



An Roinn Dlí agus Cirt  
Department of Justice

**Anti-Money Laundering Compliance Unit**

# **TRUST OR COMPANY SERVICE PROVIDER**

**APPLICATION FOR A NEW AUTHORISATION**

or

**FOR THE RENEWAL OF AN AUTHORISATION**

In accordance with the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended

**COMPANY**

## INTRODUCTION

If you wish to carry on business as a Trust or Company Service Provider (TCSP) and are not a credit or financial institution then under Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended you are required to make an application for Authorisation to the Minister for Justice. There may be exceptions to this if you are an Accountant – check out the website – [www.amlcompliance.ie](http://www.amlcompliance.ie)

### TRUST or COMPANY SERVICE PROVIDER

A Trust or Company Service Provider (TCSP) means any person whose business it is to provide any of the following services:

- a) Forming companies or other bodies corporate;
- b) Acting as a Director or Secretary of a company under an arrangement with a person other than the company;
- c) Arranging for another person to act as a Director or Secretary of a company;
- d) Acting or arranging for a person to act as a partner of a partnership;
- e) Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership;
- f) Acting or arranging for another person to act as a trustee of a trust;
- g) Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market.

### PROHIBITION ON CARRYING ON TCSP ACTIVITIES WITHOUT AUTHORISATION

A business is prohibited from carrying on the activities of a TCSP without Authorisation under Section 87(1) of the 2010 Act as amended. Please note that it is an offence to carry out TCSP activities without an Authorisation where you could be liable:

- On summary conviction, to a fine not exceeding €5,000, or imprisonment for a term not exceeding 12 months (or both), or
- On conviction on indictment, to a fine or imprisonment not exceeding 5 years (or both).

*Completed application forms should be returned to:*

**Anti-Money Laundering Compliance Unit,  
Department of Justice,  
51 St Stephen's Green,  
Dublin 2, D02 HK52**

**Web:** [www.amlcompliance.ie](http://www.amlcompliance.ie)

**Email:** [antimoneylaundering@justice.ie](mailto:antimoneylaundering@justice.ie)

# SECTION 1

## APPLICANT DETAILS

PLEASE TYPE/WRITE CLEARLY, AS APPLICATIONS WHICH CANNOT BE READ WILL BE RETURNED. (IF TYPING, WRITTEN SIGNATURES ARE STILL REQUIRED)

1. Full Legal Name and Address: \_\_\_\_\_

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2. Trading Name (as registered with the CRO) (if applicable):

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3. Company Address and Eircode: \_\_\_\_\_

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4. Contact Person

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Role: \_\_\_\_\_

5. Registered Office Address (if different from Business Address above):

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6. Do you have branch offices? YES NO

If YES, provide address details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Type of Company (Please circle letters as appropriate)

- A. Private company limited by shares (LTD) (new private company model under Companies Act 2014)
- B. Designated activity company – Private company limited by shares
- C. Designated activity company – Private company limited by guarantee
- D. Public Limited company (PLC)
- E. Company limited by guarantee (CLG)
- F. Unlimited company with a share capital (ULC)
- G. Public unlimited company with a share capital (PUC)
- H. Public unlimited company that has no share capital (PULC)

8. Company Registration details

Date of Incorporation: \_\_\_\_\_

CRO Number: \_\_\_\_\_

Country of Incorporation if outside Ireland: \_\_\_\_\_

Company Registered Number (outside Ireland): \_\_\_\_\_

9. Has your company ever changed names? YES NO

Previous Company Name(s)	Date of Change of Name

10. Is the applicant a member of a corporate group? YES NO  
(If yes, please submit full details, along with a group organisation chart indicating relevant shareholdings and ownership details)

11. Details of all directors including non-executive, shadow directors, alternative directors including the Money Laundering Reporting Officer (MLRO).

**(Each individual listed below must complete a 'fit and proper' application form)**

Surname	First Name	Date Appointed

12. Details of all beneficial owners<sup>1</sup> of the applicant entity including corporate bodies.

**(Each individual listed below must complete a 'fit and proper' application)**

Beneficial Owners who are natural persons		
Full Name	Position/Role	% Shares Held

Beneficial Owners who are body corporate/s	
Name of Entity	% Share Held

<sup>1</sup> Section 26 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended. In this part, "beneficial ownership", in relation to a body corporate, has the meaning given to it by Point (6)(a) of Article 3 of the Fourth Money Laundering Directive.

13. Principal Officers<sup>2</sup> or persons who are in a position to exercise a significant influence over the management/control of the applicant entity

(Each individual listed below must complete a 'fit and proper application')

Surname	First Name	Role/Position in the Company

14. Has the applicant, beneficial owner or any principal officer associated with the applicant any association with any other entity that is authorised or has applied for authorisation to carry on business as a TCSP e.g. partnership, controlling interest, etc?      YES      NO

If YES, please provide:

Name and Address of the entity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of association with this entity: \_\_\_\_\_

\_\_\_\_\_

15. Have you any association with any other entity that is Authorised, licensed for any activity or registered by the Central Bank of Ireland?  
YES                      NO

If YES, please provide:

Name and Address of the entity: \_\_\_\_\_

\_\_\_\_\_

<sup>2</sup> 'Principal Officer' means (a) In relation to a body corporate, any person who is a Director, Manager, Secretary or other similar officer of the body corporate or any person purporting to act in such a capacity, or (b) In relation to a partnership – (i) any person who is a partner in, or a manager or other similar officer of, the partnership or any person purporting to act in such a capacity, and (ii) In a case where a partner of the partnership is a body corporate, any person who is a Director, Manager, Secretary or other similar officer of such a partner or any person purporting to act in such a capacity.

Nature of association with this entity: \_\_\_\_\_

\_\_\_\_\_

Principal activities of the entity: \_\_\_\_\_

\_\_\_\_\_

16. TCSP Authorisation in other jurisdictions:

Has the applicant, or in the case of a corporate group, the parent company, applied for authorisation or been authorised to carry on a business as a TCSP in another Member State or elsewhere?

YES                      NO

If YES has the Authorisation been refused, revoked or terminated?

YES                      NO

If you have answered YES above please provide full details below of the Authorisation(s) including a copy of same.

Nature of association with this entity: \_\_\_\_\_

\_\_\_\_\_

Principal activities of this entity: \_\_\_\_\_

\_\_\_\_\_

## SECTION 2

### TYPE OF TCSP BUSINESS PROPOSED

1. **Please indicated the TCSP activities for which you are seeking Authorisation:**  
(Please tick all relevant boxes)

	Forming companies or other bodies corporate – Q3
	Acting as a director or Secretary under an arrangement with a person other than the company – Q4
	Arranging for another person to act as a Director or Secretary of a company – Q4
	Acting or arranging for a person to act as a partner of a partnership – Q4
	Providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership – Q5
	Acting or arranging for another person to act as trustee of a trust – Q6
	Acting or arranging for another person to act as a nominee shareholder for a person other than a company whose securities are listed on a regulated market – Q7

2. **Which jurisdictions do your clients reside in or which jurisdictions do you intend to offer TCSP activities?**  
(Please tick all relevant boxes)

	Ireland
	United Kingdom
	Other EU countries
	Outside of the EU

If outside the EU please provide details: \_\_\_\_\_

\_\_\_\_\_

3. **Company Formations**  
How many companies do you expect to form annually?  
(Please tick the relevant box)

	None
	Up to 25
	26-100
	101-500
	Over 500



4. **Company Director/Secretary/Partner Services**  
 How many of these positions do you currently hold?  
**(Please tick the relevant box)**

<input type="checkbox"/>	None
<input type="checkbox"/>	Up to 25
<input type="checkbox"/>	26-100
<input type="checkbox"/>	101-500
<input type="checkbox"/>	Over 500

How many additional positions do you intend to hold?  
**(Please circle as appropriate)**

<input type="checkbox"/>	None
<input type="checkbox"/>	Up to 25
<input type="checkbox"/>	26-100
<input type="checkbox"/>	101-500
<input type="checkbox"/>	Over 500

5. **Nature of service offered currently or intended to offer in the future**  
**(Please tick all relevant boxes)**

<input type="checkbox"/>	Registered Office
<input type="checkbox"/>	Business Address
<input type="checkbox"/>	Correspondence/administrative address and other related services for a company, for a body corporate or partnership. (Mailbox, P.O. Box)

If other services provide details: \_\_\_\_\_  
 \_\_\_\_\_

6. **Acting or arranging for another person to act as a trustee of a trust**  
 How many Trustee positions do you currently hold?  
**(Please tick the relevant box)**

<input type="checkbox"/>	None
<input type="checkbox"/>	Up to 25
<input type="checkbox"/>	26-100
<input type="checkbox"/>	101-500
<input type="checkbox"/>	Over 500

How many additional Trustee positions do you intend to hold?  
(Please tick the relevant box)

	None
	Up to 25
	26-100
	101-500
	Over 500

7. **Acting or arranging for another person to act, as a nominee shareholder for a person other than a company whose securities are listed on a regulated market**

How many Nominee Shareholder positions do you currently hold?  
(Please tick the relevant box)

	None
	Up to 25
	26-100
	101-500
	Over 500

How many additional Nominee Shareholder positions do you intend to hold?  
(Please tick the relevant box)

	None
	Up to 25
	26-100
	101-500
	Over 500

# SECTION 3

## STAFF PROFILE, ADMINISTRATIVE AND REGULATORY ARRANGEMENTS

**1. Staff Profile**

Total number of Employees	
Number of persons who will be involved in providing TCSP services including Directors, Principals and Employees	

**2. Directors, Principals and beneficial owners of the applicant body who are member(s) of a designated accountancy body, the Law Society or the Bar Council**

Name	Name of Designated Accountancy Body or other Body	Role/Position in the Company

**3. Compliance and Administrative Arrangements**

A. Explain briefly how the applicant entity’s anti-money laundering compliance obligations will be met and operated.

B. The name and contact details of the Money Laundering Compliance Officer.

- C. Description of the staff training which will be put in place further to the obligations imposed by the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended.

- D. An outline of recruitment procedures followed by the applicant and details of the measures taken to establish the fitness and probity of potential employees.

4. **Regulatory Issues**

**(For each question please circle as appropriate and provide additional information in the box provided)**

- A. Is the applicant entity authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity?

YES                      NO

- B. Has the applicant entity ever applied to be authorised/licensed by the Central Bank of Ireland or any other Regulatory Authority for any activity?

YES                      NO

- C. Is the applicant entity supervised by, or a member of, any Professional or Regulatory body in the State?

YES                      NO

D. Has an applicant ever had an application for membership of any Professional or Regulatory body in the State refused?

YES                      NO

E. Is the applicant entity supervised by a Professional or Regulatory body in another jurisdiction?

YES                      NO

F. To the applicant's knowledge and belief have any of the Principal Officers, Beneficial Owners or Shareholders ever been convicted of the offences of money laundering, terrorist financing or an offence invoking fraud, dishonesty or breach of trust in the State or elsewhere?

YES                      NO

G. To the applicant's knowledge and belief, do any of the following apply to the applicant body or any Principal Officers, Beneficial Owners or Shareholders of the applicant body? If yes, please provide details below.

i. Has suspended payments due to the person's Creditors                      YES      NO

ii. Is unable to meet other obligations to the person's creditors                      YES      NO

iii. Is an individual who is an undischarged Bankrupt                      YES      NO

**Please make sure you have responded to each question above**

I have consulted the checklist on page 18 of this form and confirm that I have provided all necessary forms and information and that all questions in this form have been answered.

Signed (by person completing this form)

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Date

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## SECTION 4 SIGNED DECLARATIONS

**Declaration 1: to be signed by two Directors. If the company is a Private Company Limited by Shares and has one Director then only the signature of that Director is required.**

I/We hereby make an application to the Minister for Justice for authorisation in accordance with Section 88 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended on the basis of information supplied with this application and any additional information supplied to the Anti-Money Laundering Compliance Unit (AMLCU) in the course of the application.

The full legal name of the Entity applying for the Authorisation is:

I/We are aware of the requirements that the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended places upon us as 'designated persons' and undertake to comply with obligations imposed on the TCSP under the Acts.

I/We are aware that Section 77 of the Act confers rights on an Authorised Officer to conduct an inspection of the business for the purpose of assessing that it is compliant with the 2010 Act as amended. I am further aware that in that context I/we may be required to provide the Authorised Officer with records/access to documents which demonstrate that customer due diligence was carried out.

I/We acknowledge that the AMLCU may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law.

I/We hereby give consent to the Minister for Justice to access data including personal data (within the meaning of the Data Protection Acts 1988-2018) held by other persons or bodies and that is required to assist the Minister in determining for the purposes of Section 89 (including as applied by Section 92) whether or not the persons referred to in paragraph (b) are 'fit and proper' persons.

I/We declare that the structure of this form has not been altered.

I/We declare that the applicant for authorisation, being a body corporate, is not being wound up nor are any such proceedings currently under consideration. If this is not the case please provide details in the box provided overleaf.

I/We declare that in accordance with section 88(4) we will promptly notify the AMLCU of any changes in the information provided and will supply any other relevant information which may come to light in the period during which the application is being considered or after the application has been approved.

I/We declare that we have truthfully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of this application.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date:  
\_\_\_\_\_



**Declaration 2: Declaration of Probity by the Proposing Entity (ie. The applicant for Authorisation) regarding all individuals that will undergo the fit and proper test.**

Full legal name of the proposing entity:

I \_\_\_\_\_ of \_\_\_\_\_ (Name of proposing entity) (“the proposing entity”) declares that:

To the best of my knowledge, information and belief, the information contained in the fit and proper forms is true, accurate and supports my view that the proposed person(s) fulfils all the criteria for the post for which he/she is proposed and can be considered to be a fit and proper person(s) for the purpose of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended.

The proposing entity has satisfied itself that the proposed approved person(s) has the experience necessary that deems him/her/them, in the opinion of the proposing entity, capable of fulfilling the role.

The proposing entity will notify the Department of Justice without delay of the resignation of the proposed person(s).

The proposing entity will notify the Department of Justice without delay of any change in circumstances of such that would render the information contained in this application out of date/inaccurate.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**This declaration must be signed by any individual authorised to sign on behalf of the entity.**

# CHECKLIST

Please indicate below that you have submitted all appropriate information/documentation.

<b>1. Renewal application</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed application form including signing the two declarations			
Payment of fee (cheques made payable to the Department of Justice)			
Copy of your AML Policies & Procedures			
Copy of authorisation from other jurisdiction(s) if applicable			

<b>2. Fit and Proper application for all Principal Officers, Directors and Beneficial Owners</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed Fit and Proper Form for each individual			
Copy of photographic identification for each individual in the form of a passport or driving licence			
Proof of current address for each individual e.g. recent utility bill			

<b>3. Garda Vetting Form</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Completed Garda Vetting Form Invite. The form should be obtained from the AMLCU website <a href="http://www.amlcompliance.ie">www.amlcompliance.ie</a>			
Police Certificate of no convictions for persons currently residing outside of the state or persons who resided outside the state for longer than 6 months in the five years prior to the application. Please note a subject access request cannot be accepted.			

If the certificate of incorporation, registration of trading name, constitution or memorandum & articles of association have changed since your last application these should also be submitted.

I, \_\_\_\_\_ have submitted a complete and accurate application for Authorisation to operate/continue to operate as a Trust or Company Service Provider. I fully understand the requirements of the application process and I am satisfied that all the necessary documentation is included.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**END OF FORM**