shareholder 1: Residential Address: Social Security Number: Citizenship: a) Percentage of shares owned: The incumbent is in good financial standing: The incumbent is of good **financial integrity**: The incumbent is of good **reputation**, **character and is reliable**: Shareholder 2: Residential Address: Citizenship: Social Security Number: a) Percentage of shares owned: The incumbent is in good financial standing: The incumbent is of good **financial integrity**: The incumbent is of good reputation, character and is reliable: Shareholder 3: Residential Address: Citizenship: Social Security Number: Percentage of shares owned: The incumbent is in good financial standing: The incumbent is of good **financial integrity**:

SECTION V: DIRECTOR'S INFORMATION OF THE SUB-LICENSEE 8. Comment on the status of each director of the sub-licensee by entering the relevant information in the space provided below. Director 1: Residential Address: Name of Employer: Citizenship: 3) The incumbent holds the required educational and professional background: 4) The incumbent is of good financial standing: 4) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Citizenship: 3) The incumbent has the required educational and professional background: 4) The incumbent is of good or eputation, character and is reliable: 5) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: 6) The incumbent has the required educational and professional background: 7) The incumbent is of good or eputation, character and is reliable: 8) The incumbent is of good or eputation, character and is reliable: 9) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background: 9) The incumbent has the required educational and professional background:									
Second	d) The incumbent is of goo	d reputation, character, financial integrity and is relia	able:		Yes	□ No			
Director 1:	SECTION V: DIRECTOR'S INFORMATION OF THE SUB-LICENSEE								
Residential Address: Name of Employer: Citizenship: Occupation: E-mail Address: a) The incumbent holds the required educational and professional background: b) The incumbent is in good financial standing: c) The incumbent is of good reputation, character and is reliable: Residential Address: Name of Employer: Citizenship: Occupation: Social Security Number: Pees No No No No No No No N									
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Citizenship: Occupation: E-mail Address: Telephone Number: Telepho	Residential Address:								
Date of Appointment: E-mail Address: Telephone Number: The incumbent has the requisite experience having regard to the nature of the MSB services: The incumbent is in good financial standing: The incumbent is of good reputation, character and is reliable: The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Telephone Number: Telephone Number	Name of Employer:								
E-mail Address: a) The incumbent holds the required educational and professional background: b) The incumbent has the requisite experience having regard to the nature of the MSB services: c) The incumbent is in good financial standing: d) The incumbent is of good financial integrity: e) The incumbent is of good reputation, character and is reliable: f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Director 2: Residential Address: Name of Employer: Citizenship: Occupation: Bate of Appointment: E-mail Address: a) The incumbent holds the required educational and professional background: b) The incumbent holds the required educational and professional background: a) The incumbent holds the required educational and professional background: b) The incumbent is in good financial standing: a) The incumbent is of good reputation, character and is reliable: c) The incumbent is of good financial integrity: e) The incumbent is of good financial integrity: e) The incumbent is of good reputation, character and is reliable: f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Director 3: Residential Address: Name of Employer:	Citizenship:		Social Security Number:						
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c) The incumbent is in good financial standing: d) The incumbent is of good reputation, character and is reliable: e) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Director 2: Residential Address: Name of Employer: Citizenship: Occupation: Date of Appointment: E-mail Address: Telephone Number: The incumbent has the requisite experience having regard to the nature of the MSB services: The incumbent is of good financial integrity: The incumbent is of good reputation, character and is reliable: The incumbent is of good financial integrity: The incumbent is of good financial integrity: The incumbent is of good financial integrity: The incumbent is of good reputation, character and is reliable: The incumbent is of good financial integrity: The incumbe	a) The incumbent holds the	e required educational and professional background:			Yes	□ No			
The incumbent is of good financial integrity:	b) The incumbent has the r	requisite experience having regard to the nature of th	e MSB services:		Yes	□ No			
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Occupation: E-mail Address: Telephone Number: Telephone Number: Telephone Number: Telephone Number: Telephone Number: Yes	Name of Employer:								
E-mail Address: Telephone Number: Telephone Numbe	Citizenship:		Social Security Number:						
a) The incumbent holds the required educational and professional background: b) The incumbent has the requisite experience having regard to the nature of the MSB services: c) The incumbent is in good financial standing: d) The incumbent is of good financial integrity: e) The incumbent is of good reputation, character and is reliable: f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Director 3: Residential Address: Name of Employer:	Occupation:	Date of Appointment:							
b) The incumbent has the requisite experience having regard to the nature of the MSB services: C) The incumbent is in good financial standing: d) The incumbent is of good financial integrity: e) The incumbent is of good reputation, character and is reliable: The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Director 3: Residential Address: Name of Employer:	E-mail Address:	Telephone Number:							
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C) The incumbent is in good financial standing: d) The incumbent is of good financial integrity: e) The incumbent is of good reputation, character and is reliable: f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Pess No No Director 3: Residential Address: Name of Employer:	b) The incumbent has the r		Yes	□ No					
e) The incumbent is of good reputation, character and is reliable: The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Pirector 3: Residential Address: Name of Employer:	c) The incumbent is in goo	Yes	□ No						
f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly: Pirector 3: Residential Address: Name of Employer:	d) The incumbent is of goo	d) The incumbent is of good financial integrity :							
Director 3: Residential Address: Name of Employer:									
Residential Address: Name of Employer:	f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:								
Name of Employer:	Director 3:								
	Residential Address:	sidential Address:							
Occupation: Date of Appointment:	Name of Employer:	mployer:							
	Occupation:								

Citizenship:								
E-mail Address:								
a) The incumbent holds the required educational and professional background:								
b) The incumbent has the								
c) The incumbent is in goo								
d) The incumbent is of goo								
e) The incumbent is of goo								
f) The incumbent has the	f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:							
SECTION VI: EXI	ECUTIVE OFFICER'S INFORMA	ATION OF THE SUE	3-LICENSEE					
9. Comment on the state	tus of each officer of the sub-licensee by ente	ring the relevant information	n in the space provided below.					
Executive Officer 1:								
Residential Address:								
Job Title:		Date of Appointment:						
Citizenship:								
E-mail Address:	-mail Address: Telephone Number:							
	e required educational and professional backgrour		Yes No					
	requisite experience having regard to the nature o	f the MSB services:	Yes No					
c) The incumbent is in goo	d financial standing:		Yes No					
d) The incumbent is of goo			Yes No					
	d reputation, character and is reliable:		Yes No					
f) The incumbent has the	ability to perform his proposed function efficiently	, honestly and fairly:	Yes 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:								
b) The incumbent has the requisite experience having regard to the nature of the MSB services:								
c) The incumbent is in goo	Yes No							
d) The incumbent is of goo	Yes No							
e) The incumbent is of goo	d reputation, character and is reliable:		Yes No					
f) The incumbent has the ability to perform his proposed function efficiently, honestly and fairly:								

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:										
b) The incumbent has the i	b) The incumbent has the requisite experience having regard to the nature of the MSB services: Yes Yes									
c) The incumbent is in goo	d financial standing:		Yes No							
d) The incumbent is of goo	d financial integrity:		Yes No							
e) The incumbent is of goo	d reputation, character and is reliable:		Yes No							
f) The incumbent has the a	ability to perform his proposed function effic	iently, honestly and fairly:	Yes No							
SECTION VII: NA	TURE OF THE OF THE SUB	-LICENSEE'S BUSINE	SS							
10. Indicate the type(s)	of money services that will be facilitated	by this sub-licensee (V tick as a	ppropriate):							
Money Transmission	Cheque Cashing Currency Exchange	e Issuance of money orders/tra	veller's cheque							
Other (Please specify):										
	between the money services business an	nd the sub-licensee which detail	s the terms and conditions of the							
money services busin	ess is on record. (V tick as appropriate):	Yes (A	greement attached) No							
12. Indicate the anticipat	ted monthly inbound monetary activities	s (V tick as appropriate):								
EC\$1 – EC\$10,000	EC\$10,001 – EC\$20,000		EC\$20,001 – EC\$50,000							
EC\$50,001 – EC\$100,000	EC\$100,001 – EC\$150,00		EC\$150,001 and over							
13. Indicate the anticipat	ted monthly outbound monetary activiti	es (V tick as appropriate):								
EC\$1 – EC\$10,000	EC\$10,001 – EC\$20,000		EC\$20,001 - EC\$50,000							
EC\$50,001 – EC\$100,000	EC\$100,001 – EC\$150,00		EC\$150,001 and over							
14. Indicate the anticipat	ed monthly inbound transactional activi	ities (V tick as appropriate):	14. Indicate the anticipated monthly inbound transactional activities (V tick as appropriate):							
1-500	501 – 1,000									
1-500	301 1,000		1,001 – 1,500							
1,501 – 2,000	2,001 – 2,500		1,001 – 1,500 2,501 and over							
15. Indicate the anticipat	ted monthly outbound transactional acti	ivities (V tick as appropriate):	2,501 and over							
1,501 – 2,000 15. Indicate the anticipate 1 – 500	ted monthly outbound transactional acti	ivities (V tick as appropriate):	2,501 and over 1,001 – 1,500							
1,501 – 2,000 15. Indicate the anticipate 1 – 500 1,501 – 2,000	ted monthly outbound transactional action of the second of	ivities (V tick as appropriate):	2,501 and over 1,001 – 1,500 2,501 and over							
1,501 – 2,000 15. Indicate the anticipate 1 – 500 1,501 – 2,000	ted monthly outbound transactional acti	ivities (V tick as appropriate):	2,501 and over 1,001 – 1,500 2,501 and over							
1,501 – 2,000 15. Indicate the anticipate 1 – 500 1,501 – 2,000 16. Indicate the five (5) r	ted monthly outbound transactional action of the second of	ivities (V tick as appropriate):	2,501 and over 1,001 – 1,500 2,501 and over							
1,501 - 2,000 15. Indicate the anticipate 1 - 500 1,501 - 2,000 16. Indicate the five (5) reappropriate):	ted monthly outbound transactional acti 501 - 1,000 2,001 - 2,500 nost frequent countries that funds will b	ivities (V tick as appropriate):	2,501 and over 1,001 – 1,500 2,501 and over sub-licensee (V tick as							
1,501 – 2,000 15. Indicate the anticipate 1 – 500 1,501 – 2,000 16. Indicate the five (5) re appropriate): Dominican Republic St. Vincent 17. Indicate the five (5) re	2,001 – 2,500 ted monthly outbound transactional acti 501 – 1,000 2,001 – 2,500 nost frequent countries that funds will b	ivities (V tick as appropriate): De transmitted (SENT TO) by the Anguilla Dominica Guyana	2,501 and over 1,001 – 1,500 2,501 and over sub-licensee (V tick as Grenada Montserrat Other							
1,501 – 2,000 15. Indicate the anticipate of the indicate the anticipate of the indicate the five (5) in appropriate): Dominican Republic of the indicate of	2,001 – 2,500 ted monthly outbound transactional acti 501 – 1,000 2,001 – 2,500 most frequent countries that funds will b Jamaica Canada UK Trinidad USA St. Kitts & Nevis	ivities (V tick as appropriate): De transmitted (SENT TO) by the Anguilla Dominica Guyana	2,501 and over 1,001 – 1,500 2,501 and over sub-licensee (V tick as Grenada Montserrat Other							

C(3): NOTICE OF SUB-LICENSEE OF THE MONEY SERVICES BUSINESS								
St. Vincent	Trinidad	USA	St. Kitts & N	Nevis St. Lucia	Guyana	Other		
18. Based on your ris	k assessment	of the busin	ess, please in	dicate the risk clas	sification of t	the above su	b-licensee insti	itution:
Low Risk [has implemented an adequate AML program] Medium Risk [has implemented a moderate AML program]								
High Risk [has not imp	lemented a satisfa	ctory AML Progra	am]	Risk Assessi	ment matrix atta	ched		
19. List the name(s) and address(es) of any depository institution where sub-licensee maintains accounts for the purposes of the money services transactions for its daily operations.								
Institution 1:								
Address:								
Account Number:				Contact Person:				
Telephone Number:				E-mail Address:				
20. List the name(s) a			_	ution where sub-li very of customer f		ains account	s for the purpo	oses of the
Institution 2:	alisactions it	or the transm	iissioii oi ueii	very or customer i	ulius.			
Address:								
Account Number:				Contact Person:				
Telephone Number:	E-mail Address:							
21. The MSBs AML co	ompliance pro	ogram is com	municated to	the sub-licensee.				
		•					Yes	No No
SECTION VIII:	DECL	ARATIOI	V					
This declaration must	be signed by	any two aut	horized signa	tories of the mone	y services bu	siness.	Authorized signa	itories Attached
I hereby certify that a	II the informa	tion provided	l and any othe	er document provid	ded in suppor	t of this sche	dule is true and	d correct to
the best of my knowle	edge and belie	-	-	•				
supplied with this scho	eaule.							
Authorized Name:					Signature:			
Authorized Title:					Date:			
CECTION IV	DOCLINA				A DT OF	TIUC NO	TICE	
SECTION IX:	DOCUM	ENTATION	JIN WHIC	LIT FURIVIS P	ARTUF	I HIS INC	TICE	
Documents Address Information		Notes Provide r	roof of the instit	ution's business address	c by submitting a	cortified conve	f a utility bill atc	Attached
	 Address Information Provide proof of the institution's business address by submitting a certified copy of a utility bill etc. Certificate of Incorporation/Registration Evidence of eligibility to conduct business as a legal entity is required. 							
3. A group Structure								
relationship existing between the correspondent institution and any other company. 4. Share Register A copy of the institution's share register must be provided.								
5. Certified copy of the original Agreement. A certified copy of the original contract and any other documents relating to the contractual								
arrangement between the licensee and the institution must be submitted. 6. Schedule L:Risk Assessment Matrix A copy of the Schedule L: Risk Assessment Matrix must be attached.								
7. Certificate of Good Standing A certified copy of the Certificate of Good Standing from the relevant authority.								
8. Authorised signatories	5	A certifie	d copy of a list o	f the names and signat	ures of all directo	ors who can sign	on behalf of the	
1		company	·.					

SECTION X:	ADMI	NISTRATION – FOR FSRC US	E ONLY		
Received by (employe	e's name):		Date:		
Authorization Granted		Yes	□ No		
Authorized Name:			Signature:		
Authorized Title:			Date:		