

APPENDIX I

**MONEY SERVICE BUSINESS ACT 2016
APPLICATION FOR A
MONEY SERVICE BUSINESS LICENCE**

GUIDANCE NOTES

1. This form should be completed by a senior executive or other person responsible for the conduct of the business and having legal capacity to sign on behalf of the money service business applying for licensing (the “Applicant”).
2. Before completing this form, Applicants should refer to the Money Service Business Act 2016 (the “Act”), the Statement of Principles, Guidance Notes, Code of Practice, and relevant papers issued by the Authority.
3. This form must be submitted typed or written in **BLOCK CAPITALS** in ink.
4. The signatory should, on completion of the form, initial each page of the application and any supplementary sheets and sign the declaration on the last page.
5. Completed applications with relevant supporting material and fee should be sent to:-

Banking, Trust, Corporate Services and Investment Department
The Bermuda Monetary Authority
BMA House
43 Victoria Street
Hamilton HM 12
Bermuda

If you require further assistance or have any queries in connection with this application please contact the Money Service Business Team at 295-5278. Additional information may also be found on our website at <http://www.bma.bm>

6. If the information accompanying an application is incomplete it will delay the application process. Please ensure all correct documents are attached when submitting an application. The Authority reserves the right to request additional information in support of any application.

I. DOCUMENTATION TO ACCOMPANY THE APPLICATION

The application must be accompanied by the following items (as applicable):	Document Attached?
<p>a. Formation documents: A certified copy of the Applicant’s Memorandum of Association, Bye-laws and Certificate of Incorporation.</p> <p>Partnerships should submit a certified copy of the Partnership Agreement.</p>	<input type="checkbox"/>
<p>b. Client Agreements: Copies of any standard client agreements, and standard fee agreements that the Applicant uses/intends to use. An assessment will be made of the content and context within which all these documents will be used.</p>	<input type="checkbox"/>
<p>c. Questionnaires: Questionnaire for Shareholder Controllers (Appendix II) completed by all shareholder controllers of the company, together with Questionnaire for Senior Executives, Controllers and Directors (Appendix III) completed by all individual controllers and officers of the Applicant.</p>	<input type="checkbox"/>
<p>d. Business Plan: A statement setting out the nature and scale of the money service business which is to be carried out or is being carried out by the Applicant, and particulars of the arrangement(s) proposed for the management of that business. (See Appendix IV for Business Plan requirements).</p>	<input type="checkbox"/>
<p>e. Group Structure: Applicants forming part of wider groups must provide an up-to-date chart giving full details of the group structure.</p>	<input type="checkbox"/>
<p>f. Fees: A payment representing the appropriate application fee (refer to the “Fees & Penalties” section of the Authority’s website: www.bma.bm).</p>	<input type="checkbox"/>
<p>g. Policies and Procedures: The Applicant should submit policies and procedures which, at a minimum, should include:</p> <ul style="list-style-type: none"> i. Regulatory Compliance; ii. Corporate Governance; iii. Anti-Money Laundering/Anti- Terrorist Financing; iv. International Sanctions Compliance; v. Disaster Recovery and Business Continuity Plan; vi. Internal Systems and Controls for day-to-day operations; and vii. Risk Management. 	<input type="checkbox"/>
<p>h. Financial Statements: Most recent financial statements including evidence that the minimum net asset requirement is met.</p>	<input type="checkbox"/>

i. Insurance: The Applicant should submit evidence of insurance coverage as described in Statement of Principles s.33.	<input type="checkbox"/>
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II. DETAILS OF APPLICANT (complete as appropriate)

a. Name of Applicant			
b. Date and place of formation of the Applicant			
c. Year in which Applicant commenced money service business activities (if applicable)			
d. Financial year-end of the Applicant			
e. Contact Name	f. Email Address		
g. Fax Number	h. Telephone Number		
i. Address of Registered Office	j. Address of Principal Place of Business in Bermuda		
k. If there is any other foreign regulatory body with responsibility for the Applicant, or subsidiaries of the Applicant, please provide the particulars below:			
Entity Name	Jurisdiction	Type of Licence & Date of Issue	Regulator Name

1. Scope of money service business proposed (as defined in section 2(2) of the Act):(tick as appropriate)			
• Money transmission services;			<input type="checkbox"/>
• Cashing cheques which are made payable to customers and guaranteeing cheques for cash;			<input type="checkbox"/>
• Issuing, selling or redeeming drafts, money orders or traveller's cheques for cash;			<input type="checkbox"/>
• Payment services business;			<input type="checkbox"/>
• Operating a bureau de change whereby cash in one currency is exchanged for cash in another currency.			<input type="checkbox"/>

III. OPERATIONS OF THE APPLICANT

<p>a. List all Directors within the meaning of section 3 of the Act. Non-executive Directors (if any) are to be identified by an asterisk.</p>
<p>b. List all Controllers within the meaning of section 3 of the Act. Controllers are to indicate whether they are individual or corporate. The number and type of shares held should be indicated.</p>
<p>c. The names and positions in the undertaking of the person(s) who effectively direct(s) the</p>

business for the purposes of paragraph 4 (2)(a) of Schedule 1 of the Act.

d. Please identify the Money Laundering Reporting Officer. Additionally, if the Applicant has an identified Compliance Officer or consultant responsible for regulatory compliance please list.

IV. INSURANCE COVER

a. Indicate below what types of insurance cover the Applicant maintains:

Type of Insurance (e.g. Directors and Officers Liability)	Limit	Deductible

b. Has any application for insurance by the Applicant or any predecessors in business ever been refused? If yes, please explain.

<p>c. Insurer Detail - Name(s) and address(es) of Insurer(s):</p>

V. PRIOR ISSUES

If the answer to any of the questions below is yes, please give full particulars in the space provided.

	Yes/No
<p>a. Has the Applicant ever applied for and been refused a licence or an equivalent authorisation or registration to conduct corporate service provider, banking, investment, insurance, money service or trust business in Bermuda or elsewhere?</p>	
<p>b. Has the Applicant failed to satisfy a judgement debt under a court order in Bermuda or elsewhere within a year of the making of the order?</p>	

	Yes/No
<p>c. Has the Applicant made any compromise or arrangement with its creditors or otherwise failed to satisfy creditors in full?</p>	
<p>d. Has the Applicant ever had a receiver appointed over any of its property in Bermuda, or has the substantial equivalent of any such person been appointed in any other jurisdiction?</p>	
<p>e. Has the Applicant ever had a petition for an administration order or the substantial equivalent of such a petition served on it in any jurisdiction?</p>	
<p>f. Has the Applicant ever had a notice of resolution for liquidation in Bermuda,</p>	

	Yes/No
or had the substantial equivalent of such a notice given in any other jurisdiction?	
g. Has an inspector or other authorised officer of any government department or agency, professional association or other regulatory body appointed under any Bermuda law (e.g. the Companies Act 1981) or equivalent overseas enactment, ever investigated the affairs of the Applicant or any related company?	
h. Has the Applicant or any related company been required to produce books or records within Bermuda or elsewhere subject to a court order at the instigation of any supervisory or regulatory authority?	
i. Has the Applicant or any related company or partnership ever been censured, prosecuted, or warned as to future conduct, disciplined or publicly criticised by, or made the subject of a court order at the instigation of any supervisory or regulatory authority?	
j. Has the Applicant or any related company or partnership ever been refused entry in Bermuda or elsewhere to any professional body or trade association concerned with banking, trust, investments or other financial services?	

	Yes/No
k. Is the Applicant or any related entity engaged or does it expect to be engaged in Bermuda or elsewhere in any litigation which may have a material effect on the resources of the Applicant?	

DECLARATION

This declaration must be completed by the Applicant in block capitals or typed.

I, (full name and address)

confirm that I have read and understand the provisions of the Money Service Business Act 2016 (the “Act”) and I declare that the business in respect of which this application is made will be conducted in accordance with the provisions of the Act and Code of Practice and any relevant Regulations issued by the Authority.

I declare that the particulars supplied in the application are true to the best of my knowledge and belief.

Signature on behalf of the Applicant

Position

Date

WARNING: Pursuant to section 62 of the Money Service Business Act 2016: Any person who, for any purposes of this Act - issues a document, or supplies information, which is false or misleading in a material respect; or signs a document which is false or misleading in a material respect; or takes part in the preparation or issue of a document, or the supplying of information, which is false in a material respect, commits an offence. A person who commits an offence under subsection (1) is liable - on summary conviction to a fine of \$25,000 or to imprisonment for two years or to both such fine and imprisonment; on conviction on indictment to a fine of \$50,000 or to imprisonment for four years or to both such fine and imprisonment.