

FIT AND PROPER QUESTIONNAIRE FOR COMPLIANCE OFFICERS

Pursuant to Regulation 26 of the Anti-Money Laundering and Terrorist Financing Regulations 2014, a service provider, with the exception of a sole trader, shall appoint an individual approved by the FIU as its AML/CFT Compliance Officer. In selecting a Compliance Officer, the service provider must ensure that:

- The proposed Compliance Officer has sufficient seniority in the organization/business; and
- The individual has timely and unfettered access to all records that are necessary for the purpose of performing his or her functions as AML/CFT Compliance Officer.

2. Certificate of Registration#:

In the case of a sole trader, he or she is the Compliance Officer in respect of the NRSP but is still required to complete this form.

PART I – GENERAL INFORMATION

1. Name of Legal Entity/Individual:

3. Nature of Business: Rea	usiness: Real Estate Agent () Accountant/Auditor()		Attorney/ Notary() weller() Casino()		
PART II – PERSONAL D	ETAILS OF DESIGNATE	D OFFICER			
1.First Name:	2. Middle Name		3. Surname:		
4. Country of birth:	5. ID#, PP#, DI	5. ID#, PP#, DL# [List any two (2) and attach copies]			
6. Citizenship:	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
7. Date of birth:	8. Email addres	8. Email address:			
9. Residential Address:	10. Mailing Add	10. Mailing Address (If different from Residential Address):			
11.Telephone #: Work: Home: Mobile:	state any profes	12. Level of education: Secondary, Tertiary, Postgraduate etc. Kindly state any professional qualifications/ memberships: e.g. CAMS. (Attack copy of qualifications)			
13. Have you ever had a cha	inge of name? (If yes, please	give details and a	ttach relevant deed poll etc.):		
14. Position held within the	entity (Attach job description	n or organizationa	l chart):		



PART III FIT AND PROPER REQUIREMENTS (*answer all questions*) [Where the response is yes, you **MUST** give particulars on a separate page]

a. Have you ever been charged in St. Vincent and the Grenadines or elsewhere for any criminal offence, regulatory offence or criminal misconduct?	Yes []	No []
b. Have you ever been convicted in St. Vincent and the Grenadines, or elsewhere, for any offence?	Yes []	No []
c. Have you ever been a principal officer of an entity that was, during your period of association, charged or convicted of an offence or sanctioned by a Regulatory Body or Supervisor?	Yes []	No []
d. Have you at any time, in St. Vincent and the Grenadines or anywhere else been declared bankrupt or are you the subject of any bankruptcy proceedings?	Yes []	No []
e. Have you at any time failed to satisfy a judgment debt under a Court Order made in St. Vincent and the Grenadines or anywhere else?	Yes []	No []
f. Have you ever been disqualified or restricted in St. Vincent and the Grenadines or elsewhere by a court from acting as a director of a company?	Yes []	No []
g. Have you ever been refused entry to any profession?	Yes []	No []
h. Have you ever been dismissed or compelled to resign from any office or employment?	Yes []	No []
i. Have you ever received any AML/CFT or compliance training?	Yes []	No []

PART IV DECLARATION

I declare that to the best of my knowledge and belief that all of the information I have given in this application is correct. I am aware that under regulation 12 of the <u>Anti-Money Laundering and Terrorist Financing (Non-Regulated Service Providers)</u> Regulations 2022, it is an offence to:

- a) provide any information, make any representation or submit any document that I know, suspect or have reasonable ground to suspect to be false or materially misleading or do not believe to be true; or
- b) recklessly provide any information, make any representation or submit any document or return that is false or materially misleading.

I am aware that a non-regulated service provider who commits this offence is liable –

- (a) on summary conviction to a fine of \$50,000 or to imprisonment for two years or to both; or
- (b) on conviction on indictment to a fine of \$100,000 or to imprisonment for two years or to both.

Signature:	Position:	Print name:			-		
Date: day of20	Date:day of	Signature: _					
		Position:					
	FOR OFFICIAL USE ONLY	Date:	day of	20			
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