



**COMPLIANCE OFFICER**

**AND**

**ALTERNATE COMPLIANCE OFFICER**

**APPLICATION FORM**

## **INSTRUCTIONS FOR APPLICANTS**

- A. This form should be completed by all Supervised Entities specified in the First Schedule of the Proceeds of Crime Act, Chap. 11:27 (“POCA”) and Section 2(1) of the Financial Intelligence Unit of Trinidad and Tobago Act, Chap. 72:01 (“FIUTTA) and submitted to the Financial Intelligence Unit of Trinidad and Tobago (“FIUTT”).
- B. An application for approval should be made by the Supervised Entity, not by the prospective Compliance Officer or Alternate Compliance Officer. Unless the owner/sole trader is also the Compliance Officer.
- C. A single application form may be submitted for a group of companies provided that those companies are subsidiaries of a common parent or share common ownership.
- D. If a single application is submitted for a group of companies, Sections A, F and G shall be completed by each Supervised Entity in the group. Please print additional pages of these sections as necessary.
- E. Please ensure that the documents specified in the Document Checklist are submitted in support of this application.
- F. Keep a copy of the submitted application for your records. It is essential to provide truthful and complete information, as discrepancies can lead to disqualification.
- G. Please submit the completed application form, together with all supporting documents to:

**The Director  
Financial Intelligence Unit of Trinidad and Tobago  
Level 25, Tower D  
International Waterfront Complex  
1A Wrightson Road  
Port of Spain  
Trinidad and Tobago**

## DOCUMENT CHECKLIST

### **For Listed Businesses (LB):**

- 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 and signed Compliance Officer Fit & Proper Questionnaire for the designated Compliance Officer and Alternate Compliance Officer (complete all fields);
- Copy of the designated officer's identification documents (Drivers' License, Passport or National Identification Card);
- Proof of address (utility bill or letter of authorisation with ID, if you hold tenancy);
- A résumé or curriculum vitae outlining the relevant qualifications and experience of the applicant;
- Copies of academic and professional certificates;
- Evidence of completion of AML/CFT/CPF training provided by a recognised or accredited training provider (where applicable);
- 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); and
- 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.

## DOCUMENT CHECKLIST

### For Non- Regulated Financial Institutions (NRFI):

- 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 and signed Compliance Officer Fit and Proper Questionnaire for the designated Compliance Officer and Alternate Compliance Officer; (complete all fields);
- 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);
- Proof of address (utility bill or letter of authorisation with ID, if you hold tenancy);
- An Organisational structure chart (clear and up to date that shows the hierarchy, reporting lines and the roles and responsibilities of each position);
- A résumé or curriculum vitae outlining the relevant qualifications and experience of the applicant;
- Job description for the designated officer;
- Copies of academic and professional certificates;
- Evidence of completion of AML/CFT/CPF training provided by a recognised or accredited training provider (where applicable);
- 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); and
- 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.

## **SECTION A – REPORTING ENTITY DETAILS**

This section should be completed by the Supervised Entity submitting the Application Form.

<b>Name of Supervised Entity:</b>	
<b>Physical Business Address:</b>	
<b>Supervised Entity Sector:</b>	

Details of Person to be contacted in relation to this Application:

<b>Full Name:</b>	
<b>Position:</b>	
<b>Telephone Number:</b>	
<b>Mobile Number:</b>	
<b>Email:</b>	

## SECTION B – APPLICANT PERSONAL DETAILS

This section should be completed by or on the behalf of the prospective Compliance Officer or Alternate Compliance Officer

Approval Request for (please select one):

Compliance Officer

Alternate Compliance Officer

<b>Surname</b>							
<b>Forename(s)</b>							
<b>Maiden Name (if applicable)</b>							
<b>Previous Names (if any)</b> <i>Please provide Date of Change and Reason for Change</i> <i>(dd-mmm-yyyy)</i>							
<b>Date of Birth (dd-mm-yyyy)</b>							
<b>Place of Birth:</b>							
<b>National Identification:</b> <i>Please select the type of identification being provided</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>National Identification Card:</b></td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td><b>Driver's Permit:</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Passport:</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>National Identification Card:</b>	<input type="checkbox"/>	<b>Driver's Permit:</b>	<input type="checkbox"/>	<b>Passport:</b>	<input type="checkbox"/>
<b>National Identification Card:</b>	<input type="checkbox"/>						
<b>Driver's Permit:</b>	<input type="checkbox"/>						
<b>Passport:</b>	<input type="checkbox"/>						
<b>Current Residential Address</b> <i>Please state date from which you are resident at this address from (Month/Year)</i>							
<b>Contact Details</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"><b>Office Number:</b></td> </tr> <tr> <td><b>Mobile Number:</b></td> </tr> <tr> <td><b>Email Address:</b></td> </tr> </table>	<b>Office Number:</b>	<b>Mobile Number:</b>	<b>Email Address:</b>			
<b>Office Number:</b>							
<b>Mobile Number:</b>							
<b>Email Address:</b>							

## SECTION C - EDUCATION & QUALIFICATIONS

This section should be completed by or on the behalf of the prospective Compliance Officer or Alternate Compliance Officer.

### Education

Institution Attended	Degree/Qualification	Year Completed

### Memberships

Organisation/Association	Membership Status (Student, Associate, Fellow)	Member Since (dd-mm-yyyy)	Membership No. (where applicable)

## **SECTION D – EMPLOYMENT HISTORY**

This section should be completed by or on the behalf of the prospective Compliance Officer and Alternate Compliance Officer.

### **Current Employment**

<b>Name of Employer:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>Date of Appointment</b> <i>(dd-mmm-yyyy)</i> :	
<b>Current Position:</b>	
<b>Supervisor/Contact Person:</b>	
<b>Name of Regulator(s) (If Any):</b>	
<b>Responsibilities</b> <i>(attach a sheet if required)</i> :	

## SECTION D CONTINUED – EMPLOYMENT HISTORY

This section should be completed by or on the behalf of the prospective Compliance Officer or Alternate Compliance Officer.

### Previous Employment

<b>Name of Employer:</b>	
<b>Nature of Business:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>Date of Employment (From/To) (dd-mm-yyyy):</b>	
<b>Position Held</b>	
<b>Supervisor/Contact Person:</b>	
<b>Name of Regulator(s) (If Any):</b>	
<b>Responsibilities:</b>	
<b>Reason for Leaving:</b>	

## **SECTION E - FITNESS AND PROPRIETY**

This section should be completed by or on the behalf of the prospective Compliance Officer and Alternate Compliance Officer

**This section should be completed by selecting (☑) either YES or NO.**

**Please disclose any proceedings or action in any jurisdiction, with the exception of minor traffic offences, which you have been involved in over the past ten (10) years**

**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).

YES

NO

2. Have you ever been charged with any offence that is currently awaiting legal action?

YES

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?

YES

NO

4. Have you been found guilty of conducting any unauthorised regulated activities or been investigated for possible conduct of unauthorised regulated activities?

YES

NO

5. Has any application for your regulatory approval ever been refused?

YES

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?

YES

NO

## SECTION E CONTINUED - FITNESS AND PROPRIETY

This section should be completed by or on the behalf of the prospective Compliance Officer and Alternate Compliance Officer

7. Have you been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?

YES

NO

8. Have you ever been expelled or excluded from, or refused admission to, a professional body?

YES

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?

YES

NO

10. Have you ever been asked to resign, or been dismissed from any fiduciary office or position of trust?

YES

NO

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?

YES

NO

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?

YES

NO

## SECTION F - RELATIONSHIP WITH SUPERVISED ENTITY

This section should be completed by the Supervised Entity

1. What other positions or offices (if any) does or will the prospective Compliance Officer or Alternate Compliance Officer hold with the Supervised Entity?

2. Does the prospective Compliance Officer or Alternate Compliance Officer hold any shares in, or have any interest, legal or equitable, direct or indirect, in the Supervised Entity?

YES

NO

3. If the answer to 2 above is "yes" provide details of shareholding or other interest.

4. Is the prospective Compliance Officer or Alternate Compliance Officer able, directly, to exercise more than 10% of the voting power of the Supervised Entity?

YES

NO

5. If the answer to 4 above is "yes" provide details.

## **SECTION G – DECLARATIONS**

The following declaration should be completed by the **Supervised Entity** in relation to **A** and **F**.

**Signed on behalf of the Supervised Entity:**

**Signature:** \_\_\_\_\_

**Name of Authorised Signatory:** \_\_\_\_\_

**Job Title / Position:** \_\_\_\_\_

**Date (dd-mm-yyyy):** \_\_\_\_\_

*I hereby certify that the statements and information provided herein in sections A and F, 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.*

The following declaration should be completed by the **prospective Compliance Officer / Alternate Compliance Officer** in relation to the information provided in Sections **B, C, D** and **E**.

**Signature:** \_\_\_\_\_

**Name of Prospective Compliance Officer/:** \_\_\_\_\_

**Alternate Compliance Officer**

**Date (dd-mm-yyyy):** \_\_\_\_\_

*I hereby certify that the statements and information provided herein in sections A and F, 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.*