

APPLICATION FORM FOR LICENCE TO OPERATE REMITTANCE SERVICE IN JAMAICA

(A separate form must be completed for each remittance service location)

1a. Name of applicant (Company Name) _____

1b. Trade name (if different from 1a) _____

2. Company's TRN: _____

3. Business Address _____

4a. Tel. number(s):(____) _____

4b. Fax no. (____) _____

5. E-mail address: _____

6. Type of business _____

7. Name(s) of international remittance company(ies), which you represent /intend to represent

8. Type of Money transfer activity conducted (check all that apply):

Inbound Outbound Intra-island

9. Ownership and management structure of the company named at (1a):

9a. Names of Directors *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yy)	TRN

9b. Name(s) of Shareholder(s) owning a minimum of 10% shares *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yyyy)	TRN	Shareholding (%)

10. Address of location for which a licence is being sought.

11. Manager (Responsible Officer) of location named at #10 above *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yyyy)	TRN

12. Where remittance operation at location named at #10 above will be conducted through a sub-agent of the applicant (named at 1a), list:

- (a). Name of sub-agent _____
- (b). TRN of sub-agency _____
- (c). Chief Executive Officer of the Sub-agency _____ Name _____ TRN _____
- (d) Identify the type of arrangement under which the sub-agent operates/will operate at the location (tick the applicable box)
- Lease Rent Other, Specify _____

(d). The shareholders of the sub-agency and their respective shareholdings *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yyyy)	TRN	Shareholding (%)

(e). The directors of the sub-agency *(insert in table below, where applicable)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yyyy)	TRN

I declare that all statements made in this application and the attached documents are, to the best of my knowledge and belief, true and complete statements.

Responsible officer: _____ Position: _____
(Print name)

Signature: _____ Date: _____

Affix company seal: _____

