



Jersey Financial Services Commission

For official use only

Company registration number

Grid for company registration number

Reference number

Grid for reference number

Amount received

Grid for amount received with £ symbol and decimal points



Level 2

Application to carry on a specified Schedule 2 Business pursuant to Article 15 of the Proceeds of Crime (Supervisory Bodies) (Jersey) Law 2008

How to fill in this form

- Before you complete this form, please read the information on the Commission's website, www.jerseyfsc.org.
• If you fill in this form by hand, please write clearly in black ink and use capital letters.
• If you need general advice, telephone the Jersey Financial Services Commission on 01534 822000.
• If there is not enough space for you to give a reply to any of the questions, please give additional information on a separate sheet.
• You can download any forms you need from the Commission's website.
• When you have filled in and signed this form, please send it to: Central Authorisations, Jersey Financial Services Commission, P.O. Box 267, 14-18 Castle Street, St Helier, Jersey, JE4 8TP.

Name of applicant

Text box for name of applicant

Section A - Principal contact and position

Applicant

A.1 Surname

Text box for surname

A.2 First name(s) Do not use initials

Text box for first name(s)

A.3 Position held

Text box for position held

A.4 Contact telephone numbers and e-mail address

Text box for contact information

Data Protection (Jersey) Law 2018 ("Data Protection Law")

Personal data provided in this form will be used by the Commission to discharge its statutory functions under the Proceeds of Crime (Supervisory Bodies) (Jersey) Law 2008, and it may be disclosed to third parties for those purposes.

The Commission may seek to verify the information in this form including answers relating to fitness and propriety.

Section B - Business contact details

B.1 Is the business a Jersey registered business, if so please give registration number

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B.2 Business name and trading name if different

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B.3 Business address, that is, the principal place where most of the day-to-day running of the business is carried out and any other address from which you intend to carry on that business

Postcode

B.4 Business telephone number

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B.5 Business mobile telephone number

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B.6 Business e-mail address

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B.7 Business website address

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B.8 Address for correspondence *if different from question B.3*

Postcode

B.9 Registered office address

Postcode

B.10 Any other addresses pertaining to the business

Postcode

C.1 Surname

C.2 First name(s) Do not use initials

C.3 Date and place of birth

C.4 Contact telephone number

C.5 Email address

C.6 Contact address if different from question B.3

Postcode

C.1 Surname

C.2 First name(s) Do not use initials

C.3 Date and place of birth

C.4 Contact telephone number

C.5 Email address

C.6 Contact address if different from question B.3

Postcode

C.1 Surname

C.2 First name(s) *Do not use initials*

C.3 Date and place of birth

C.4 Contact telephone number

C.5 Email address

C.6 Contact address *if different from question B.3*

Postcode

C.1 Surname

C.2 First name(s) *Do not use initials*

C.3 Date and place of birth

C.4 Contact telephone number

C.5 Email address

C.6 Contact address *if different from question B.3*

Postcode

If additional space is needed, please use the pages supplied at the end of this document.

Section D - About the Business

D.1 What type of businesses are you registering? Please tick all that apply

Lawyer Accountant Estate Agent High Value Dealer

Other Type of Schedule 2 business please indicate

D.2 Please describe the exact nature of your business, your principal activities and which Schedule 2 category it falls into

D.3 Please state the number of employees whose activities are directly related to the Schedule 2 business

D.4 Does the business have offices outside Jersey? Please stipulate each office

D.5 Is the Applicant connected to a higher risk jurisdiction?¹ Yes No

If yes, please enter details below to include (if applicable) whether the Applicant intends to provide services to customers who are themselves connected with a higher risk jurisdiction or for whom structures are established which will engage in activities with such jurisdictions).

D.6 Please provide a draft copy of the Applicant’s Business Risk Assessment (“BRA”) as per the requirement in the AML/CFT Handbook.²

D.7 Please provide confirmation that the Applicant has draft AML/CFT policies and procedures to ensure compliance with applicable statutory and regulatory obligations.

¹ In assessing which jurisdictions may present a “higher risk”, the Commission will have regard to Appendix D of the Handbook for Prevention and Detection of Money Laundering and the Financing of Terrorism (the “AML/CFT Handbook”) together with objective data published by such sources as are listed on the Commission’s website.

² The BRA should evidence that the Applicant has considered the AML/CFT risks to which it may be exposed to once its business activities commence and how these will be addressed.

For questions D.8 and D.9 only answer those that are relevant to the business you are registering.

D.8 Estate Agents only *tick the following areas that apply to your business*

What is the predominant nature of your business?

Commercial Residential 1.1K / High Net Worth Overseas Property

D.9 High Value Dealers only

How many individual cash payments for goods over €15,000 do you expect to receive each year?

1 - 3 4 - 6 7 - 10 11+

What type of goods do you deal in? *Please tick all that apply*

Alcohol or tobacco Motor vehicles / boats Antiques/art/jewellery/precious metals

Mobile phones/electronics Wholesale/cash & carry

Other, please specify

Section E - Declaration

This section must be completed by:

- the sole proprietor of the business;
- a partner;
- a director or the company secretary; or
- an authorised signatory of a corporate body.

Caution. It is a criminal offence to make a false or misleading statement in order to register.

If you have made a false or misleading statement on this form, you could be prosecuted.

I declare that:

- To the best of my knowledge and belief all the information I have given in this application is correct;
- I understand that non-compliance with the Anti-Money Laundering and Countering the Financing of Terrorism legislation may be met with criminal prosecution;
- I have read and understand the caution above; and
- I understand that it is a requirement under Articles 13(5) and 34(1) and 34(2) of the Proceeds of Crime (Supervisory Bodies) (Jersey) Law 2008 that the Commission be kept up to date with changes to the information supplied in this application form.

Surname

First name(s) *Do not use initials*

Signature

Date (DD MM YYYY, for example 21/10/2008)

Your position in the company

I enclose a fee for registration of

£													.	0	0
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A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional information related to Section C.