

SCHEDULE V

PART A

Form I

REGISTRATION OF REGULATED ENTITIES

Part I - Type of filing					
Indicate the type of filing:					
<input type="checkbox"/>	Initial Registration	<input type="checkbox"/>	Renewal		
Part II - Registrant Information individual or legal entity					
Name of individual		Name of legal entity			
Nature of business		Company registration number			
Are you currently licensed/certified by the competent authority applicable to the relevant business you operate?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If YES, please provide copy of the current certificate of registration/licence that you hold					
If NO, provide copy of the expired certificate of registration/licence					
Registered Address					
Telephone numbers		Email address			
VAT registration number (if applicable)		Estimated annual income			
Part III - Director(s)/Owner/Partners					
Salutation					
<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms
Surname					
First name					
Middle name					

Address			
Telephone numbers		Email address	
Part IV - Compliance officer			
Salutation			
<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs
<input type="checkbox"/>		<input type="checkbox"/>	Ms
Surname			
First name			
Middle name			
Address			
Telephone numbers		Email address	
Part V - Beneficial owners			
<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs
<input type="checkbox"/>		<input type="checkbox"/>	Ms
Surname			
First name			
Middle name			
Address			
Telephone numbers		Email address	
Part VI – Authorised signature			
I am authorised to file this Form on behalf of myself/ the company/ the business listed in Part II. I declare that the information provided is true and correct.			

Position held in organization	
Signature	
Date	