

**Criminal Justice (Money Laundering and Terrorist Financing)
Act 2010 as amended by the Criminal Justice Act 2013**

TRUST OR COMPANY SERVICE PROVIDER

APPLICATION FOR A NEW AUTHORISATION

OR

FOR THE RENEWAL OF AN AUTHORISATION

PARTNERSHIP



AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS
DEPARTMENT OF JUSTICE AND EQUALITY

Anti-Money Laundering Compliance Unit

INTRODUCTION

If you wish to carry on business as a Trust or Company Service Provider (TCSP) and are not a credit or financial institution then under Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 you are required to make an application for Authorisation to the Minister for Justice and Equality. There may be exceptions to this if you are an Accountant, a Solicitor or a Barrister – check out the website www.antimoneylaundering.gov.ie.

TRUST or COMPANY SERVICE PROVIDER

A Trust or Company Service Provider (TCSP) means any person whose business it is to provide any of the following services:

- a. Forming companies or other bodies corporate;
- b. Acting as a Director or Secretary of a company under an arrangement with a person other than the company;
- c. Arranging for another person to act as a Director or Secretary of a company;
- d. Acting or arranging for a person to act as a partner of a partnership;
- e. Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership;
- f. Acting or arranging for another person to act as a trustee of a trust;
- g. Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market.

PROHIBITION ON CARRYING ON TCSP ACTIVITIES WITHOUT AUTHORISATION

A business is prohibited from carrying on the activities of a TCSP without Authorisation under Section 87(1) of the 2010 Act. Please note that it is an offence to carry out TCSP activities without an Authorisation where you could be liable:

- On summary conviction, to a fine not exceeding €5,000, or imprisonment for a term not exceeding 12 months (or both), or
- On conviction on indictment, to a fine or imprisonment not exceeding 5 years (or both).

SECTION 1-APPLICANT DETAILS

PLEASE WRITE CLEARLY AS APPLICATIONS WHICH CANNOT BE READ WILL BE RETURNED.

(Please circle options as appropriate)

1. Full Legal Name and Address: _____

2. Trading Name (if applicable): (as registered with the CRO)

3. Business Address and Eircode:

4. Contact Details:

Phone Number: _____

Email Address: _____

Web Address: _____

5. Registered Office Address: *(if different from Business Address above)*

6. Do you have branch offices? YES NO

If YES, provide address details below:

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7. Provide the details for each partner and beneficial owner¹

Partners who are natural persons		
Full name	Position/Role	% Shares held

(Each of the above persons must complete a 'fit and proper' application)

Partners of the partnership who are entities	
Name of entity	% Shares held

8. Please identify any other persons who are in a position to exercise a significant influence over the partnership

(Each of the following persons must complete a 'fit and proper' application form)

SURNAME	FIRST NAME	ROLE/POSITION IN COMPANY

¹ Section 27 - In this Part, "beneficial owner", in relation to a partnership, means any individual who—
 (a) ultimately is entitled to or controls, whether the entitlement or control is direct or indirect, more than a 25 per cent share of the capital or profits of the partnership or more than 25 per cent of the voting rights in the partnership, or
 (b) otherwise exercises control over the management of the partnership.

9. Does any partner own a shareholding of 25% or more in any other company? YES NO
If YES, please provide:

(i) Name of Company/Companies:

Name of partner holding shares: _____

% of total company shares held: _____

Date shares acquired: _____

Principal activities of the company/companies: _____

(ii) Name of Company/Companies:

Name of partner holding shares: _____

% of total company shares held: _____

Date shares acquired: _____

Principal activities of the company/companies: _____

10. Have any of the partners any association with any other entity that is Authorised or has applied for Authorisation to carry on business as a TCSP e.g. partnership, controlling interest, etc. YES NO
If YES, please provide:

Name and Address of this entity: _____

Nature of your association with this entity: _____

Principal activities of this entity: _____

11. Have you any association with any other entity that is Authorised, licensed for any activity or registered by the Central Bank of Ireland?

If YES, please provide below

YES

NO

Name and Address of this entity: _____

Nature of your association with this entity: _____

Principal activities of this entity: _____

12. Have you applied for Authorisation or been authorised to carry on business as a TCSP in another EU Member State or elsewhere?

YES

NO

If YES, has that Authorisation been refused, revoked or terminated?

YES

NO

If you have answered YES above please provide full details below of the Authorisation(s) including a copy of same.

SECTION 2 – TYPE OF TCSP BUSINESS PROPOSED

- 1. Please indicate the TCSP activities for which you are seeking Authorisation:**
(Please circle letters A to G as appropriate)
 - A. Forming companies or other bodies corporate
 - B. Acting as a Director or Secretary under an arrangement with a person other than the company
 - C. Arranging for another person to act as a Director or Secretary of a company
 - D. Acting or arranging for a person to act as a partner of a partnership
 - E. Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership
 - F. Acting or arranging for another person to act as a trustee of a trust
 - G. Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market

- 2. Where do you currently offer TCSP activities or where do you intend to offer such activities?**
(Please circle A to D as appropriate)
 - A. Ireland
 - B. United Kingdom
 - C. Other EU countries
 - D. Outside the EU

If outside the EU please provide details: _____

3. Company Formations

How many companies do you expect to form annually?
(Please circle as appropriate):

Up to 25 26-100 101-500 Over 500

4. Company Director/Secretary/Partner Services

How many of these positions do you currently hold?
(Please circle as appropriate):

Up to 25 26-100 101-500 Over 500

How many additional positions do you intend to hold?
(Please circle as appropriate):

Up to 25 26-100 101-500 Over 500

5. Nature of service offered or intended to offer

(Please circle as appropriate):

- I** Mailbox
- II** Registered Office
- III** Business Address
- IV** Correspondence/administrative address and other related services for a company
- V** A partnership or any other legal person or arrangement
- VI** Other services *(please specify below or on a separate sheet):*

6. Acting or arranging for another person to act as a trustee of a trust

How many Trustee positions do you currently hold?

(Please circle as appropriate)

Up to 25 26-100 101-500 Over 500

How many additional Trustees positions do you intend to hold?

(Please circle as appropriate):

Up to 25 26-100 101-500 Over 500

7. Acting or arranging for another person to act, as a nominee shareholder for a person other than a company whose securities are listed on a regulated market

How many Nominee Shareholder positions do you currently hold?

(Please circle as appropriate)

Up to 25 26-100 101-500 Over 500

How many additional Nominee Shareholder positions do you intend to hold?

(Please circle as appropriate):

Up to 25 26-100 101-500 Over 500

SECTION 3 – Staff Profile, Administrative and Regulatory Arrangements

1. Staff Profile

Total number of Employees: _____

Number of persons who will be involved in providing TCSP services including Directors, Principals and Employees: _____

2. Details of Principal Officers² or persons who are in a position to exercise a significant influence over the management/control of the partnership

(Each of the following persons must complete a 'fit and proper' application form)

SURNAME	FIRST NAME	ROLE/POSITION IN COMPANY

3. Directors, Principals and Employees of the applicant body who are member(s) of a designated accountancy body, the Law Society or the Bar Council

NAME	NAME OF DESIGNATED ACCOUNTANCY BODY OR OTHER BODY	ROLE/POSITION IN COMPANY

² 'Principal Officer' means

(a) In relation to a body corporate, any person who is a Director, Manager, Secretary or other similar officer of the body corporate or any person purporting to act in such a capacity, or

(b) In relation to a partnership –

a. Any person who is a partner in, or a manager or other similar officer of, the partnership or any person purporting to act in such a capacity, and

b. In a case where a partner of the partnership is a body corporate, any person who is a Director, Manager, Secretary or other similar officer of such a partner or any person purporting to act in such a capacity.

4. COMPLIANCE and ADMINISTRATIVE ARRANGEMENTS

1. Explain briefly how the applicant entity's anti-money laundering compliance obligations will be met and operated.

2. The name and contact details of the Money Laundering Compliance Officer.

3. Description of the staff training which will be put in place further to the obligations imposed by the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010.

4. An outline of recruitment procedures followed by the applicant and details of the measures taken to establish the fitness and probity of potential employees.

5. REGULATORY ISSUES

(For each question please circle as appropriate and provide additional information in the box provided)

1. Is the applicant entity authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? **YES NO**

2. Has the applicant entity ever applied to be authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? **YES NO**

3. Is the applicant entity supervised by, or a member of, Any Professional or Regulatory body in the State that is designated under the 2010 Act? **YES NO**

4. Has an applicant ever had an application for membership of any Professional or Regulatory body in the State refused? **YES NO**

5. Is the applicant entity supervised by a Professional or Regulatory body in another jurisdiction? **YES NO**

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6. To the applicant's knowledge and belief have any of the listed Principal Officers ever been convicted of the offences of money laundering, terrorist financing or an offence invoking fraud, dishonesty or breach of trust in the State or elsewhere? **YES NO**

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7. To the applicant's knowledge and belief do any of the following apply to any of the Principal Officers? If Yes please provide details below.

- | | | |
|---|------------|-----------|
| (a) Has suspended payments due to the person's Creditors | YES | NO |
| (b) Is unable to meet other obligations to the person's creditors | YES | NO |
| (c) Is an individual who is an undischarged Bankrupt | YES | NO |

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8. The Minister must be satisfied that where the proposed holder of the authorisation is a body corporate, the body corporate is not being wound up. Please confirm that no such proceedings are currently being undertaken or considered

I declare that the applicant for authorisation, being a body corporate, is not being wound up nor are any such proceedings currently under consideration. If this is not the case please provide details in the box provided below.

Signed on behalf of the body corporate:

Signed: _____

Print name: _____

Position: _____

Date: _____

(Details of company being wound up or such proceedings currently under consideration)

SECTION 4 – DECLARATION (To be completed by all Applicants)

NOTE:

- 1. An application shall not be complete unless an original signed declaration is submitted to the Anti-Money Laundering Compliance Unit.**
- 2. The Declaration must be signed by at least two partners.**

We hereby make an application to the Minister for Justice and Equality for authorisation in accordance with Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended by the Criminal Justice Act 2013 on the basis of information supplied with this application and any additional information supplied to the Anti-Money Laundering Compliance Unit (AMLCU) in the course of the application.

The full legal name of the Entity applying for the Authorisation is:

We are aware of the requirements that the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended by the Criminal Justice Act 2013 places upon us as ‘designated persons’ and undertake to comply with the obligations imposed on the TCSP under the Act.

I am aware that Section 77 of the Act confers rights on an Authorised Officer to conduct an inspection of the business for the purpose of assessing that it is compliant with the 2010 and 2013 Acts. I am further aware that in that context I may be required to provide the Authorised Officer with records/ access to documents which demonstrate that customer due diligence was carried out.

We acknowledge that the AMLCU may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law.

We declare that we have truthfully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of this application.

We hereby give consent to the Minister for Justice and Equality to access data including personal data (within the meaning of the Data Protection Acts 1988 and 2003) held by other persons or bodies and that is required to assist the Minister in determining for the purposes of Section 89 (including as applied by

CHECKLIST FOR PARTNERSHIP APPLICATION

To obtain Authorisation you must complete and submit the following:

- a. An application form
- b. A 'Fit and Proper' form for each beneficial owner and each principal accompanied by a copy of photographic identification in the form of a passport or driving licence and proof of address in the form of a utility bill/bank statement/government document
- c. A completed 'Garda Vetting' form for persons resident on the island of Ireland
- d. A Police Certificate for persons resident abroad
- e. Copy of partnership agreement
- f. Copy of Authorisation from other jurisdictions (if applicable)
- g. Registration of Trading Name
- h. Money Laundering Policies and Procedures
- i. A cheque for €130 made payable to the Department of Justice & Equality

Should you wish to renew an existing Authorisation please note that you are required to submit all of the above with the exception of (e) (f) and (g). However if these documents have changed since the last application they must also be submitted.

Completed application forms should be returned to:

**Anti-Money Laundering Compliance Unit
Department of Justice and Equality
94 St. Stephen's Green
DUBLIN 2**

Web: www.antimoneylaundering.gov.ie

Email: antimoneylaundering@justice.ie