



Jersey Financial
Services Commission



For official use only

Company registration number

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Reference number

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Notification Form For specified Schedule 2 Business under Article 11(6) of the Proceeds of Crime (Supervisory Bodies) (Jersey) Law 2008 (the "Law")

How to fill in this form

- This form should be completed by a regulated business for which a person must be any of the following:
 - *registered under the Banking Business (Jersey) Law 1991;*
 - *hold a permit under the Collective Investment Funds (Jersey) Law 1988;*
 - *registered under the Financial Services (Jersey) Law 1998; or*
 - *authorised by a permit under the Insurance Business (Jersey) Law 1996; and intends to carry on a specified Schedule 2 business.*
- In this form references to the "Notifier" are to the company, partnership or individual notifying the Commission under Article 11 of the Law. It is not to be read as a reference to the directors, related businesses or any Principle Person.
- Notifiers must submit the completed Notification Form in "paper" format, together with any supporting documents to:
**Central Authorisations
Jersey Financial Services Commission,
P.O. Box 267,
14-18 Castle Street, St. Helier,
Jersey, Channel Islands.
JE4 8TP**
- All questions where appropriate should be answered with answers either typed or printed in black ink in block capitals.
- This application form should be completed on the basis of information that is known by the Notifier. Where information is not available, or matters are unknown, the Notifier should say so.
- All signatures must be original.

The Commission reserves the right to make such requests for additional information as it thinks fit under its general powers.

If you would like to discuss the completion of this form prior to submitting to the Commission please do not hesitate to contact the **Central Authorisations on Telephone 822000.**

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. Further information may be found in the Commission's Privacy Notice, copies of which are available on request from the Commission and which may also be found on www.jerseyfsc.org.

Name of business

Name of principal contact and their position

Correspondence Address

Postcode

Telephone number

Facsimile number

E-mail address

Additional copies of this notification form are available from the Commission's website at www.jerseyfsc.org

Section A - General Information

A.1 Name of Notifier (refer to front page of this Notification Form)

A.2 Nature of Notifier (please tick)

Company Partnership Sole Trader Other (please specify)

A.3 Registration details

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

Place / Country of registration

Registered Number or equivalent

A.4 Description of specified Schedule 2 Business

A.5 Address of Registered Office

	Postcode
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Telephone number

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Facsimile number

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E-mail address

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A.6 Principle place of business in Jersey

	Postcode
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Telephone number

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Facsimile number

--

E-mail address

--

A.7 Other place(s) of business

	Postcode
--	-----------------

Telephone number

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Facsimile number

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E-mail address

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Section B - Declaration

B.1 Name of notifier

hereby gives notice to the Commission of specified Schedule 2 Business activities.

B.2 Please select the following options that apply. We confirm that we are registered under the:

- Collective Investment Funds (Jersey) Law 1988
- Banking Business (Jersey) Law 1991
- Insurance Business (Jersey) Law 1996
- Financial Services (Jersey) Law 1998
- Fund Services Business
 - General Insurance Mediation Business
 - Investment Business
 - Money Service Business
 - Trust Company Business

We confirm that the information in this application is accurate and complete to the best of my knowledge and belief. We understand that the Commission may make such enquiries and to seek such further information as it thinks appropriate to verify the information given on this form.

Signed for and on behalf of the Notifier by:

Name	Name
<input type="text"/>	<input type="text"/>
Position held	Position held
<input type="text"/>	<input type="text"/>
Date (DD MM YYYY, for example 21/10/2008)	Date (DD MM YYYY, for example 21/10/2008)
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>