



*Application and Declaration for Extension of Time  
Pursuant to paragraph 4  
of the Schedule of the Anti-money Laundering Regulations, 2008*

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1. **Name of relevant person:**

2. **Address of relevant person (Physical or principal):**

3. **Number of companies the relevant person acts for, if any:**

(a) Active companies (not struck from the register of companies):

(b) Companies struck-off the register of companies with which there is an existing business relationship (this is for information only and will not be used in assessing level of compliance):

4. **Number of active companies for which beneficial ownership information has been obtained and currently maintained:**

5. **Number of struck-off companies for which beneficial ownership information has been obtained and currently maintained:**

6. **Number of active companies for which beneficial ownership information has yet to be obtained and maintained:**

7. **Number of struck-off companies for which beneficial ownership information has yet to be obtained and maintained (this is for information only and will not be used in assessing level of compliance):**

**8. Please indicate the percentage of the following:**

(a) Active companies for which BO information has been collected and is maintained:

(b) Completed struck-off companies:

(c) Incompleted active companies:

(d) Incompleted struck-off companies (this is for information only and will not be used in assessing level of compliance):

**9. Period of extension required (being not more than 6 months from 1<sup>st</sup> January, 2017):**

**10. State the reason or reasons for requesting an extension:**

**11. Provide or list below supporting evidence, if any, for the request for extension; the evidence may be attached to or accompany this form:**

(a)

(b)

(c)

(d)

(e)

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***Declaration***

I  *(state full name of individual making the declaration)*, being a  
director/senior manager of  *(state the name of the Applicant)*  
and seized of the matters provided in this Form, hereby declare that the information contained in this Form is true  
and accurate to the best of my knowledge and belief.

Signed:

*(Declarant)*

Signed:

*(Name of person submitting application, if different from Declarant)*