



Banks and Trust Companies Act, 1990
Company Management Act, 1990

**APPLICATION TO ACT AS A REGISTERED AGENT
FOR MICRO BUSINESS COMPANIES (CURRENT RAs)**

APPLICATION DETAILS

1. Name of Licensee:

2. Licence No:

The Licensee hereby requests the Commission's approval to provide Registered Agent services to entities registered pursuant to the Micro Business Companies Act, 2017, in addition to the services it is currently licensed to provide.

3. The Appendices outlined below are included and form part of the application for consideration by the Commission:

- A revised Compliance Manual or compliance procedures (amended sections should be identified)
- A revised business plan including specifics on:
- i. Information Technology (IT) systems to be used;
 - ii. the process for conducting customer due diligence (CDD) and customer risk assessments;
 - iii. the manner in which CDD information will be collected and held;
 - iv. an itemised list of the Registered Agent fees to be charged for MBC administration; and
 - v. the website where fees to be charged to MBCs will be published.

4. Declarations:

i. We confirm that the IT systems, data security measures and arrangements for business continuity and recovery are fully compliant with all applicable financial services and anti-money laundering legislative requirements. Details of these arrangements will be shared with the Commission upon request.

ii. We declare that the information provided with this application is true and accurate. We understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent application which may be submitted on behalf of the Licensee, and may further cause the Commission to take enforcement action.

Name (Print)

Last Name:

First Name:

Signature:

Date:

dd/mm/yy

Contact Person in relation to the Application (If different from the Named above):

Last Name:

First Name:

Email Address:



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**MICRO BUSINESS COMPANIES
 USER ADMINISTRATOR PROFILE**

*Please note that all fields with the * are required*

REGISTERED AGENT DETAILS

Access to APIs required? Yes No

Contact Title*

URL*

First Name*

Last Name*

RA Name*

Agent E-Mail Address*

REGISTERED AGENT OFFICE

Phone*

Fax*

Address*

City*

CREATION OF RA ADMIN

First Name*

Last Name*

Address*

City*

E-mail Address*

Fax*

AUTHENTICATION DETAILS

User Name*