

DEREGISTRATION OF LISTED BUSINESS

*Please type or complete in **BLOCK LETTERS**

Complete entire form

Part 1 Registrant Infor	mation – Individual or Legal Er	ntity
Name of Individual:	Na	me of Legal Entity:
FIUTT Registration No:	List	ted Business Type:
Registered Address:		
Tel: (868)	Email:	Website:
Part II Director(s) / Own	ner / Partners	
Surname: Mr./Mrs./Ms.	First name:	Middle name:
Address: (Street number, Street	name,) Town/City:	Country:
Telephone number(s):	Nationality	:
ID : National ID, DP# or PP #		
Part III Declaration of In	tention to Deregister from the	e FIUTT
I am authorized to file this form on behalf of myself/the company/the business listed in Part I. I declare that the information provided is true, correct and complete.		
I HEREBY DECLARE THAT on behalf of myself/the company/the business listed in Part 1, I wish to DEREGISTER with the FIUTT on the ground that I/the company/the business listed in Part 1 am/is no longer performing listed business activities as a		
in accordance with the First Schedule of the Proceeds of Crime Act Chap. 11:27 . (Listed Business Type)		
(Listed Business Type)		
*I ALSO HEREBY ACKNOWLEDG		out listed business activities without being registered with 2) of the Financial Intelligence Unit of Trinidad and Tobago
*I ALSO HEREBY ACKNOWLEDGI the FIUTT, I may be liable for an	offence under Regulation 28(2	2) of the Financial Intelligence Unit of Trinidad and Tobago
*I ALSO HEREBY ACKNOWLEDGI the FIUTT, I may be liable for an Regulations, 2011.	offence under Regulation 28(2 horised person is mandatory.	2) of the Financial Intelligence Unit of Trinidad and Tobago