CONFIDENTIAL



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

FINANCIAL INTELLIGENCE UNIT OF TRINIDAD AND TOBAGO

MINISTRY OF FINANCE



FOR OFFICIAL USE ONLY		
Form ID No.	FIU-001	
casekonnect Registration No.		

CaseKonnect (e-filing) REGISTRATION FORM FOR COMPLIANCE OFFICERS

An Applicant applying to be registered in the CaseKonnect (e-filing) system either as a Compliance Officer or an Alternate Compliance Officer with the Financial Intelligence Unit of Trinidad and Tobago ("the FIUTT"), must complete <u>BOTH</u> sections of this registration form. Please sign and upload to CaseKonnect.

An Applicant who has been approved as a Compliance Officer or Alternate Compliance Officer by a Supervisory Authority other than the FIUTT e.g. the Central Bank of Trinidad and Tobago or the Trinidad and Tobago Securities and Exchange Commission must append a letter of approval and/or appointment from the said Supervisory Authority and a valid form of picture identification issued by the Government of Trinidad and Tobago.

ON 1: PARTICULARS OF THE FINANCIAL INSTITUTION			
Name of Financial Institution or Listed Business ¹ :			
Address (line I):			
Address (line II):			
Address (line III):			
Address (line IV):			
Telephone I:			
Telephone II:			
Facsimile:			
E-mail:			
Website:			
FIUTT Registration No. (if registered with the FIUTT) ² :			
	E Officer or Alternate Co	OMPLIAI	NCE OFFICER]
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANC	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANCE COMPLIANCE COMPLIAN	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANC Title (Mr, Miss, Ms, Mrs): First Name:	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
First Name: Other names: Last Name: Gender:	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANCE Title (Mr, Miss, Ms, Mrs): First Name: Other names: Last Name:	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER]
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANCE Title (Mr, Miss, Ms, Mrs): First Name: Other names: Last Name: Gender: Position at Financial Institution/ Listed	E OFFICER OR ALTERNATE C	OMPLIAI	NCE OFFICER] Extension:
ON 2: PARTICULARS OF THE APPLICANT [COMPLIANCE Title (Mr, Miss, Ms, Mrs): First Name: Other names: Last Name: Gender: Position at Financial Institution/ Listed Business:	E OFFICER OR ALTERNATE C	OMPLIAI	
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 $^{^{\}rm 1}$ The full and correct name as approved by the Registrar General Department. $^{\rm 2}$ Listed Businesses and Non-Regulated Financial Institutions.

I,, (name of the Applicant) hereby certify that I am the Compliance Officer/Alternate Compliance Officer for the entity described in Section 1 above and the information provided herein are true and correct to the best of my knowledge, information and belief.					
Signature	 Date				