



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

**PARTNERSHIP**

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

4. Contact Person

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have branch offices? YES NO

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

\_\_\_\_\_

\_\_\_\_\_

7. Provide the details for each partner and beneficial owner<sup>1</sup>

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

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

Partners of the partnership who are entities	
Name of Entity	% Shares Held

8. Please identify any other persons who are in a position to exercise a significant influence over the partnership

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

Surname	First Name	Role/Position in the Company

<sup>1</sup> Section 27 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended: In this part, "beneficial owner", in relation to a partnership, means any individual who – (a) ultimately is entitled to or controls, more than 25 per cent share of the capital or profits of the partnership or more than 25 per cent of the voting rights in the partnership, or (b) otherwise exercises control over the management of the partnership.

9. Does any partner own a shareholding of 25% or more in any other company? YES NO

If YES, please provide:

(i) Name and Address of Company/Companies:

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Name of partner holding shares: \_\_\_\_\_

% of total company shares held: \_\_\_\_\_

Date shares acquired: \_\_\_\_\_

Principal Activities of the company/companies: \_\_\_\_\_

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(ii) Name and Address of Company/Companies:

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Name of partner holding shares: \_\_\_\_\_

% of total company shares held: \_\_\_\_\_

Date shares acquired: \_\_\_\_\_

Principal Activities of the company/companies: \_\_\_\_\_

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10. Have any of the partners 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: \_\_\_\_\_

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

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

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11. 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 this entity: \_\_\_\_\_  
\_\_\_\_\_

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

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

12. Have you applied for Authorisation or been authorised to carry on business as a TCSP in another EU Member State or elsewhere?  
YES                      NO

If YES, has that 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.

## 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 – see Question 3
	Acting as a director or Secretary under an arrangement with a person other than the company – see Question 4
	Arranging for another person to act as a Director or Secretary of a company – see Question 4
	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 – see Question 5
	Acting or arranging for another person to act as trustee of a trust – see Question 6
	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 – see Question 7

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)**

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

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

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

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

	Registered Office
	Business Address
	Correspondence/administrative address and other related services for a company (Mailbox, P.O. Box)
	A partnership or any other legal person or arrangement
	Other services

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)**

	None
	Up to 25
	26-100
	101-500
	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. Details of Principal Officers<sup>2</sup>, or persons who are in a position to exercise a significant influence over the management /control of the partnership**  
**(Each individual listed below must complete a 'fit and proper' application)**

Surname	First Name	Role/Position in the Company

**3. 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

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<sup>2</sup> 'Principal Officer' means in relation to a partnership – (a) 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 (b) 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.

**4. 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 (MLCO).

- 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.

5. **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, that is designated under the 2010 act as amended?

YES

NO

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

YES

NO



H. The Minister must be satisfied that where the proposed holder of the authorisation is a body corporate, the body corporate is not being wound up. Please confirm that no such proceedings are currently being undertaken or considered.

I 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 below.

**Signed on behalf of the body corporate:**

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

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

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

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

(Details of company being wound up or such proceedings currently under consideration)

## SECTION 4

### SIGNED DECLARATION

(TO BE COMPLETED BY ALL APPLICANTS)

**NOTE:**

- 1. An application shall not be complete unless an original signed declaration is submitted to the Anti-Money Laundering Compliance Unit.**
- 2. The Declaration must be signed by at least two partners.**

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:

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

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.

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

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.

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.

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

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.

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

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

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

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

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

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

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

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



# CHECKLIST

To obtain Authorisation you must complete and submit the following:

- a. An application form
- b. A 'Fit and Proper' form for each beneficial owner and each principal accompanied by a copy of photographic identification in the form of a passport or driving licence and proof of address in the form of a utility bill/bank statement/government document.
- c. Completed Garda Vetting Form Invite. A blank form should be obtained from the AMLCU website [www.amlcompliance.ie](http://www.amlcompliance.ie)
- d. Police certificate of no convictions for persons currently living outside the state or persons who resided outside the state for longer than six months in the five years prior to the application. Please note that a subject access request cannot be accepted.
- e. Copy of partnership agreement
- f. Copy of Authorisation from other jurisdictions (if applicable)
- g. Registration of Trading Name
- h. Anti - Money Laundering Policies and Procedures
- i. A cheque for €130 made payable to the Department of Justice.

Should you wish to renew an existing Authorisation please note that you are required to submit all of the above with the exception of e, f and g. However if these documents have changed since the last application they must also be submitted.

**END OF FORM**