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**Application for Renewal of Money Services Business Licence**

**PART 1: To be completed by all Money Services Businesses (MSBs)**

1. Name of Money Services Business:

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Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Local Money Services Business Address (Physical Address):

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3. Type of MSB licence: (Please tick all applicable boxes)

- Class A
- Class B
- Class C
- Class D
- Class E

4. Date of Incorporation/Registration:

Company Number



5. Particulars of Shareholders (Entity):

<u>Name</u>	<u>No. of Shares</u>
1.	
2.	
3.	
4.	

6. List all the Directors and Senior Officers of the MSB.

Name	Position(s) Held (e.g. Director, Manager or equivalent position)

7. Most Recent Audited Financial Statements submitted: .....

8. Amount of Capital as at the most recent financial year end: .....

9. Please indicate the accounting standard(s) used: .....

10. Please attach certified copies of certificates for AML/CFT training attended or obtained by the licence holder and/or each shareholder of the licensed Money Services Business.

11. Please provide the name of your designated Compliance Officer.

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12. Kindly provide date of approval of Compliance Officer by the FSRC.....



**PART 2: Declaration**

I, ..... , (Name) do hereby declare, on behalf of  
.....(Name of licensed Money Services Business),  
that the information provided in this document is true and accurate and that all supporting  
documents submitted for the purpose of the renewal have been verified as authentic.\*

Signed by: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Please be advised, that in accordance with Section 8 of the Perjury Act, it is an offence punishable by a maximum fine of thirty thousand dollars or at least five years imprisonment for a person to knowingly make either*

- (a) a false voluntary declaration; or*
- (b) a false statement when any act requires information to be provided."*

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
Application Processed by:	_____
Renewal Approved: Yes	<input type="checkbox"/> No <input type="checkbox"/>
Receipt #:	_____