

APPLICATION FORM FOR MONEY SERVICE BUSINESS LICENCE

To: Director Financial Services Unit 5th Floor, Financial Centre Kennedy Avenue Commonwealth of Dominica

Part 1: Type of licence applied for

Please tick (x) where applicable

Class A licence: To carry on money transmission
Class B licence: To carry on issuance, sale and redemption of payment instrument
Class C licence: To carry on cheques cashing
Class D licence: To carry on currency exchange
Class E licence: To carry on pay day advances

Part 2: Applicant's particulars	
(a) Background	
Name of company	Telephone no.
Co. no.	Fax no.
Date and place of incorporation	Email address
Name of contact person	
Business address	
Business registered address (if address belongs to company secretary of the applicant, please state the name, telephone and fax number of secretary company)	Document to be enclosed: Please tick (x) if enclosed together with the form Certified true copy of Certificate of Incorporation Certified true copy of the Memorandum and Articles of Association
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Type of Applicant

(state whether it is an individual or company applying)

• For an Individual applicant, please provide a letter of recommendation from banker

- For a company applicant, please provide copies of audited financial statements for the last three (3) years, three (3) business references including one from a bank (not more than three (3) months old)
- For a foreign company, please provide Certificate of Good Standing from home regulators
- For a partnership, please provide Certified copy of partnership agreement or other instrument defining constitution
- For a franchise holder, please provide franchise contract and any other documents relating to the franchise

*All these are to be submitted in addition to other required documents

(b)	Proposed shareholders and shareholding structure If space provided is insufficient , please provide in a separate sheet				Document to be enclosed: Please tick (x) if enclosed together with the form Two Character references plus Police Record for each		
	Name (may be an individual or company)	NIS/passport/ social security number	Nationality		Amount of reholding (RM)	Percentage of shareholding	
1. 2.							
3.							
4.							
5.							
6.							
		Total					
(c)	Proposed Board of Directors key responsible person for company If space provided is insufficient, pleas	Document to be enclosed: Please tick (x) if enclosed together with the form Personal Questionnaire for each Two Character references plus Police Record for each					
	Name	NIS/passport/ social security number	Nationality		Designation/re lon-executive director Manager etc		
1.							
2.							
3.							
4.							
5.							
6.							

(d) Corporate structure

- Please furnish the corporate structure of applicant i.e. parent/sister company and explain in brief of business activities of each related companies in separate sheet of paper. (if applicable)
- Also a copy of the Organizational Chart

(e) Business plan

Please furnish business plan on separate sheet of paper. Business plan of applicant should contain, among others:

- 1. Proposed location of business (full address is not required);
- 2. Rational for application; identified economic needs which company intends to meet;
- 3. Feasibility studies on business model, potential customer, projected growth and income for the **next five years** including cash flow, **source of funds** for business operation; and
- 4. Proposed governance arrangements, internal controls and risk management framework to manage the business operations.
- 5. Establish Statutory Deposit- Interest bearing Trust Account created by Trust Deed for "Class A" and "Class B" license applicants

Please refer to Money Services Business Act No. 8 of 2010 and its amendments for further information (available at the Government Website)

Part 3: Personal Questionnaire Form to be completed by each director/shareholder/CEO/or key responsible person of the company applying for the money services business licence

*This can be obtained in the Money Services Business Act No. 8 of 2010; Schedule 2 Form B

Note:

Application fee of EC\$2, 500 is payable to the Accountant General. Please enclose receipt with application.

IMPORTANT:

THE FINANCIAL SERVICES UNIT MAY REQUEST FOR ADDITIONAL INFORMATION AS AND WHEN REQUIRED

	rt 4: Declaration o	on the information provide	d and consent for disclosure of inf	ormation
1.	and understands misleading or co	that if the applicant furn ntains material errors or o	n given in this document and the docu nishes any information required wh missions, the licence may not be g licence has been granted, it may be r	nich is false, inaccurate, granted by The Financial
2.	Business Act No.	8 of 2010 and its amendme	on Money Services Business pursua onts based on information provided wit al Services Unit in the course of the ap	th this application and any
3.	provided and sup application is bei	ply any other relevant infor ng considered by the Unit. ded in the performance of	n writing of any changes in the infor mation which may come to light in th The applicant acknowledges that th f its statutory functions or otherwise	ne period during which its ne Unit may disclose any
				(name of company) and
res		anagement of the company:	ously believing the same to be true, ac	,
	(b) and pursuant of 2008, Mor	t to the Money Services Bus	siness Act No.8 of 2010, the Financia Act No.8 of 2011 and all other enactn	I Services Unit Act No.18
	(Date)	(Signature)	(Name in capital letter)	(Designation)
	(Date)		(Name in capital letter)	(Designation)
	is declaration was			(Designation)
	is declaration was	made before me:		(Designation)
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