



TRINIDAD AND TOBAGO
FIUTT Form RG1

REGISTRATION OF SUPERVISED ENTITIES

For official use only

Please type or complete in **BLOCK LETTERS** **All fields are mandatory. Please complete the entire form**

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									
Nature of Business activity <i>(Refer to List of Supervised Entities on FIUTT website > List of Supervised Entities)</i>							Company/Business Registration Number:		
Registered Business Address <i>(Street No, Street Name, City, Zip Code and Country)</i>									
Tel #: (868)			E-mail			Website:			
<i>Where there are branches/outlets, include addresses of the locations (Attach additional sheet(s) if necessary):</i>									
VAT Registration Number (where applicable)							Estimated Annual Income (in TT\$)		
Part III					Directors or Owner(s) or Partners <i>(Enter all Names and related data. Attach additional sheets if necessary.)</i>				
Directors <input type="checkbox"/>			Owner(s) <input type="checkbox"/>			Partner(s) <input type="checkbox"/>			
Surname:			Mr./Mrs./Ms. First Name			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: <i>(National ID, Driver's Permit, Passport, Social Security#)</i>		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) [Enter all names and related data in order] Attach sheet(s) as necessary

For a Cooperative Society conducting the business of a Credit Union, tick Members **only**.
 For a company, identify each owner's details Members
 For individual(s), enter information as detailed below

Surname:	Mr./Mrs./Ms. First Name	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: <i>(National ID, Driver's Permit, Passport, Social Security#)</i>	Identification Number:	Country of Issue:	Date of Issue:	Date of Birth:
---	------------------------	-------------------	----------------	----------------

Nationality:	Citizenship:	Occupation:
--------------	--------------	-------------

Telephone (include area code):	E-mail:	Website:
--------------------------------	---------	----------

Part V Authorized Signature

I am authorized to file this form on behalf of myself/the company/the business listed in Part II. I declare that the information provided is true, correct and complete. 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 Financial Intelligence Unit of Trinidad and Tobago Act, Chap 72:01 and their regulations.

I declare that the above information is true, correct and complete.

The signature of the owner/authorized person is mandatory.

Signature:	Print Name: Mr./Mrs./Ms.
------------	--------------------------

Position held in the Business Entity:	Date of signature: <div style="text-align: right;"> -----/-----/----- DD/MM/YYYY </div>
---------------------------------------	---

Note:

You are required to submit the following documents with the completed form:

- Copy of national identification for all directors and beneficial owners;
- Copy of incorporation documents;
- Copy of license/certificate issued by relevant government agency (if applicable); and
- A completed Fit and Proper Questionnaire for the Compliance Officer and Alternate Compliance Officer > [Compliance Officer Fit and Proper Questionnaire](#).