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| **The Regulation of Fiduciaries, Administration Businesses and Company Directors, etc. (Bailiwick of Guernsey) Law, 2020**  **(“The Law”)** |
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| Application by a Partnership for aPrimary Fiduciary Licence |
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| **Full Name of Applicant:** |
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| *This form is for use where a single partnership wishes to apply for a primary fiduciary licence. There are separate forms for applications for a primary fiduciary licence by a single company or by more than one company or partnership for a primary and/or secondary fiduciary licence and for an application for a personal fiduciary licence by an individual.* Please complete all sections fully. If you indicate “to follow” on any question, please note that consideration of this application may be delayed pending receipt of all relevant information. 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 15, 18, 19, 20, 21 and 24 an online Personal Questionnaire and/or Online Appointment form should be submitted through the Commission’s Online PQ Portal.* |
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| *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**

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| * 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, Money Laundering Reporting Officer, Money Laundering Compliance Officer or manager of the Applicant. |  |
| * A 3-year business plan, as detailed under Q13. |  |
| * 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 Q24. |  |
| * Financial statements as requested under Q32, 33 & 34. |  |
| * 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 Q46 &47. |  |
| * 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 and any trading name:

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

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3. Please give the date or proposed date of establishment of the Applicant (please ignore pure technical dissolutions on retirement of partners):

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4. Please give the jurisdiction or proposed jurisdiction of establishment of the Applicant:

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5. Please give the Applicant’s principal business address:

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

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7. Please give Applicant’s website address, if any:

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8. Is the Applicant to be a managed entity? Yes  No

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

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9. 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 APPLICANT**

10. Please give details of where, or from where, the Applicant proposes to carry on regulated activities.

Guernsey  Alderney  Sark  Elsewhere

(Please give details below)

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11. In the tables below, please state:

The Applicant’s proposed regulated activities:

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| Regulated activities |
|  |

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

|  |  |
| --- | --- |
| Turnover | Paid to |
|  |  |

The numbers of appointments as director, trustee, protector and personal representative to be held by the Applicant and by partners and employees of it in the course of their duties in those capacities (where the Applicant and partners 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 partner etc., in addition):

|  |  |  |  |
| --- | --- | --- | --- |
| Directorships |  |  |  |
| Applicant: |  | Partners/employees: |  |
| Trusteeships |  |  |  |
| Applicant: |  | Partners/employees: |  |
| Protector/P.R. (state which) | |  |  |
| Applicant: |  | Partners/employees: |  |

12. Please give details of the number of companies to which the Applicant is to provide services constituting regulated activities, including acting as director:

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13. 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 Applicant’s activities including management of the Applicant’s risk. The operational structure should reflect the scope and degree of sophistication of the proposed regulated activities of the Applicant. It should also include details of the Applicant’s intended client base including geographical location and method of introduction and expected future growth.

14. Please give details of any activities which the Applicant or any subsidiary of the Applicant carries on or proposes 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.

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| --- | --- | --- |
| Activities | Country | Authorisation |
|  |  |  |

# SECTION C: MANAGEMENT AND CONTROL

**Partners:**

15. Please list all current or proposed partners of the Applicant. Identify, as applicable, the Senior and Managing Partner, any other partner with specific duties and which individuals comprise the “four eyes” of the Applicant:

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

16. Please give details of any changes in the partners of the Applicant (including the removal of any partner) during the last 5 years. In each case, please give the name of the partner, the date of and the reason for the change/removal:

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

17. Please give details of any financial guarantees given to or in respect of the Applicant by any of its partners:

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

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

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| --- |
| Name |
|  |

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

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

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| Name |
|  |

**Compliance Officer:**

20. Please give the name of the compliance officer of the Applicant (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):

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**Managers:**

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

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

# SECTION D: GROUP STRUCTURE/OWNERSHIP STRUCTURE

22. State whether the Applicant is part of a group:

Yes  No

23. If Yes, please provide a full group structure chart including details of any company or partnership in which the Applicant or any partner of it 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 the Applicant has in each such company:

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24. Please provide the names and addresses and respective interests of the ultimate beneficial owners of the Applicant.

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| --- | --- | --- |
| Names | Addresses | Interest |
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Where the partners’ respective interests in the 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.

25. 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):

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| --- | --- | --- | --- |
| Full name of individual | Date of birth | Address | Number of shares/ percentage interest |
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26. Please identify any other controller of the Applicant not named above:

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27. Please identify any other licence granted by the Commission to the Applicant or any company owned by the Applicant and the name(s) of the licensee(s) and/or any other applications submitted to the Commission by the Applicant or any company owned by the Applicant.

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# SECTION E: STAFFING

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

On start date:

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| --- | --- |
| 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:

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

29. Please attach a staff organogram detailing partners, managers and all other staff and reporting lines within the Applicant.

30. Please summarise the Applicant’s arrangements for staff training and development (including those for partners and managers):

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**SECTION F: FINANCIAL INFORMATION**

31. Please state the Applicant’s accounting year start and end dates (including the start and end dates of the first accounting year, if different):

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32. For existing partnerships, please supply a copy of the Applicant’s latest audited partnership accounts, including capital accounts 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 Applicant is part of a group the latest audited group accounts must also be supplied.

33. If the Applicant has not yet commenced business or has done so within the twelve months previous to the date of application please supply a budgeted balance sheet and profit and loss account at and for the year following the date or proposed date of commencement of business.

34. 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 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.

35. If the Applicant’s financial position has changed materially between the date of the financial statements supplied and the date of the application please give details:

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

Yes  No

37. If Yes, please give the following details:

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

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Amount:

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Nature (e.g. secured, unsecured):

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Repayment terms:

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Interest payable:

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38. 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:

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

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40. Please state whether the Applicant 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. If such financial guarantees etc. have been given, please give details:

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41. Please state whether any financial guarantees, indemnities or other commitments, including letters of comfort, have been given to the Applicant by any other person. If there are such financial guarantees etc., please give details:

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# SECTION G: AUDITORS

42. Please state:

The name of the Applicant’s proposed auditor:

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Their address:

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Their telephone number:

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The partner to be responsible for the audit:

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

44. Please indicate of which of the following professional bodies the Applicant’s auditor is a member:

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| --- | --- |
| 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 |  |

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

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# SECTION H: INSURANCE AND INDEMNITY

46. Please give details and provide a copy of the 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:

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| --- | --- | --- | --- | --- |
| * 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 |

Details:

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

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

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

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50. Please give details of any claims brought against and/or made by the Applicant 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):

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51. 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 Applicant considers the cover to be sufficient:

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# SECTION I: ANTI-MONEY LAUNDERING PROCEDURES

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

# SECTION J: OPERATING PROCEDURES

53. Please supply a copy of the Applicant’s operating procedures.

# SECTION K: DISASTER RECOVERY

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

# SECTION L: MEMBERSHIPS

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

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# SECTION M: OTHER INFORMATION

56. Where the Applicant is an existing partnership, please give full details of any of the following which has happened or applies in any jurisdiction. If none, please state “none”.

(a) The dissolution of the Applicant pending or winding up of any company owned by the Applicant at any time in the previous 10 years or pending:

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(b) Civil legal proceedings lost (including by default) or settled on terms involving payment by the Applicant (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:

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

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(d) Please give details of any criminal convictions of the Applicant or any company owned by the Applicant:

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(e) Please state whether the Applicant 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:

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

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

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(h) Please state whether the Applicant 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:

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(i) Please state whether the Applicant’s affairs 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:

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(j) Please state whether the Applicant has ever been the subject of formal investigation under the legislation of any country:

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(k) Please state whether the Applicant or any of its partners or senior management have been criticised or disciplined in the Bailiwick or elsewhere in the previous 10 years by any regulatory or supervisory organisation or professional body:

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

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

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# SECTION N: APPLICATION AND DECLARATION

We apply under section 5 of the Law for a primary 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 Regulation of Fiduciaries (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.

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| Name of first signatory or proposed signatory: | |
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| Position: |  |
|  |  |
| Signature: |  |
|  |  |
| Name in block capitals: |  |
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| Date: | DD/MM/YY |
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| Name of second signatory or proposed signatory: | |
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| Position: |  |
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| 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)