

Criminal Justice (Money Laundering and Terrorist Financing) Act  
2010 as amended by the Criminal Justice Act 2013

TRUST OR COMPANY SERVICE PROVIDER

APPLICATION FOR A NEW AUTHORISATION

or

FOR THE RENEWAL OF AN AUTHORISATION

COMPANY



AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS  
DEPARTMENT OF JUSTICE AND EQUALITY

**Anti-Money Laundering Compliance Unit**

## INTRODUCTION

If you wish to carry on business as a Trust or Company Service Provider (TCSP) and are not a credit or financial institution then under Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 you are required to make an application for Authorisation to the Minister for Justice and Equality. There may be exceptions to this if you are an Accountant, a Solicitor or a Barrister – check out the website [www.antimoneylaundering.gov.ie](http://www.antimoneylaundering.gov.ie).

## TRUST or COMPANY SERVICE PROVIDER

A Trust or Company Service Provider (TCSP) means any person whose business it is to provide any of the following services:

- a. Forming companies or other bodies corporate;
- b. Acting as a Director or Secretary of a company under an arrangement with a person other than the company;
- c. Arranging for another person to act as a Director or Secretary of a company;
- d. Acting or arranging for a person to act as a partner of a partnership;
- e. Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership;
- f. Acting or arranging for another person to act as a trustee of a trust;
- g. Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market.

## PROHIBITION ON CARRYING ON TCSP ACTIVITIES WITHOUT AUTHORISATION

A business is prohibited from carrying on the activities of a TCSP without Authorisation under Section 87(1) of the 2010 Act. Please note that it is an offence to carry out TCSP activities without an Authorisation where you could be liable:

- On summary conviction, to a fine not exceeding €5,000, or imprisonment for a term not exceeding 12 months (or both), or
- On conviction on indictment, to a fine or imprisonment not exceeding 5 years (or both).

*Completed application forms should be returned to:*

**Anti-money Laundering Compliance Unit,  
Department of Justice and Equality,  
94 St. Stephen's Green DUBLIN 2**

**Web:** [www.antimoneylaundering.gov.ie](http://www.antimoneylaundering.gov.ie)

**Email:** [antimoneylaundering@justice.ie](mailto:antimoneylaundering@justice.ie)

# CHECKLIST

Please indicate below that you have submitted all appropriate information/documentation.

<b>1. Renewal application</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed application form ( 19 pages) including signing the two declarations			
Payment of €130 (cheques made payable to the Department of Justice and Equality)			
Copy of your AML Policies & Procedures			
Copy of authorisation from other jurisdiction(s) if applicable			

<b>2. Fit and Proper application for all Principal Officers, Directors and Beneficial Owners</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed Fit and Proper Form for each individual			
Copy of photographic identification for each individual in the form of a passport or driving licence			
Proof of current address for each individual e.g. recent utility bill			

<b>3. Vetting Invite Form for all Principal Officers, Directors and Beneficial Owners</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed Vetting Invite form. This can be obtained on our website <a href="http://www.antimoneylaundering.gov.ie">www.antimoneylaundering.gov.ie</a> . Only originals will be accepted.			
The declaration at section 2 of this form should be fully completed and signed.			
Police Certificate of no convictions for persons currently residing outside of the state or persons who resided outside the state for longer than 6 months in the five years prior to the application.			

Note A: For new applications the following additional are required: certificate of incorporation, registration of trading name, constitution or memorandum & articles of association.  
 For Renewal applications: If the above documents have changed since your last application, copies of your new documents are also required

**I, \_\_\_\_\_ have submitted a complete and accurate application for Authorisation to continue to operate as a Trust or Company Service Provider. I fully understand the requirements of the application process and I am satisfied that all the necessary documentation is included.**

**Signed:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

# SECTION 1

## SIGNED DECLARATIONS

**Declaration 1: to be signed by two directors. If the company is a Private Company Limited by Shares and has one Director then only the signature of that Director is required.**

I/We hereby make an application to the Minister for Justice and Equality for authorisation in accordance with Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended by the Criminal Justice Act 2013 on the basis of information supplied with this application and any additional information supplied to the Anti-Money Laundering Compliance Unit (AMLCU) in the course of the application.

The full legal name of the Entity applying for the Authorisation is:

I/We are aware of the requirements that the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended by the Criminal Justice Act 2013 places upon us as 'designated persons' and undertake to comply with the obligations imposed on the TCSP under the Act.

I/We are aware that Section 77 of the Act confers rights on an Authorised Officer to conduct an inspection of the business for the purpose of assessing that it is compliant with the 2010 and 2013 Acts. I am further aware that in that context I/we may be required to provide the Authorised Officer with records/ access to documents which demonstrate that customer due diligence was carried out.

I/We acknowledge that the AMLCU may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law.

I/We hereby give consent to the Minister for Justice and Equality to access data including personal data (within the meaning of the Data Protection Acts 1988 and 2003)

held by other persons or bodies and that is required to assist the Minister in determining for the purposes of Section 89 (including as applied by Section 92) whether or not the persons referred to in paragraph (b) are 'fit and proper' persons.

I/We declare that the structure of this form has not been altered.

I/We declare that the applicant for authorisation, being a body corporate, is not being wound up nor are any such proceedings currently under consideration. If this is not the case please provide details in the box provided below.

I/We declare that in accordance with section 88(4) we will promptly notify the AMLCU of any changes in the information provided and will supply any other relevant information which may come to light in the period during which the application is being considered or after the application has been approved.

I/We declare that we have truthfully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of this application.

Dated this                      day of                      year

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**Declaration 2: Declaration of Probity by the Proposing Entity (i.e. the applicant for Authorisation) regarding all individuals that will undergo the fit and proper test.**

Full legal name of the proposing entity:

I.....of..... (Name of proposing entity) ("the proposing entity") declares that:-

To the best of my knowledge, information and belief, the information contained in the fit and proper forms is true, accurate and supports my view that the proposed person(s) fulfils all the criteria for the post for which he/she is proposed and can be considered to be a fit and proper person(s) for the purpose of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010.

The proposing entity has satisfied itself that the proposed approved person (s) has the experience necessary that deems him/her/them, in the opinion of the proposing entity, capable of fulfilling the role.

The proposing entity will notify the Department of Justice and Equality without delay of the resignation of the proposed person(s).

The proposing entity will notify the Department of Justice and Equality without delay of any change in circumstances of such that would render the information contained in this application out of date/inaccurate.

Signed.....

Dated.....

Position.....

This declaration must be signed by any individual authorised to sign on behalf of the entity.

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## SECTION 2

### APPLICANT DETAILS

PLEASE WRITE CLEARLY AS APPLICATIONS WHICH CANNOT BE READ  
WILL BE RETURNED.

1. Full Legal Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Trading Name (if applicable): \_\_\_\_\_  
(as registered with the CRO)

\_\_\_\_\_

3. Company Address and Eircode: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Contact Details:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_



5. Registered Office Address: \_\_\_\_\_

(if different from Business Address above)

\_\_\_\_\_

\_\_\_\_\_



6. Do you have branch offices? YES NO

If YES, provide address details below:

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7. Type of company (Please circle letters A to E as appropriate)

A Private company limited by shares (LTD) (new private company model under Companies Act 2014)

B Designated activity company- Private company limited by shares

C Designated activity company- Private Company limited by guarantee

D Public limited company (PLC)

E Company limited by guarantee (CLG)

F Unlimited company with a share capital (ULC)

G Public unlimited company with a share capital (PUC)

H Public unlimited company that has no share capital (PULC)

8. Company Registration details

Date of Incorporation: \_\_\_\_\_

CRO Number: \_\_\_\_\_

Country of Incorporation if outside Ireland: \_\_\_\_\_

Company Registered Number (outside Ireland): \_\_\_\_\_

9. Has your company ever changed names? YES NO

Previous Company Names	Date of change of name

10. Is the applicant a member of a corporate group? YES NO

**(If yes please submit full details along with a group organisation chart indicating relevant shareholdings and ownership details.)**

11. Details of all directors including non-executive and shadow directors

**(Each individual listed below must complete a 'fit and proper' application form)**

SURNAME	FIRST NAME	DATE APPOINTED

12. Details of all beneficial owners<sup>1</sup> who directly hold shares or other interests representing 25% or more of the voting rights or capital rights of the applicant entity including corporate bodies.

**(Each individual listed below must complete a 'fit and proper' application)**

Beneficial owners who are natural persons		
Full Name	Position/Role	% Shares held

Beneficial owners who are body corporate/s	
Name of entity	% Shares held

<sup>1</sup> Section 26.—In this Part, “beneficial owner”, in relation to a body corporate, means any individual who— (a) in the case of a body corporate other than a company having securities listed on a regulated market, ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights in the body, or (b) otherwise exercises control over the management of the body.

13. Principal Officers<sup>2</sup> or persons who are in a position to exercise a significant influence over the management/control of the applicant entity. It is considered that a MLRO is a Principal Officer.

**(Each individual listed below must complete a 'fit and proper' application)**

SURNAME	FIRST NAME	ROLE/POSITION IN COMPANY

14. Has the applicant, beneficial owner or any principal officers associated with the applicant any association with any other entity that is Authorised or has applied for Authorisation to carry on business as a TCSP e.g. partnership, controlling interest, etc?

YES                      NO

If YES, please provide:

Name and Address of the entity: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Nature of association with this entity: \_\_\_\_\_

\_\_\_\_\_

<sup>2</sup>Principal Officer' means

- (a) In relation to a body corporate, any person who is a Director, Manager, Secretary or other similar officer of the body corporate or any person purporting to act in such a capacity, or
- (b) In relation to a partnership –
  - a. Any person who is a partner in, or a manager or other similar officer of, the partnership or any person purporting to act in such a capacity, and
  - b. In a case where a partner of the partnership is a body corporate, any person who is a Director, Manager, Secretary or other similar officer of such a partner or any person purporting to act in such a capacity.

15. Have you any association with any other entity that is Authorised, licensed for any activity or registered by the Central Bank of Ireland? YES NO  
If YES, please provide:

Name and Address of the entity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of your association with this entity: \_\_\_\_\_

\_\_\_\_\_  
Principal activities of this entity: \_\_\_\_\_

16. TCSP Authorisation in other jurisdictions:

Has the applicant, or in the case of a corporate group, the parent company, applied for authorisation or been authorised to carry on business as a TCSP in another Member State or elsewhere? YES NO

If YES, has that Authorisation been refused, revoked or terminated? YES NO

If you have answered YES above please provide full details below of the Authorisation(s) including a copy of same.

Nature of your association with this entity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal activities of this entity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## **SECTION 3**

### **TYPE OF TCSP BUSINESS PROPOSED**

1. Please indicate the TCSP activities for which you are seeking Authorisation:  
**(Please circle letters A to G as appropriate)**
  - A. Forming companies or other bodies corporate
  - B. Acting as a Director or Secretary under an arrangement with a person other than the company
  - C. Arranging for another person to act as a Director or Secretary of a company
  - D. Acting or arranging for a person to act as a partner of a partnership
  - E. Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership
  - F. Acting or arranging for another person to act as a trustee of a trust
  - G. Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market
  
2. Which jurisdictions do your clients reside in or which jurisdictions do you intend to offer TCSP activities?  
**(Please circle A to D as appropriate)**
  - A. Ireland
  - B. United Kingdom
  - C. Other EU countries
  - D. Outside the EU

If outside the EU please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Company Formations

How many companies do you expect to form annually?  
**(Please circle as appropriate):**

Up to 25      26-100      101-500      Over500

4. Company Director/Secretary/Partner Services

How many of these positions do you currently hold?  
**(Please circle as appropriate):**

Up to 25      26-100      101-500      Over500

How many additional positions do you intend to hold?  
**(Please circle as appropriate):**

Up to 25      26-100      101-500      Over500

5. Nature of service offered currently or intended to offer in the future  
**(Please circle as appropriate):**

- I      Mailbox
- II     Registered Office
- III    Business Address
- IV    Correspondence/administrative address and other related services for a company
- V     A partnership or any other legal person or arrangement
- VI    Other services (please specify below or on a separate sheet):

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6. Acting or arranging for another person to act as a trustee of a trust

How many Trustee positions do you currently hold?

**(Please circle as appropriate)**

Up to 25      26-100      101-500      Over500

How many additional Trustees positions do you intend to hold?

**(Please circle as appropriate):**

Up to 25      26-100      101-500      Over500

7. Acting or arranging for another person to act, as a nominee shareholder for a person other than a company whose securities are listed on a regulated market

How many Nominee Shareholder positions do you currently hold?

**(Please circle as appropriate)**

Up to 25      26-100      101-500      Over500

How many additional Nominee Shareholder positions do you intend to hold?

**(Please circle as appropriate):**

Up to 25      26-100      101-500      Over500

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# **SECTION 4**

## **STAFF PROFILE, ADMINISTRATIVE AND REGULATORY ARRANGEMENTS**

### **SECTION 3 – Staff Profile, Administrative and Regulatory Arrangements**

1. Staff Profile

Total number of Employees: \_\_\_\_\_

Number of persons who will be involved in providing TCSP services including Directors, Principals and Employees: \_\_\_\_\_

2. Directors, Principals and Employees of the applicant body who are member(s) of a designated accountancy body, the Law Society or the Bar Council

NAME	NAME OF DESIGNATED ACCOUNTANCY BODY OR OTHER BODY	ROLE/POSITION IN COMPANY



3. COMPLIANCE and ADMINISTRATIVE ARRANGEMENTS

1. Explain briefly how the applicant entity's anti-money laundering compliance obligations will be met and operated.

2. The name and contact details of the Money Laundering Compliance Officer.

3. Description of the staff training which will be put in place further to the obligations imposed by the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010.

4. An outline of recruitment procedures followed by the applicant and details of the measures taken to establish the fitness and probity of potential employees.

4. REGULATORY ISSUES

(For each question please circle as appropriate and provide additional information in the box provided)

1. Is the applicant entity authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? YES NO

2. Has the applicant entity ever applied to be authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity? YES NO

3. Is the applicant entity supervised by, or a member of, any Professional or Regulatory body in the State? YES NO

4. Has an applicant ever had an application for membership of any Professional or Regulatory body in the State refused? YES NO



5. Is the applicant entity supervised by a Professional or Regulatory body in another jurisdiction? YES NO

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6. To the applicant's knowledge and belief has any of the Principal Officers, Beneficial Owners or Shareholders ever been convicted of the offences of money laundering, terrorist financing or an offence invoking fraud, dishonesty or breach of trust in the State or elsewhere? YES NO

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7. To the applicant's knowledge and belief do any of the following apply to the applicant body or any Principal Officers, Beneficial Owners or Shareholders of the applicant body? If Yes please provide details below.

- |   |     |    |
|---|-----|----|
| (a) Has suspended payments due to the person's Creditors          | YES | NO |
| (b) Is unable to meet other obligations to the person's creditors | YES | NO |
| (c) Is an individual who is an undischarged Bankrupt              | YES | NO |

**Please make sure you have responded to each question above**

I have consulted the checklist on page 3 of this form and am happy that I have provided all necessary forms and information and that all questions in this form have been answered.

Signed (by person completing the form)

\_\_\_\_\_

END of Form

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