#####  Registration form DNFBPs

#### Introductory questions

|  |  |
| --- | --- |
| Do you or does your company provide one or more of the services corresponding to one or more of these sectors? *Please check the relevant box(es) and proceed to*  | [ ] Jewellers [ ] Lotteries [ ] Casinos [ ] Car dealers [ ] Lawyers [ ] Notaries [ ] Accountants [ ] Tax advisors [ ] Administration offices [ ] Real Estate companies/agents |

#### Company details

|  |
| --- |
| **Contact Details**  |
| Company name*This is the name as mentioned in the Chamber of Commerce.* | Click here to enter text. |
| Company DBA name *This is the name the company does business as.* | Click here to enter text. |
| Physical address company* *This is the address where the company is physically situated.*
* *street, number, area*
 | Click here to enter text. |
| Postal address company* *If applicable*
* *Street, number, area*
 | Click here to enter text. |
| Country*This is the country in which the company is physically situated.* | Click here to enter text. |
| Telephone number 1 |  |
| Telephone number 2 |  |
| Fax number |  |
| Email address *This should be a working email address for the company.*  | Click here to enter text. |
| Website |  |
| **Company Insight Details** |
| Chamber of Commerce Registration number*This information can be found on the company registration extract/form.*  | Click here to enter text. |
| Legal Form*For example: BV, NV, Corporation etc.* | Click here to enter text. |
| Company activity code* *This is the activity code as mentioned in the Chamber of Commerce.*
* *This information can be found on the company registration extract/form.*
 | Click here to enter text. |
| Crib number |  |
| Number of employees | Choose an item.  |

**Please attach the following documents:**

* **A copy of the Chamber of Commerce extract/form.**
* **An organizational chart of the company/group of companies. This is to give the FIU insight in the structure of the company.**

#### Company directors/statutory representatives

* Below you can find 2 tables to fill in the company directors/statutory representatives details. If your company has more than 2 company directors/statutory representatives you can copy paste a table and continue filling in the details.

|  |
| --- |
| **Company directors/statutory representative 1** |
| First name |  |
| Last name |  |
| Date of birth |  |
| Nationality |  |
| ID document type | Choose an item.  |
| ID document number |  |
| Function  |  |
| Home address* *street, number, area*
 | Click here to enter text. |
| Country |  |
| Zip code*If applicable.* | Click here to enter text. |
| Telephone number 1 |  |
| Telephone number 2 |  |
| Email address  |  |

|  |
| --- |
| **Company directors/statutory representative 2** |
| First name |  |
| Last name |  |
| Date of birth |  |
| Nationality |  |
| ID document type | Choose an item.  |
| ID document number |  |
| Function  |  |
| Home address* *street, number, area*
 | Click here to enter text. |
| Country |  |
| Zip code*If applicable.* | Click here to enter text. |
| Telephone number 1 |  |
| Telephone number 2 |  |
| Email address  |  |

**Please attach for every director/statutory representative the following document:**

* **A copy of the ID document mentioned above.**

#### Person who is responsible for the reporting/compliance officer

* This is the person who will also get the login details for the Sint Maarten Electronic Reporting Tool (SERT) Portal.

|  |
| --- |
| **Person who is responsible for the reporting/ compliance officer** |
| First name |  |
| Last name |  |
| Date of birth |  |
| Nationality |  |
| ID document type | Choose an item.  |
| ID document number |  |
| Function  |  |
| Home address* *street, number, area*
 | Click here to enter text. |
| Country |  |
| Zip code*If applicable.* | Click here to enter text. |
| Telephone number  |  |
| Email address  |  |

**Please attach the following document:**

* **A copy of the ID document of the person who is responsible for reporting/compliance officer**

**Signatures**

**--------------------------------------- ---------------------------------------**

**Signature Signature Director**

**Compliance officer/**

**Person responsible for reporting**

**---------------------------------------**

**Company stamp**

**PLEASE NOTE:**

* **MAKE SURE THE FORM IS SIGNED BY THE COMPLIANCE OFFICER/PERSON WHO IS RESPONSIBLE FOR REPORTING AND THE DIRECTOR.**
* **MAKE SURE THE FORM IS STAMPED.**
* **AFTER FILLING IN THE FORM, SAVE IT AS A DOCUMENT ON YOUR COMPUTER. SEND IT BACK, TOGETHER WITH THE ATTACHMENTS, TO THE FIU AT THE FOLLOWING EMAIL ADDRESS:** **sandra.khodabaks@fiu.gov.****sx,** **Supervision.department@fiu.gov.sx**
* **THIS FORM CAN ALSO BE HAND DELIVERED TO THE FIU OFFICE.**