



TRINIDAD AND TOBAGO

FIUTT Form RG1 NRFI

REGISTRATION OF SUPERVISED ENTITIES NON-REGULATED FINANCIAL INSTITUTION

For official use only

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 . (If filing correction or re-registration, briefly explain below)														
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 (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.														
Money or Value Transfer Services:						<input type="checkbox"/> Building Society <input type="checkbox"/> Credit Union Co-operative Societies								
<input type="checkbox"/> E-Money Issuers			<input type="checkbox"/> Money Remittance			<input type="checkbox"/> Payment Service Providers								
Registered Business Address (Street No, Street Name, City, Zip Code and Country)														
Where there are branches/outlets, include addresses of the locations (Attach additional sheet(s) if necessary):														
Tel #: (868)			E-mail:			Website:								
VAT Registration Number (where applicable):			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 (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 IV		BENEFICIAL OWNER (S)		<i>(Attach annexed schedule if necessary.)</i>	
<p><i>For a company, identify each owner's details</i></p> <p><i>For a Cooperative Society conducting the business of a Credit Union, tick Members only.</i> Members <input type="checkbox"/></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 authorized to file this form on behalf of myself/the company/the business listed in Part II.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.			



NON-REGULATED FINANCIAL INSTITUTIONS

NATURE OF BUSINESS ACTIVITY CHECKLIST

1. Building Society: YES NO

A society registered under the Building Societies Act.

2. Co-operative Societies: YES NO

A society registered under the Co-operative Societies Act.

3. Money or Value Transfer Service Provider: YES NO

A person who carries on money or value transfer services is one who provides a financial service that accepts cash, cheques, other monetary instruments or other stores of value in one location and pays a corresponding sum in cash or other form to a beneficiary in another location by means of a communication, message, transfer or through a clearing network to which the money value service belongs.

- Money Remitter:** Money Remitters means a provider of electronic transfer who accepts funds from a payer for the purpose of making them available to a payee, through a data communication network or by an electronic platform that processes the data, without necessarily maintaining an account relationship with the payer or payee.
- Payment Service Provider:** A provider of payment services which enables cash deposits and withdrawals, execution of a payment, the issue or acquisition of a payment instrument, the provision of a remittance service, and any other service functional to the transfer of money
- Electronic-Money (E-Money) Issuer:** EMI means a category of persons (other than a licensee) who has been registered by the Central Bank to issue E-money pursuant to the E-Money ministerial Order.

E-Money means monetary value represented by a claim on the issuer, which is:

- (a) stored on an electronic device;*
- (b) issued on receipt of funds of an amount not less in value than the monetary value issued; and*
- (c) accepted as a means of payment by persons other than the issuer, so however that the funds referred to in (b) above shall not be treated as a deposit under the Financial Institutions Act, 2008.*



NON-REGULATED FINANCIAL INSTITUTIONS

DOCUMENT CHECKLIST

Refer to: [Guidance Notice to NRFIs on Registration with the FIUTT](#)

- 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);
- 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 incorporation or business registration certificate (where applicable);
- 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);
- An Organisational structure chart (clear and up to date that shows the hierarchy, reporting lines and the roles and responsibilities of each position);
- Most recent audited financial statement or income projection for a three (3) year period;
- Business profile outlining services, target market, and risk management framework;
- Most recent audited financial statement or income projection for a three (3) year period;
- Copy of a valid government issued identification for all legal owners, beneficial owners, directors, partners and senior officers. (*Drivers' License, Passport or National Identification Card*);
- A police certificate of character (COC) issued by the Trinidad and Tobago Police Service (TTPS);
- 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
10. Have you ever been asked to resign, or been dismissed from any fiduciary office or position of trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<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>