



REGISTRATION OF SUPERVISED ENTITIES LISTED BUSINESS

For official use only

TRINIDAD AND TOBAGO

FIUTT Form RG1 LB

Please type or complete in **BLOCK LETTERS**

ALL FIELDS ARE MANDATORY

PART I	FILING INFORMATION				
Indicate the type of filing by checking A, B or C. <i>(If filing correction or re-registration, briefly explain below)</i>					
A <input type="checkbox"/> Initial Registration B <input type="checkbox"/> Correction C <input type="checkbox"/> Re-Registration					
PART II	REGISTRANT INFORMATION				
Name of Individual or Company/Business Entity:			Company/Business Registration Number:		
Nature of Business Activity <i>Select the relevant category identified from the List of Supervised Entities published on the FIUTT's website. Ensure the selected business activity aligns with your entity's operations). See Appendix I.</i>					
<input type="checkbox"/> Accountant <input type="checkbox"/> Jewellery <input type="checkbox"/> Private Members' Club <input type="checkbox"/> Art Dealer <input type="checkbox"/> Motor Vehicle Sales <input type="checkbox"/> Real Estate <input type="checkbox"/> Attorney-at-Law <input type="checkbox"/> Pool Betting <input type="checkbox"/> Trust and Company Service Providers					
Registered Business Address <i>(Street No, Street Name, City, Zip Code and Country)</i>					
Where there are branches/outlets, include addresses of the locations <i>(Attach additional sheet(s) if necessary):</i>					
Tel #: (868)		E-mail		Website:	
VAT Registration Number <i>(where applicable):</i>		BIR Number:		Estimated Annual Income (in TT\$)	
PART III	DIRECTORS OR OWNER(S) OR PARTNERS <i>(Attach annexed schedule if necessary.)</i>				
Directors <input type="checkbox"/> Owner(s) <input type="checkbox"/> Partner(s) <input type="checkbox"/>					
Surname:		First Name: Mr./Mrs./Ms.		Middle Name:	
Residential Address <i>(Street number, Street Name, City, Zip Code and Country)</i>					
Mailing Address <i>(Street number, Street Name, City, Zip Code and Country)</i>					
Identification Type: <input type="checkbox"/> National ID <input type="checkbox"/> Driver's Permit <input type="checkbox"/> Passport		Identification Number:	Country of Issue:	Date of Issue:	Date of Birth:
Nationality:		Citizenship:		Occupation:	
Telephone <i>(include area code):</i>		E-mail:		Website:	

PART IV		BENEFICIAL OWNER (S)			(Attach annexed schedule if necessary.)	
<p>For a company, identify each owner's details For individual(s), enter information as detailed below</p>						
Surname:		First Name: Mr./Mrs./Ms.		Middle Name:		
Residential Address (Street number, Street Name, City, Zip Code and Country)						
Mailing Address ((Street number, Street Name, City, Zip Code and Country)						
Identification Type: <input type="checkbox"/> National ID <input type="checkbox"/> Driver's Permit <input type="checkbox"/> Passport		Identification Number:	Country of Issue:	Date of Issue:	Date of Birth:	
Nationality:		Citizenship:		Occupation:		
Telephone (include area code):		E-mail:		Website:		
PART V		AUTHORISED SIGNATURE				
<p>I am authorised to file this form on behalf of myself/the company/the business listed in Part II. I understand that the individual/company/business listed in Part II is subject to the Proceeds of Crime Act, Chap 11:27, the Anti-Terrorism Act, Chap: 12:07, the Counter Proliferation Financing Act, No. 8 of 2025, the Financial Intelligence Unit of Trinidad and Tobago Act, Chap 72:01 and their regulations.</p> <p>I hereby certify that the statements and information provided herein are true and correct to the best of my knowledge and belief. I am aware that any misrepresentation made by me, whether knowingly or recklessly, constitutes an offence punishable on summary conviction by a fine of two hundred and fifty thousand dollars and by imprisonment for two years in accordance with section 18K of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap. 72:01.</p> <p>The signature of the owner/authorised person is mandatory.</p>						
Signature:		Print Name: Mr./Mrs./Ms.				
Position held in the Business Entity:		Date of signature:		-----/-----/----- DD/ MM / YYYY		

APPENDIX I



LISTED BUSINESSES **NATURE OF BUSINESS ACTIVITY CHECKLIST**

1. **Art Dealer:** YES NO

An individual or company that buys and sell works of any category or art.

2. **Pool Betting/Gaming House:** YES NO

Any such business registered under the Gambling and Betting Act.

3. **Jewellery:** YES NO

A Business licensed under the Licensing of Dealers (Precious Metals and Stones) Act. Chap.

4. **Attorney at-law, Accountant** or other person performing the functions of an Accountant or Other other **Independent Legal Professional.** YES NO

Such a person is accountable when they prepare for, or carry out, transactions for their clients concerning the following activities:

Please select all that applies:

- buying and selling of real estate;
- managing of client money, securities and other assets;
- management of banking, savings or securities accounts;
- organisation of contributions for the creation, operation or management of companies;
- creation, operation or management of legal persons or arrangements, and buying and selling of business entities.

5. **Motor Vehicle Sales:** Any natural or legal person, firm or partnership, carrying on the business of selling or leasing new or used motor vehicles as defined under the Motor Vehicles and Road Traffic Act.

Sales YES NO

- Roll On Roll Off
- New
- Local Used

Leasing YES NO

(Specify the period for the lease & the number of vehicles being leased)

Lease Period (s) – <i>specify if day(s), month(s) or year(s)</i>	Number of Vehicles being Leased

6. Private Members' Club: YES NO

A Private Members' Club A member's club which is granted a certificate under section 5(4) of the Registration of Clubs Act.

7. Real Estate Business: YES NO

Any natural or legal person, partnership or firm carrying on the business of:

Please select all that applies:

- the auctioning or negotiating the sale, exchange, purchase, lease or licensing of real property;
- Real Estate Business advertising or holding himself out as being engaged in the business of
- auctioning or negotiating the sale, exchange, purchase, lease or licensing of real property;
- engaging in property management either as a consultant or an agent;
- taking part in the procuring of vendors, purchasers, lessors, lessees, landlords or tenants of real property; or
- directing or assisting in the procuring of prospects, or the negotiation or closing of transactions which result in the sale, exchange, lease or licensing of real property.

Notwithstanding the foregoing, a person shall NOT be regarded as engaging in real estate business by reason only of the fact that:

Please select all that applies:

- he acts for and on behalf of a client under a power of attorney for the purpose of negotiating or executing a contract, transfer or conveyance in respect of real property, provided always that he does not engage in these transactions in breach of his fiduciary duties or for personal profit;
- he furnishes legal advice and services ancillary thereto in his capacity as an Attorney-at law;
- he is (i) an administrator, executor, receiver or trustee acting under or by virtue of an appointment by will or written instrument or by order of a court; or (ii) an assignee, custodian, liquidator, receiver, or trustee acting under any written law;

- he deals with real property of which he is an owner or a part owner;
- he is a developer; or
- he is employed as a salaried employee of a financial institution dealing with real estate transactions.

8. Trust and Company Service Provider: **YES** **NO**

Any such person when he prepares for and when he carries out transactions for a client in relation to the following activities:

Please select all that applies:

- acting as a formation agent of legal persons;
- acting as (or arranging for another person to act as) a director or secretary of a company, a partner of a partnership or a similar position in relation to other legal persons;
- providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement;
- acting as (or arranging for another person to act as) a nominee shareholder for another person; and
- acting as, or arranging for another person to act as a trustee of an express trust.

Source: Proceeds of Crime Act, Chap 11:27 as amended on 15 August 2025.

APPENDIX II



LISTED BUSINESSES

DOCUMENT CHECKLIST

- A covering letter addressed to the Director of the FIUTT;
Director
Financial Intelligence Unit of Trinidad and Tobago
Level 25, Tower D
International Waterfront Complex
1A Wrightson Road
Port of Spain
- Completed FIUTT Registration Form for Supervised Entities (complete all fields);
- Proof of incorporation or business registration certificate (where applicable);
- Completed and signed Compliance Officer Fit & Proper Questionnaire for the designated Compliance Officer and Alternate Compliance Officer;
- FIUTT's Fit and Proper Declaration form to be completed by legal or beneficial owners, directors, partners and senior officers;
- Completed Registration Risk Assessment Questionnaire (RRAQ);
- Proof of address (utility bill or letter of authorisation with ID, if you hold tenancy);
- Board of Inland Revenue (BIR) Advice Letter (where applicable);
- VAT Registration Certificate (where applicable);
- Management accounts for persons or businesses already in operations or estimates of income if in business for less than a year;
- Copy of a valid government issued identification document for all legal owners, beneficial owners, directors, partners and senior officers. (*Drivers' License, Passport or National Identification Card*);
- A police certificate of character issued by the Trinidad and Tobago Police Service (TTPS) within six (6) at the time the application is made to the FIUTT;
- At least one personal and professional reference from a person who can vouch for the individual's conduct and character (if requested by the FIUTT);
- Any other supporting documents or information required that the FIUTT deems relevant to complete the FIUTT's assessment of an applicant's fitness and propriety.

APPENDIX III



FIT AND PROPER DECLARATION

This declaration must be completed and signed by each Director, Owner, Partner, Legal or Beneficial Owner and Senior Officer of the Supervised Entity. In order for the FIUTT to assess “Fit and Proper” in accordance with section 18BB of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap. 72:01. This section should be completed by selecting either **YES** or **NO**. If the answer is “**YES**” to any of the following questions, please provide full details on a separate sheet.

1. Have you been convicted of any criminal or civil offence by any court in Trinidad and Tobago or elsewhere? (Minor motoring offences may be omitted).	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been charged with any offence that is currently awaiting legal action?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has any disciplinary, enforcement, disqualification or similar proceeding been taken against you by any professional body, regulatory body or association or are any such proceedings pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been found guilty of conducting any unauthorised regulated activities or been investigated for possible conduct of unauthorised regulated activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any application for your regulatory approval ever been refused?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you been the subject of any bankruptcy proceedings or filed for bankruptcy or had a receiver appointed in respect of any of your property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been expelled or excluded from, or refused admission to, a professional body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you been refused, restricted in, or had suspended, the right to carry on trade business or profession for which a specific license, authorisation, registration, membership or other permission is required?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>10. Have you ever been asked to resign, or been dismissed from any fiduciary office or position of trust?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11. Are you aware of any matter relating to your character, reputation or financial position that the FIUTT may regard as relevant in considering this application?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12. Has any business with which you have been associated as a director or senior officer ever entered a formal insolvency process or ceased trading whilst insolvent.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. Please select the position you hold with the entity:</p> <p>Director <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Senior Officer <input type="checkbox"/></p> <p><i>I hereby certify that the statements and information provided herein are true and correct to the best of my knowledge and belief. I am aware that any misrepresentation made by me, whether knowingly or recklessly, constitutes an offence punishable on summary conviction by a fine of two hundred and fifty thousand dollars and by imprisonment for two years in accordance with section 18K of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap. 72:01.</i></p>	
<p>Print Name: Mr./Mrs./Ms.</p>	<p>Signature:</p>
<p>Position held in the Business Entity:</p>	<p>Date of signature:</p>