

General Information:

Trade and Business Licensing # (TBL)

1.1. Who should use this form?

Every person who carries on, or intends to carry on business as a DNFBP in or from within the Islands

- a) *Real Estate Agents and Property Developers (buys, develop and sells property)*
- b) *Dealers in Precious Metals and Stones*

1.2. How to submit this form:

The completed application form with all supporting documentations can be submitted electronically by emailing the information using enforcement@dc.gov.ky or by delivering a print version to the Trade and Business Licensing counter on the ground floor at the Government Administration Building, 133 Elgin Avenue, George Town, and Grand Cayman.

1.3. Communication

Please provide the information below for the person with whom DCI should communicate about this application and for future applications.

Name	
Contact Telephone Number	
Email Address	
Positon	

1.4. Additional Information

Section 2 to section 2.3.1 is to assist the DCI in the assessment of money laundering and terrorist financing risk and vulnerabilities for Real Estate and Dealers in Precious Metals and Stones.

1.5. Type of Designated Non- Financial Business or Profession

Please select the type of Designated Non-Financial Business or Profession

Real estate developer or agency which carries out transactions with a customer involving the buying or selling of real estate property

Dealer in precious metals or precious stones

Section 2: DNFBP General Details			
2.0	Name of Business		
2.1	Principle place of Business address (Please indicate if current or proposed)		
2.2	Business telephone number & business email address		
2.3	Head office or other trading premises if different from 2.1		
2.4	Are you a Franchise owner? (if applicable)		
2.5	International Office details (if applicable)		
2.6	Website address (if applicable)		
2.7	What is the legal status of the business?	<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Corporate body for example a limited company	
2.8	Date & place of incorporation / information of the DNFBP	<input type="radio"/> Date of local incorporation:	
2.9	Anticipated annual turnover for your business activities (CI)	<input type="radio"/> Under \$300 <input type="radio"/> \$300k- \$600k <input type="radio"/> \$600k - \$900k <input type="radio"/> \$900k- \$1m <input type="radio"/> \$1m plus	
2.10	When conducting transactions, does your office accept cash payments?	<input type="radio"/> Yes	<input type="radio"/> No

2.11	Total number of staff involved in business activities		
2.12	DNFBP's contact person for this form		
2.13	Position/Title		
2.14	Contact person's years in business and relevant qualifications.		
2.15	AML/CTF Qualifications (ACAMS & ICA)		
2.16	Contact details	Correspondent address if different to 2.1	
2.17		Telephone	
2.18		Email	
2.19	Source of Business; do you conduct business with residents with any country other than the below list: <ul style="list-style-type: none"> • Cayman Islands • United Kingdom • Other EU Member Countries: • United States of America • Canada • United States 	Name of Country(If not listed)	% of Annual Business

Section 2.2: Real Estate Business Only

2.2.1	Do you hold membership with The Cayman Islands Real Estate Brokers Association (CIREBA)?	<input type="radio"/> Yes	<input type="radio"/> No
2.2.2	What best describes your office	<input type="radio"/> Sole Trader Partnership <input type="radio"/> Company	
2.2.3	Type of estate agency business activity	<input type="radio"/> Residential sales <input type="radio"/> Commercial sales <input type="radio"/> Property Management <input type="radio"/> Other (Rental/Lease)	
2.2.4	Is your estate agent business solely face to face	<input type="radio"/> Yes	<input type="radio"/> No
2.2.5	What type of non-face to face estate business activity is conducted (if any)	<input type="radio"/> Wire Transfer <input type="radio"/> Third party payments <input type="radio"/> Courier payments <input type="radio"/> Telephone <input type="radio"/> Other types (please specify)	
2.2.6	Please provide a breakdown of yearly local cash sales and yearly international cash sales in terms of \$ value. <i>(Cash Sales –Sales that does not include financing)</i>	<input type="radio"/> Yearly local cash sales in \$: <input type="radio"/> Yearly international cash sales in \$:	

Section 2.3: Dealers in precious metals or precious stones or any saleable item to a customer of a price equal to or greater than \$15,000.

2.3.1	What type of goods do you deal in? Please tick all that apply (select all that apply)	<input type="radio"/> Jewelry(Precious Metals and Stones) <input type="radio"/> Motor/Boat/Aircraft Dealers <input type="radio"/> Other (such as builders, bathroom and kitchen suppliers)	
2.3.2	How many individual cash payments for goods over \$15,000 do you expect to receive each year?	<input type="radio"/> 1-5 <input type="radio"/> 5-10 <input type="radio"/> 10-15 <input type="radio"/> 15+	
2.3.3	Is your business solely face to face	<input type="radio"/> Yes	<input type="radio"/> No
2.3.4	What type of non-face to face business activity is conducted (select all that apply)	<input type="radio"/> Wire Transfer <input type="radio"/> Third party payments <input type="radio"/> Courier payments <input type="radio"/> Telephone <input type="radio"/> Other types (please specify)	

Section 3: Anti – Money Laundering (Please go to section 3.1 if AML is conducted by an agency)

3.1	Have you fully implemented a compliance regime in your company/organization?	<input type="radio"/> Yes	<input type="radio"/> No
3.2	<i>Record Keeping obligations</i> -please confirm if you have in place:	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Client Information and Identification Records	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Receipt of Funds Record	<input type="radio"/> Yes	<input type="radio"/> No
3.3	<i>Reporting obligations</i> -please confirm if you have in place:	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Large Cash Transaction Record	<input type="radio"/> Yes	<input type="radio"/> No
3.4	<i>Compliance Program obligations</i> -please confirm if you have in place:	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Suspicious Activity Reports (including cash activity and other suspicious activity)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Polices and Procedure Manual	<input type="radio"/> Yes	<input type="radio"/> No
3.5	<input type="radio"/> Risk Assessment Manual	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Training Program	<input type="radio"/> Yes	<input type="radio"/> No
3.6	Are these polices & procedures accessible to all employees?	<input type="radio"/> Yes	<input type="radio"/> No
3.7	How often do you review industry updates?		
	How often do you review client files?		

3.8	Have you appointed an Anti-Money Laundering Reporting Officer (MLRO) and an Anti-Money Laundering Compliance Officer (AMLCO) responsible for implementing your AML & CFT compliance regime?	In-house appointment <input type="radio"/> Yes <input type="radio"/> No AML/CFT Function Outsourced (<i>go to Section 3.1.</i>) <input type="radio"/> Yes <input type="radio"/> No	In-house appointment <input type="radio"/> No <input type="radio"/> Yes AML/CFT Function Outsourced <input type="radio"/> No <input type="radio"/> Yes
Note: If the Anti-Money Laundering Compliance Officer (AMLCO) and the Anti-Money Laundering Reporting Officer (AMLRO) is the same person please only complete the first table below. <i>Do not repeat the information.</i>			
3.9	Name of AMLRO		
	DOB		
	Nationality		
	Years of Experience		
	Qualification details (ACAMS, ICA,)		
	Contact details	Telephone	
		Mobile	
		Email	
3.9.1	Name of AMLCO		
	DOB		
	Nationality		
	Years of Experience		
	Qualification details (ACAMS, ICA,)		
	Contact details	Telephone	
		Mobile	
		Email	

Section 3.1: Outsourcing (Agency performing AML function)

Name of agency	
Contact person	
Telephone number	
Mobile number	
Email	
Names of Individual Assigned to undertake the role of i) Anti-Money Laundering Compliance Officer. ii) Anti – Money Laundering Reporting Officer	
Education Qualification/Years of Experience	
List of Functions Outsourced	
Contractual Agreement	<input type="radio"/> Yes <input type="radio"/> No

Section 4: Declaration

I declare that

- I am conducting business as a DNFBP
- I intends to conduct business as a DNFBP
- I have answered every question and included all relevant details.
- The information submitted is true and complete.
- I understand that as soon as material change or inaccuracies have been identified I must inform the DCI as soon as possible.

Name			
Contact Telephone Number			
Email Address			
Positon			
Signature		Date (dd/mm/yyyy)	