



# VIRTUAL ASSETS SERVICE PROVIDERS (VASPs) Application For Registration

**1. Name of Applicant:**

**2. BVIBC or Partnership No.:**

**3. Date of Application:**

**4. Name of Authorised Representative** (Must be approved to act on behalf of VASPs): ⓘ

**5. Name and Address of Person Submitting Application:**

Last Name:

First Name:

Address:

Phone:

Email:

**6.1 VASP Type:**

VASP

VASP Custody Provider

VASP Exchange

VASP Custody Provider and Exchange

## 6.2 Types of Services Offered:

Exchange between one or more forms of virtual assets

Exchange between virtual assets and fiat currency

Participation in and provision of financial services related to an issuer's offer and/or sale of a virtual assets

Safekeeping and/or administration of virtual assets or instruments enabling control over virtual assets

Transfer of virtual assets

## 7. Registered Agent of the Applicant:

**8. Address of the Applicant's place(s) of business:** (i.e. registered office and, if applicable, other place of business) in the BVI.

**9. The Address of any place(s) of business that the applicant may have outside the BVI:**

## DIRECTOR AND SENIOR OFFICERS

**10.1 Name of Directors** (List all directors and upload [Form A](#) application(s) and supporting documents for each director)



**10.2 Upload Register of Directors:**



**11. Name of Senior Officers** (List all Senior Officers and upload [Form A](#) application(s) and supporting documents for each Senior Officer)

NAME	POSITION
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**12. Human Resources Statement**

(Please give a summary in the text box below and upload separate document if necessary):



**OWNERSHIP STRUCTURE**

**13. Shareholders**

13.1 Please provide information relating to the legal owner of the Applicant by listing all shareholders (including the corporate shareholders) of the Applicant.

NAME	NO. OF SHARES	TYPE OF SHARES	NOMINAL OR PAR VALUE SHARES	% OF THE VOTING RIGHTS EXERCISABLE DIRECTLY OR INDIRECTLY (WHERE APPLICABLE)	% OF SHARES
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**SHARE REGISTER (ENGLISH)**



**SHARE REGISTER (FOREIGN LANGUAGE)**



**OWNERSHIP CHART (ENGLISH)**



**OWNERSHIP CHART (FOREIGN LANGUAGE)**



13.2 Are any of the shares subject to a charge, lien, or other encumbrance? Yes No

13.3 If yes, please provide details of the charge, lien etc including beneficiary information.

13.4 Corporate Shareholders

If any of the shareholders listed above in 13.1 are corporate shareholders (including partnerships) please provide the name(s) of the individuals representing each corporate shareholder as well as the beneficial owner of the shares.

NAME OF CORPORATE  
SHAREHOLDER

NAME OF INDIVIDUAL  
TGRITGUGPVP I "VJ G"  
EQTRQTCVG'UI CTGJ QNF GT

PCOG'QHDGPGHKECN"  
QY PGT

13.5 Trust Relationships

If the Applicant is held via a Trust(s), please provide as attachments and properly marked, the following information



**INFORMATION REQUIRED****ENCLOSED?****YES | NO | N/A**

Copy of the Trust Deed and any Supplementary Deed

Names and Addresses of the Beneficiaries

Names and Current Address of the Settlor(s)

Names and Current Address of the Trustee(s)

Name and Current Address of Protector

Name and Address of the Relevant Supervisory body that regulates the Trustee

Relationship of the Settlor to the Beneficiaries

13.6 In respect of any Trust(s) identified, please detail any other parties who control and/or exercise significant influence over the Trust(s).

**NAME****ADDRESS****CAPACITY**

#### 14. Upload the Applicant's Business Plan:



- Details of Legal Adviser (if applicable)
- Risk Assessment Framework
- Manual of Compliance Procedures & Internal Controls
- Outsourcing Agreements
- Cybersecurity Framework
- Statement of Technological Infrastructures
- Business Continuity Plan
- Clients Handling Framework
- Custody and Safekeeping of Assets Framework
- Complaints Handling Procedures
- Technology Audits Framework (if applicable)
- Data Protection and Cyber-Security Framework (if applicable)



## 16. Financials Statements and Auditors

16.1.1	Proposed first accounting period:	Start	End
		<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
16.1.2	Proposed Financial Year End: <i>(Day/month)</i>		
16.1.3	Please indicate the accounting standard to be used by the Applicant:		
16.1.4	Please indicate the audit standard to be used by auditor:		

## 16.2 **Auditors**

Please provide below the name and address of, and attached a letter properly marked, from, the intended or proposed Auditors confirming their willingness to act for the Applicant.

Name:

Address:

## 16.3 **Submission of Application for Auditor**

*Click for required [form B-1](#).*

Where an Auditor has expressed willingness to act for the Applicant, has an application been approved by the Commission?

Yes

No

## **17. Financial Resources and Insurance Arrangements**

17.1 Paid up capital (information to be provided where applicable)

Intended paid up capital at time business commences: US

17.2 (a) Please provide details of how capital will be raised



#### 17.2 (b) Statement of Capital held in other companies

Provide as an attachment and properly marked, a statement of capital of any other company held, directly or through a subsidiary, as an asset of the Applicant.



If none, please state so here

#### 17.3 **Statement of assets and liabilities (where applicant has been established for a period of more than one month prior to application)**

Provide as an attachment and properly marked, a statement of the assets and liabilities as at the end of the month prior to the submission of the Application certified by a director or senior officer of the Applicant.



#### 17.4. **Accounts of holding company**

Provide as an attachment and properly marked, annual accounts, duly audited (if applicable) and certified, of the holding company of the Applicant for the preceding three (3) years, if applicable.



#### 17.5. **Professional Indemnity or other similar coverage**

Does the applicant have professional indemnity coverage      Yes      No

If Yes, to any of the above, provide as an attachment and properly marked, details of the cover and include a copy of the policy schedule.



If No, does the Applicant have any similar arrangement?

Yes      No

## 18. Regulatory or other action against the Applicant and related parties (common ownership etc.)

State whether the Applicant has been the subject of any of the following and, if so, provide full details including reasons.

Yes      No

Refusal of an application for registration, licensing, recognition or authorisation by any authority in any country or jurisdictions

Suspension, cancellation or revocation of registration, licence or certificate, recognition or authorisation by any authority in any country or jurisdiction

Regulatory or enforcement action by any authority in any country or jurisdiction

Proceedings relating to receivership or creditors' compromise

Provide as an attachment and properly marked, details for any of the questions above to which you have answered yes.



## 19. Fitness and Propriety

Yes      No

Has the Applicant or any of its officers at any time been convicted of any criminal offence by any court in the Virgin Islands or elsewhere?

Is the Applicant or any of its officers currently the subject of a criminal investigation or an extradition request?

Has the Applicant, in the last ten years, been censured or disciplined by any professional body to which it belongs or belonged, or any of its officers been dismissed from office or employment or refused entry to any profession or occupation in the Virgin Islands or elsewhere?

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	Yes	No
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Has the Applicant or any of its officers, in the last ten years, filed for bankruptcy or been adjudicated bankrupt by a court in the Virgin Islands or elsewhere?		
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Has the Applicant or any of its officers at any time failed to satisfy any debt due and payable from the Applicant or officer as a judgment-debtor under an order of a court in the Virgin Islands or elsewhere?		
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Has the Applicant or any of its officers in the last ten years been found liable in a civil suit which elicited dishonest or unlawful conduct?		
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Has the Applicant or any of its officers, in connection with the formation, control or management of any corporate, partnership or unincorporated institution within the last ten years been adjudged by a court in any jurisdiction civilly liable for any fraud, malfeasance or other misconduct towards such a body or company, or towards any members thereof?		
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Has any body corporate, partnership or unincorporated institution with which the Applicant was associated as a director, shareholder or controller, anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors where they did not receive or have not yet received full settlement of their claims, either while the Applicant was associated with it or within one year after the Applicant ceased to be associated with it?		
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Has any body corporate, partnership or unincorporated institution with which the Applicant was associated as a director, shareholder or controller, anywhere, been fined or censured by any securities commission, banking commission or any similar regulatory commission or body?		
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***Note: If the answer to any of the above questions is Yes, full details of the response must be provided as an attachment to the Application.***



**20. Declaration by the Authorised Representative or Person Completing the Application**

I, \_\_\_\_\_ do hereby declare, on behalf of  
(*Name of Authorised Representative/Person completing the application*) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on behalf of this applicant, and may cause enforcement action to be taken against the Applicant.

Signed by:

Name (*Print*):

Position:

On behalf of:

Date:

*mm/dd/yyyy*

**21. Declaration by the Applicant**

I, \_\_\_\_\_ do hereby declare, on behalf of  
(*Name of Person completing the declaration on behalf of the Applicant*) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on behalf of this applicant, and may cause enforcement action to be taken against the Applicant.

Signed by:

Name (*Print*):

Position:

On behalf of:

Date:

*mm/dd/yyyy*