

# FORM OF NON-LICENSED PERSON

Proceeds of Crime (Anti-Money Laundering and Anti-Terrorist Financing Supervision and Enforcement) Act 2008 (the "SEA Act")



In accordance with the SEA Act, this form should be forwarded to the Bermuda Monetary Authority's Anti-Money Laundering (AML)/Anti-Terrorist financing (ATF) Unit with the company's board approved AML/ATF Policies & Procedures.

) 7 #

## Business Information:

For definition of "Type of Business", see Section 2 of the Proceeds of Crime (Anti-Money Laundering and Anti-Terrorist Financing Supervision and Enforcement) Act 2008

<b>Non-Licensed Person Legal Name</b>	
<b>Type of Business</b>	<input type="checkbox"/> Excluded Fund — Investment Funds Act 2006 Section 6
	<input type="checkbox"/> "Class A" Exempt Fund — Investment Funds Act 2006 Section 6A
	<input type="checkbox"/> "Class B" Exempt Fund — Investment Funds Act 2006 Section 7
	<input type="checkbox"/> Exempted — Investment Business Act 2003 Section 13
<b>Fund Operator Name</b> <i>(For exempt or excluded funds)</i>	
<b>Fund Administrator Name</b>	
<b>AML/ATF Policies &amp; Procedures attached</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(tick one)</i>	<i>Please state AML/ATF policies and procedures document name and/or reason the policies are not attached</i>

## RESPONSIBILITIES

<b>Compliance Officer Information:</b> <i>Person responsible for oversight of the AML/ATF regulated financial institution's compliance with AML/ATF regulations</i>		<b>Reporting Officer Information:</b> <i>Person nominated to receive internal suspicious activity reports</i>	
Name: <i>(please print)</i>		Name: <i>(please print)</i>	
Email:		Email:	
Telephone:		Telephone:	
Fax:		Fax:	
<b>Compliance Officer Address Details:</b>		<b>Reporting Officer Address Details:</b>	
Company <i>(If applicable)</i>		Company <i>(If applicable)</i>	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	

## COMPANY INFORMATION

<b>Physical Address</b>		<b>Mailing Address:</b> <i>(If different from physical address)</i>	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	

**PRIMARY CONTACT INFORMATION**

<b>Billing Contact</b>		<b>Person Completing Registration Form</b> <i>(If different from billing contact)</i>	
Name: <i>(please print)</i>		Name: <i>(please print)</i>	
Email:		Email:	
Telephone:		Telephone:	
		Signature/Date:	

---

---

---

---