

# Registration of Non-Licensed Persons

## Proceeds of Crime Regulations (Supervision and Enforcement) Act 2008



BUSINESS INFORMATION:	
For definition of "Type of Business" see section 2 of the Proceeds of Crime Regulations (Supervision and Enforcement) Act 2008	
Legal Name	
Type of Business	
Description of Business (If you have outsourced your AML/ATF functions please provide details)	

### COMPANY INFORMATION

PHYSICAL ADDRESS:	
Address 1	
Address 2	
Parish	
Post Code	

MAILING ADDRESS:	
Address 1	
Address 2	
City/Parish	
State/Province	
Country	
Post/Zip Code	

GENERAL CONTACT INFORMATION:	
Telephone	
Fax	
Email	
Website (if applicable)	

### RESPONSIBILITIES

REPORTING OFFICER:	
<i>Person nominated to receive internal suspicious activity reports</i>	
Name	
Telephone	
Fax	
Email	
Position (if applicable)	

COMPLIANCE OFFICER:	
<i>Person responsible for oversight of the AML/ATF regulated financial institution's compliance with AML/ATF regulations</i>	
Name	
Telephone	
Fax	
Email	
Position (if applicable)	

PERSON COMPLETING THIS APPLICATION	
Name	
Telephone	
Fax	
Email	
Position	
Sign & Date	

Print and complete this form. Attach the \$100 application fee (cheques payable to the BMA) and forward to -  
 Bermuda Monetary Authority, BMA House, 43 Victoria Street, Hamilton HM 12  
 Please mark for the attention of the AML Compliance Unit