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| **The Regulation of Fiduciaries, Administration Businesses and Company Directors, etc. (Bailiwick of Guernsey) Law, 2020**  **(“The Law”)** |
|  |
| Application by more than one Company or Partnership for aPrimary and/or Secondary Fiduciary Licence |
|  |
| **Full Name of Primary Applicant:** |
|  |
| *This form is for use where more than one company or partnership wishes to be named on the same fiduciary licence. Where such an application is made, the Applicants must nominate one of their number as the primary Applicant, and the Commission will communicate with that Applicant about the application. There are separate forms for applications for a primary fiduciary licence by a single company and a single partnership and for an application for a personal fiduciary licence by an individual.* *Note that a secondary fiduciary licensee may only be granted to a company or partnership which is a subsidiary of or wholly beneficially owned by the holder of a primary fiduciary licence, or the holding company of the holder of a primary fiduciary licence.* Please complete all sections fully. If you are completing the Microsoft Word version of this form from the Commission’s website, the boxes will expand, as required, for your answer. If you are completing this form by hand, please use block letters throughout. *In relation to each natural person named in response to questions 17, 20, 21, 22, 23, and 28* *an online Personal Questionnaire and/or Online Appointment form should be submitted through the Commission’s Online PQ Portal.* |
|  |
| *Please send the completed form and prescribed fee (see per the Financial Services Commission (Fees) Regulations, available shown on the Commission’s website here: https://www.gfsc.gg/industry-sectors/non-regulated-financial-services-businesses/fees ) as follows:*  *Application form:**Scan the fully completed application form signed by the relevant officers and supporting documentation, as itemised in the application form, together with an explanatory covering letter scheduling the contents and send electronically to* [*authorisations@gfsc.gg*](mailto:authorisations@gfsc.gg)*.*  Prescribed fee: Send by BACS to:  Bank: HSBC Guernsey Branch  Address: 20-22 High Street, St Peter Port, Guernsey GY1 2LB  Sort code: 40-22-25  Account Number: 91460722  IBAN: GB53MIDL40222591460722  Swift: MIDLGGS1XXX  Account Name:  Guernsey Financial Services Commission  Reference: *“Applicant’s name”* |

**Checklist for Submission**

|  |  |
| --- | --- |
| * Confirmation that the Applicants for secondary fiduciary licensees do not undertake any activities which fall within the definition of ‘actively trading’, as detailed within the Fiduciary Rules, 2021. |  |
| * A fully completed application form. |  |
| * The appropriate application fee paid by BACS. (note: review of the application will not commence until the fee is received. |  |
| * An explanatory cover letter. |  |
| * Online Personal Questionnaires and/or Online Appointments forms submitted through the Commission’s Online PQ Portal for each natural person who is a beneficial owner, controller, partner, director, company secretary, Money Laundering Reporting Officer, Money Laundering Compliance Officer or manager of the Applicant. |  |
| * A 3-year business plan, as detailed under Q15. |  |
| * An AML/CFT Business Risk Assessment for the Applicant. |  |
| * A full group structure chart. |  |
| * A staff organogram for the Applicant. |  |
| * A copy of any draft management agreement and/or outsourcing agreement applicable to the business. |  |
| * Where the shares in the Applicant are held or are to be held within a trust, a copy of the Trust Deed and other details requested under Q28. |  |
| * Financial statements as requested under Q36, 37 & 38. |  |
| * A copy of the loan agreement for any subordinated loan (if applicable). |  |
| * A copy of auditor’s acceptance to act as auditor of the Applicant (if applicable). |  |
| * A copy of the professional indemnity insurance policy, and any other cover details as requested under Q50 &51. |  |
| * A copy of your procedures for complying with Guernsey’s anti-money laundering/countering the financing of terrorism regime. |  |
| * A copy of your operating procedures (if applicable). |  |
| * A summary of your plans, procedures and/or agreements for succession and disaster recover/business continuity. |  |

Comments:

**SECTION A: GENERAL DETAILS OF APPLICANT**

1. Name or proposed name of all companies and partnerships by which this application is made. Start with the primary Applicant as number one, then name and number sequentially all the remaining Applicants. In answer to subsequent questions, please give an answer for each Applicant to which the question applies and identify the Applicant(s) to which each answer relates using the numbers allocated below.

|  |  |
| --- | --- |
| Applicant number | Name or proposed name of Applicant |
|  |  |

2. Please give details of any trading and company names (state which and when used) used by any of the Applicants within the last 5 years if different from the present company name and names listed above:

|  |  |
| --- | --- |
| Applicant number | Details of trading and company names |
|  |  |

3. Please give the dates or proposed dates of incorporation of corporate Applicants and the dates or proposed dates of establishment of partnership Applicants:

|  |  |
| --- | --- |
| Applicant number | Date/proposed date of incorporation or establishment |
|  |  |

4. Please give the jurisdiction or proposed jurisdiction of incorporation of corporate Applicants and the jurisdiction or proposed jurisdiction of establishment of partnership Applicants:

|  |  |
| --- | --- |
| Applicant number | Jurisdiction/proposed jurisdiction of incorporation/establishment |
|  |  |

5. Please give the registered number of corporate Applicants, if available:

|  |  |
| --- | --- |
| Applicant number | Registered number |
|  |  |

6. Please give the address of the registered office or proposed registered office of corporate Applicants:

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant  number | Registered office | Telephone | E-Mail |
|  |  |  |  |

7. Please give the principal business address of all Applicants (if not the registered office address referred to in question 6 above):

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant  number | Address | Telephone | E-Mail |
|  |  |  |  |

8. Where an Applicant is not incorporated or established within the Bailiwick of Guernsey, please set out below an address for service of any notice or documents:

|  |  |
| --- | --- |
| Applicant number | Address for service |
|  |  |

9. Please give details of the website address for all Applicants, if any:

|  |  |
| --- | --- |
| Applicant number | Website address |
|  |  |

10. Are the Applicants to be managed entities? Yes  No

If so, please give the name of the proposed managing licensed fiduciary:

|  |
| --- |
|  |

11. Please provide a copy of the draft management agreement and forward a signed version when available.

**SECTION B: DETAILS OF THE ACTIVITIES/PROPOSED ACTIVITIES OF THE APPLICANTS**

12. Please give details of where, or from where, the Applicants propose to carry on regulated activities

Guernsey  Alderney  Sark  Elsewhere

(Please give details below)

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

13. In the tables below, please state:

The proposed regulated activities of the Applicants:

|  |  |
| --- | --- |
| Applicant number | Regulated activities |
|  |  |

An estimate of turnover generated by those activities and, if not to be paid to the relevant Applicant, to whom it is to be paid:

|  |  |  |
| --- | --- | --- |
| Applicant number | Turnover | Paid to |
|  |  |  |

The numbers of appointments as director, trustee, protector and personal representative to be held by the Applicants and by directors, employees or partners of the Applicants in the course of their duties in those capacities (where an Applicant and its directors etc. are both to hold an appointment in relation to the same trust, company, etc., please count the appointment for the Applicant but not for the director etc., in addition):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant  number | Directorships | | Trusteeships | | Protector/P.R.  (state which) | |
| Applicant | Directors/ partners/ employees | Applicant | Directors/ partners/ employees | Applicant | Directors/ partners/ employees |
|  |  |  |  |  |  |  |

14. Please give details of the number of companies to which the Applicants are to provide services constituting regulated activities, including acting as a director:

|  |  |
| --- | --- |
| Applicant number | Details of number of companies |
|  |  |

15. Please provide a 3-year business plan including an outline of the nature and scale of the proposed regulated activities, plans for the future development of that business and particulars of the arrangements for the management of that business. The operational structure outlined in the business plan should include, inter alia, adequate operational policies and procedures, internal control procedures and appropriate oversight of the Applicants’ activities including management of the Applicants’ risk. The operational structure should reflect the scope and degree of sophistication of the proposed regulated activities of the Applicants. It should also include details of the Applicants’ intended client base including geographical location and method of introduction and expected future growth.

16. Please give details of any activities which the Applicants or any subsidiaries of the Applicants carry on or propose to carry on outside the Bailiwick of Guernsey which, if carried on in or from within the Bailiwick of Guernsey or by a company incorporated or a partnership established in the Bailiwick of Guernsey, would be regulated activities, including the name of the country and details of any authorisation held.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant number | Activities | Country | Authorisation |
|  |  |  |  |

# SECTION C: MANAGEMENT AND CONTROL

**Directors/Partners:**

17. Please list all current or proposed directors of corporate Applicants and/or current or proposed partners of partnership Applicants. Identify, as applicable, the Chairperson, Chief Executive, Managing Director, Finance Director, Senior Partner, Managing Partner and any other director or partner with specific duties. Please also state whether individual directors are to be executive or non-executive directors and identify which individuals comprise the “four-eyes” of the Applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant number | Full name of individual | Title/duties | Full/  part-time | Date of appointment |
|  |  |  |  |  |

18. Please give details of any changes to the board of directors of corporate Applicants and of any changes in the partners of partnership Applicants (including the removal of any director or partner) during the last 5 years. In each case, please give the name of the director or partner, the date of and the reason for the change/removal:

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant number | Full name of individual | Change and reason | Date of change |
|  |  |  |  |

19. Please give details of any financial guarantees given to or in respect of the Applicants by any of their directors or partners:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

**Company Secretary:**

20. Please give the name of the company secretary of each of the Applicants:

|  |  |
| --- | --- |
| Applicant number | Name of company secretary |
|  |  |

**Money Laundering Reporting Officer (“MLRO”)**

21. Please give the name of the MLRO of each of the Applicants (this must be an individual and not a corporate entity):

|  |  |
| --- | --- |
| Applicant number | Name of MLRO |
|  |  |

**Money Laundering Compliance Officer (“MLCO”)**

22. Please give the name of the MLCO of the Applicant (this must be an individual and not a corporate entity):

|  |  |
| --- | --- |
| Applicant number | Name of MLCO |
|  |  |

**Compliance Officer:**

23. Please give the name of the compliance officer of each of the Applicants (if any), (if the compliance function is to be outsourced to another party, please advise the name of the individual at the Applicant responsible for the compliance function):

|  |  |
| --- | --- |
| Applicant number | Name of compliance officer |
|  |  |

**Managers:**

24. Please list below all current or proposed managers of the Applicants, specifying their area of responsibility:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant number | Full name of manager | Title/duties | Full/  part-time | Date of appointment |
|  |  |  |  |  |

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# SECTION D: GROUP STRUCTURE/OWNERSHIP STRUCTURE

25. State whether the Applicants are part of a group:

Yes  No

26. If Yes, please provide a full group structure chart showing the relationships between all Applicants and the holders of the equity share capital of or partnership interests in each Applicant. Please also include any company or partnership in which any Applicant, or a holding company of any Applicant, or any partner of any Applicant, has an equity shareholding or is a partner. In relation to each company shown on the diagram which is not an Applicant, please state whether it is licensed or authorised by any other regulatory or supervisory body outside of the Bailiwick of Guernsey, the place of incorporation, principal activities, and registered office.

Please also provide details of the percentage interest any of the Applicants or their holding companies or overlying partnerships has in each such company:

|  |
| --- |
|  |

27. If the shares in an Applicant or its ultimate parent are traded on a Recognised Stock Exchange, please identify the Exchange:

|  |
| --- |
|  |

28. Please provide the names and addresses of the ultimate beneficial owners of each Applicant showing the percentage interest of each beneficial owner. (Note: There is no need to provide these details where shares in the Applicants or their ultimate parent are traded on a Recognised Stock Exchange).

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant number | Names | Addresses | Percentage interest |
|  |  |  |  |

Where the shares or interests in an Applicant are held or are to be held within a trust, please provide the following details:

* + A copy of the Trust Deed
  + The names and current addresses of the beneficiaries
  + The names and current addresses of the settlor(s)
  + The names and current addresses of the trustee(s)
  + The relationship of the settlor(s) to the beneficiaries.

29. Please provide the names, dates of birth and addresses of all natural persons who are beneficial owners of 5% or more but less than 15% of the Applicant’s share capital, showing the percentage interest of each beneficial owner (current and proposed):

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of individual | Date of birth | Address | Number of shares/ percentage interest |
|  |  |  |  |

30. Please identify any other controller of each Applicant not named above:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

31. Please identify any other licence granted by the Commission to any of the Applicants or any group companies or partnerships of any of the Applicants and the name(s) of the licensee(s) and/or any other applications submitted to the Commission by any of the Applicants or any group company or partnership of any of the Applicants.

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

# SECTION E: STAFFING

32. Please state below the number of staff (including directors, partners and managers), who are to be engaged in the regulated activities of each Applicant. If any are part-time, please express in terms of full-time equivalents:

On start date:

|  |  |  |
| --- | --- | --- |
| Applicant number | Number of staff | Employer (if not the Applicant – for example, if staff are employed by a separate employee services company or similar) |
|  |  |  |

Planned after 1 year:

|  |  |  |
| --- | --- | --- |
| Applicant number | Number of staff | Employer (if not the Applicant) |
|  |  |  |

33. Please attach a staff organogram detailing directors, partners, managers and all other staff and reporting lines within each Applicant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attached: | Yes |  |  |  |  |  |

34. Please summarise the Applicants’ arrangements for staff training and development (including those for directors, partners and managers):

|  |
| --- |
|  |

**SECTION F: FINANCIAL INFORMATION**

35. For each Applicant, please state the accounting year start and end date (including the start and end date of the first accounting year, if different)

|  |  |
| --- | --- |
| Applicant number | Accounting reference date/proposed accounting reference date |
|  |  |

36. For existing companies/partnerships, please supply a copy of the latest audited financial statements (or, as applicable, audited partnership accounts including capital accounts) for each Applicant, including directors’ and auditors’ reports. If they are for an accounting period ending more than 12 months before the date of this application, please also supply a balance sheet and profit and loss account to or at a date within the last 12 months. If the Applicants are part of a group the latest audited group accounts must also be supplied.

37. If the Applicants have not yet commenced business or have done so within the twelve months previous to the date of application please supply, in respect of each Applicant, a budgeted balance sheet and profit and loss account at and for the year following the date or proposed date of commencement of business.

38. If no audited financial statements have been prepared for any reason not specified above (and none were required to be prepared under the applicable law) please supply, in respect of each Applicant, a balance sheet and profit and loss account at and for a period of at least six months ending on a date within the last twelve months.

39. If the financial position of any of the Applicants has materially changed between the date of the financial statements supplied and the date of the application, please give details:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

40. Please state whether any of the Applicants has any sources of external finance (including facilities unused at the time of application):

Yes  No

41. If Yes, please give the following details:

Lender (in the case of a subordinated loan please submit a copy of the loan agreement):

|  |  |
| --- | --- |
| Applicant number | Lender |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Loan agreement attached: | Yes |  | To follow |  | Date available |  |

Amount:

|  |  |
| --- | --- |
| Applicant number | Amount |
|  |  |

Nature (e.g. secured, unsecured):

|  |  |
| --- | --- |
| Applicant number | Nature |
|  |  |

Repayment terms:

|  |  |
| --- | --- |
| Applicant number | Repayment terms |
|  |  |

Interest payable:

|  |  |
| --- | --- |
| Applicant number | Interest payable |
|  |  |

42. If the finance is secured, please give details of the nature of the security (including the type of charge) and a brief description of assets charged and their value:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

43. Please state whether any of the Applicants has any other charge on its assets not disclosed above and, if so, please give details:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

44. Please state whether any of the Applicants has given, in writing, any financial guarantees, indemnities or other commitments, including letters of comfort which are in effect at the date of the application to any other person including those relating to other group companies. If such financial guarantees etc. have been given, please give details:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

45. Please state whether any financial guarantees, indemnities or other commitments, including letters of comfort, have been given to any of the Applicants by any other person including those received from other group companies. If there are such financial guarantees etc., please give details:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

# SECTION G: AUDITORS

46. Please state:

The name of the auditor or proposed auditor of each Applicant:

|  |  |
| --- | --- |
| Applicant number | Auditor |
|  |  |

Their address:

|  |  |
| --- | --- |
| Applicant number | Auditor’s address |
|  |  |

Their telephone number:

|  |  |
| --- | --- |
| Applicant number | Auditor’s telephone number |
|  |  |

The partner to be responsible for the audit:

|  |  |
| --- | --- |
| Applicant number | Partner responsible for the audit |
|  |  |

47. Please provide a copy of the auditor’s acceptance to act as auditor of each of the Applicants (on headed paper including the name and address of the auditor).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attached: | Yes |  | To follow |  | Date available |  |

48. Please indicate of which of the following professional bodies the Applicants’ auditor is a member:

|  |  |
| --- | --- |
| Professional body | Applicant number |
| The Institute of Chartered Accountants in England and Wales |  |
| The Institute of Chartered Accountants of Scotland |  |
| The Institute of Chartered Accountants of Ireland |  |
| The Association of Chartered Certified Accountants |  |

49. Please confirm which generally accepted accounting principles will be used in the preparation of the Applicants’ audited financial statements:

|  |  |
| --- | --- |
| Applicant number | Accounting principles |
|  |  |

# SECTION H: INSURANCE AND INDEMNITY

50. Please give details and provide a copy of each Applicant’s insurance cover against liabilities incurred in carrying on regulated activities or proposed regulated activities. This should include whether the Applicant has, or proposes to have, any cover in respect of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Professional Indemnity Insurance | Yes |  | No |  |
|  |  |  |  |  |
| * Employee Fidelity Insurance | Yes |  | No |  |
|  |  |  |  |  |
| * Insurance against theft or other loss of negotiable instruments, warrants or other property | | | | |
| belonging to the Applicant or to its clients/customers. | | | Yes | No |

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

51. Where any part of the above cover is under a group policy, please attach a copy of that policy.

52. If the answer is “no” to any of the points above, does the relevant Applicant consider itself self-insured against the types of risks shown? If so, please describe any such self-insurance arrangements:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

53. Please describe any other relevant terms of cover, (e.g. reinstatements or exclusions) relevant to proposed regulated activities:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

54. Please give details of any claims brought against and/or made by any of the Applicants which were (or, according to the policy terms, should have been) notified to its insurer under these or any similar policies in the last three years preceding the date of this application (whether or not any payment was made by the insurer):

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

55. Please give details of any respect in which cover or proposed cover falls short of that described in the relevant Code of Practice published by the Commission pursuant to section 37 of the Law and comment on whether, and if so why, the relevant Applicant considers the cover to be sufficient:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

# SECTION I: ANTI-MONEY LAUNDERING PROCEDURES

56. Please supply a copy of the Applicants’ procedures for complying with Guernsey’s Anti-Money Laundering/Countering the Financing of Terrorism regime.

# SECTION J: OPERATING PROCEDURES

57. Please supply a copy of the Applicants’ operating procedures.

# SECTION K: DISASTER RECOVERY

58. Please attach a summary of the Applicants’ plans, procedures and/or agreements for succession and disaster recovery/business continuity.

# SECTION L: MEMBERSHIPS

59. Please state whether any of the Applicants is a member, or intends to apply for membership of, any self-regulating organisation, professional body, investment exchange, clearing house etc. outside the Bailiwick.

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

# SECTION M: OTHER INFORMATION

60. Where the Applicants are existing companies/partnerships, please give full details of any of the following which has happened or applies in any jurisdiction. If none, please state “none”.

(a) The winding up of any of the Applicants pending or winding up of any group company of any of the Applicants at any time in the previous 10 years or pending:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(b) The winding up of any subsidiary of any of the Applicants at any time in the previous 10 years or pending:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(c) Civil legal proceedings lost (including by default) or settled on terms involving payment by any of the Applicants (including payment of another party’s costs) within the last 3 years. This should include details of whether the Applicant has agreed as a result of any such legal proceedings to an out of Court settlement:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(d) Please state whether any of the Applicants is involved in any such proceedings as referred to above at the time of the application:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(e) Please give details of any criminal convictions of any of the Applicants or any group company/partnership:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(f) Please state whether any of the Applicants has at any time in the previous 10 years had a Receiver, Administrative Receiver or Administrator appointed, or failed to satisfy a debt adjudged due or a debt in respect of which a decree has been passed against it or entered into a scheme of arrangement or composition of its debts with its creditors:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(g) Please state whether, at any time in the last 10 years, any of the Applicants has been refused or had withdrawn any licence, recognition or authorisation under the legislation of any country or whether any of the Applicants has ever been refused or had revoked any authorisation to carry on activities in any country:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(h) Please provide details of the imposition of any non-standard conditions on any licence or authorisation of any of the Applicants to carry on business within the last 10 years:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(i) Please state whether any of the Applicants has ever been subject to any disciplinary measure by any regulatory body of which it is, or was at the time, a member or by any other regulatory body in any country in relation to its activities:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(j) Please state whether the affairs of any of the Applicants have ever been investigated by any regulatory body of which it is, or was at the time, a member or by any other regulatory body in any country in relation to its activities, excepting investigations conducted in the course of normal monitoring and surveillance procedures with no material adverse findings:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(k) Please state whether any of the Applicants has ever been the subject of a formal investigation under the legislation of any country:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(l) Please state whether any of the Applicants or any of the directors, partners, senior management, or shareholders of any of the Applicants have been criticised or disciplined in the Bailiwick or elsewhere in the previous 10 years by any regulatory or supervisory organisation or professional body:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

(m) Please provide details of and reasons for any changes in the bankers, auditors or legal advisers to any of the Applicants within the last 3 years:

|  |  |
| --- | --- |
| Applicant number | Details |
|  |  |

61. Please complete below any further information of which the Applicants believe the Commission should be aware when considering this application. If you are attaching any continuation sheets, please state the number of sheets attached:

|  |
| --- |
|  |

# SECTION N: APPLICATION AND DECLARATION

We apply under section 5 of the Law for a primary and/or secondary fiduciary licence under section 4(2) of the Law.

We declare that the information given in and with this application is complete and correct to the best of our knowledge and belief and that we are aware of no other facts of which the Commission should be aware. We undertake to inform the Commission promptly of any changes material to the application which occur before it has been determined.

We are aware that it is an offence1 under Section 109(1) of the of the Financial Services Business (Enforcement Powers) (Bailiwick of Guernsey) Law, 2020 in connection with an application for a licence under the Law for a person to:

1. Make a statement which he knows or which he has reasonable cause to believe to be false, deceptive or misleading in a material particular;
2. Dishonestly or otherwise, recklessly make a statement which is false, deceptive or misleading in a material particular;
3. Produce or furnish or cause or permit to be produced or furnished any information or document which he knows or has reasonable cause to believe to be false, deceptive or misleading in a material particular; or
4. Dishonestly or otherwise, recklessly produce or furnish or recklessly cause or permit to be produced or furnished any information or document which is false, deceptive or misleading in a material particular.

We have made a BACS payment to the Guernsey Financial Services Commission’s bank account being the application fee payable in accordance with the Financial Services Commission (Fees) Regulations, details of which are available on the Commission’s website at [www.gfsc.gg](http://www.gfsc.gg).

By applying for a fiduciary licence, we accept the standard conditions which will be imposed on the licence if granted, being:

(i) there shall be no significant change in the nature of the business conducted by a licensee without prior consultation with the Commission, and that

(ii) no licensee shall establish a branch or subsidiary outside the Bailiwick, or invest in any company which, after such investment, would be a subsidiary, associate or joint venture, without the prior written consent of the Commission.

Name of first signatory or proposed signatory for each Applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant number | Position | Signature | Name in block capitals | Date |
|  |  |  |  | DD/MM/YY |

Name of second signatory or proposed signatory for each Applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant number | Position | Signature | Name in block capitals | Date |
|  |  |  |  | DD/MM/YY |

1 Section 112(3) provides that any person who is guilty of an offence as stated shall be liable:

(a) on summary conviction, to imprisonment for a term not exceeding six months or to a fine not exceeding twice level 5 on the uniform scale, or to both;

(b) on conviction on indictment, to imprisonment for a term not exceeding two years, or to a fine, or to both.

**Note:**

**The Data Protection (Bailiwick of Guernsey) Law, 2017**

For the purpose of the Data Protection (Bailiwick of Guernsey) Law, 2017 please note that any personal data provided to the Commission will be used by the Commission to discharge its regulatory activities and statutory functions. Further information, relating to the Commission’s Data Protection policy, can be located on the website at [www.gfsc.gg/data-protection](http://www.gfsc.gg/data-protection)