



British Virgin Islands Financial Services Commission
OFFICE REPRESENTATIVE REGISTRATION

Please complete and provide a copy of the representative's government issued photo id

ORF01
(03/2017)

Company:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		(DD/MM/YY)
Address 1:	<input type="text"/>	
Address 2:	<input type="text"/>	
Email:	<input type="text"/>	Telephone: <input type="text"/>

REPRESENTATIVE DETAILS:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Job Title:	<input type="text"/>	Email Address:	<input type="text"/>
Mobile:	<input type="text"/>	User Signature:	<input type="text"/>
			(Signature)

☐ **copy of a Government issued photo ID is attached**

If this is a temporary appointment, please fill in the effective dates:

From:	To:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(DD/MM/YY)	(DD/MM/YY)

Director/Senior Officer Declaration

By signing this Declaration, I indicate that the person named in this registration form is authorised to collect and deliver documents on behalf of this company.

(PRINT NAME)

(Signature)

Signatory Date

(DD/MM/YY)