|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **INFORMATION FORM****Money Transfer Companies**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  |  | **Date:** **cut-off date December 31st** ***Name Institution*** |
|  |  |  |  |

**I. Institution Identification**

Please answer completely and accurately.

|  |  |  |
| --- | --- | --- |
| **01** | **Statutory Name (official company name)** |  |
|  |  |  |
| **02** | **Trade Name** |  |
| **03** | **Address** |  |
|  |  |  |
| **04** | **P.O. Box Number** |  |
|  |  |  |
| **05** | **Telephone Number** |  |
|  |  |  |
| **06** | **Telefax Number** |  |
|  |  |  |
| **07** | **Telex Number** |  |
|  |  |  |
| **08** | **E-mail Address** |  |
|  |  |  |
| **09** | **Website** |  |
|  |  |  |
| **10** | **Date of Incorporation** |  |
|  |  |  |
| **11** | **Place of Incorporation** |  |
|  |  |  |
| **12** | **Fiscal Year End** |  |
|  |  |  |

**II. External Auditors**

Please answer completely and accurately.

|  |  |  |
| --- | --- | --- |
| **01** | **Name** |  |
|  |  |  |
| **02** | **Address** |  |
|  |  |  |
| **03** | **Telephone Number** |  |
|  |  |  |
| **04** | **Telefax Number** |  |
|  |  |  |
| **05** | **E-mail Address** |  |
|  |  |  |
| **06** | **Auditor in Charge**  |  |
|  |  |  |
| **07** | **Last Audited Financial Statements** |  |
|  |  |  |

**III. Managing Directors**

Please list the name and address of each Managing Director. Indicate whether they are a shareholder or not, their title and the date they have been appointed in this capacity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Shareholder** **Yes/no** | **Title** | **Date** |
| **01** |  |  |  |  |  |
|  |  |  |  |  |  |
| **02** |  |  |  |  |  |
|  |  |  |  |  |  |
| **03** |  |  |  |  |  |
|  |  |  |  |  |  |
| **04** |   |   |   |   |   |
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| **05** |  |  |  |  |  |
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| **06** |  |  |  |  |  |
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| **07** |  |  |  |  |  |
| **08** |  |  |  |  |  |
| **09** |  |  |  |  |  |
|  |  |  |  |  |  |

**IV. Members of the Supervisory Board**

Please list the name and address of each member of the Supervisory Board. If applicable, indicate whether they are a shareholder or not and the date they have been appointed in this capacity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Shareholder** **Yes/no** | **Date** |
| **01** |  |  |  |  |
|  |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |
| **04** |  |  |  |  |
| **05** |  |  |  |  |
|  |  |  |  |  |

***Please submit a chart indicating the organizational structure***

**V. Shareholders**

Please list the name and address of each Shareholder.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Date** |
| **01** |  |  |  |
|  |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |
| **04** |  |  |  |
| **05** |  |  |  |
|  |  |  |  |

***Please submit a chart indicating the group structure.***

**VI. Offices and Branches**

Please list the address of all offices and branches, whether locally (in Curaçao or Sint Maarten) or abroad.

|  |  |  |
| --- | --- | --- |
|  | **Address** | **Type** |
| **01** |  |  |
|  |  |  |
| **02** |  |  |
|  |  |  |
| **03** |  |  |
|  |  |  |
| **04** |  |  |
|  |  |  |
| **05** |  |  |
|  |  |  |
| **06** |  |  |
|  |  |  |
| **07** |  |  |
|  |  |  |

**VII. Affiliation and Subsidiaries**

If the financial institution is affiliated with other financial institutions, please list for each affiliate/subsidiary its name, country of domicile and the type (i.e. affiliate/subsidiary/joint-venture/holding company) and whether or not it is incorporated locally (in Curaçao or Sint Maarten).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Domicile** | **Incorporated locally** **Yes/No** | **Type** |
| **01** |  |  |  |  |
|  |  |  |  |  |
| **02** |  |  |  |  |
|  |  |  |  |  |
| **03** |  |  |  |  |
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| **04** |  |  |  |  |
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| **05** |  |  |  |  |
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| **06** |  |  |  |  |
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| **07** |  |  |  |  |
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***Please submit a chart indicating the legal group structure; please note this chart should be certified by an external auditor***

**VIII. Principal Contact Officers**

|  |  |  |
| --- | --- | --- |
|  | **Position** | **Officer (contact information: email address, telephone number)** |
| **01** | **General Manager** |  |
|  |  |  |
| **02** | **Financial Manager** |  |
| **03** | **Head Accounting Department** |  |
|  |  |  |
| **04** | **Risk Manager** |  |
|  |  |  |
| **05** | **Controller** |  |
|  |  |  |
| **06** | **Compliance Officer** |  |
|  |  |  |

**IX. Service providers**

Please list the address of all service providers, whether in Curaçao or Sint Maarten.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **01** | **Statutory Name (official company name)** |  |
|  | **Address** |  |
|  |  |  |
|  | **Telephone Number** |  |
|  |  |  |
|  | **Name Shareholder(s)** |  |
|  | **Name Managing Director(s)** |  |
|  |  |  |
| **02** | **Statutory Name (official company name)** |  |
|  |  |  |
|  | **Address** |  |
|  |  |  |
|  | **Telephone Number** |  |
|  |  |  |
|  | **Name Shareholder(s)** |  |
|  | **Name Managing Director(s)** |  |
| **03** | **Statutory Name (official company name)** |  |
|  | **Address** |  |
|  | **Telephone Number** |  |
|  | **Name Shareholder(s)** |  |
|  | **Name Managing Director(s)** |  |

**X. Statement of Employment**

Please answer completely and accurately. Indicate the number of employees for each category.

The totals of rows A, B and C must be equal.

|  |  |
| --- | --- |
| **Category** | Type |
|  | **Full-time** | **Part-time** |
|  |  |  |  |
| A | Breakdown per entity |  |  |
|  |  |  |  |
|  | Local Office |  |  |
|  | ***if head office*** |  |  |
|  | * **Branches**
 |  |  |
|  | * **Subsidiaries**
 |  |  |
|  |  |  |  |
|  | **Total A** |  |  |
|  |  |  |  |
| B | Breakdown per area |  |  |
|  |  |  |  |
|  | Senior Management |  |  |
|  | **Middle Management** |  |  |
|  | Branch Management |  |  |
|  | **Operational Areas** |  |  |
|  | **Accounting Areas** |  |  |
|  | **Other Areas** |  |  |
|  |  |  |  |
|  | **Total B** |  |  |
|  |  |  |  |
| C | **Breakdown per jurisdiction** |  |  |
|  |  |  |  |
|  | Curaçao |  |  |
|  | **Sint Maarten** |  |  |
|  | **Bonaire** |  |  |
|  | **Saba & St. Eustatius** |  |  |
|  | **Aruba** |  |  |
|  | **Other Foreign countries** |  |  |
|  |  |  |  |
|  | **Total C** |  |  |

For the purpose of this statement, only employees on the payroll are considered employees of your institution. Employees paid through an employment agency, security or cleaning office are not considered employees. Part-timers are considered employees when they work less than forty hours per week and are on the institution’s payroll.

The breakdown of the number of persons employed at your institution is required for the following categories:

1. **Breakdown per entity**

Provide a breakdown per local office, branches and subsidiaries. The categories “branches” and “subsidiaries” need to be filled out only if the Curaçao or Sint Maarten office is considered the “head office”.

1. **Breakdown per area**

Senior management: CEO, and other key executives

Middle management: Department and unit heads

Branch management: Management of branches

Operational areas: Personnel and Human Resources, Marketing, Investments, Computer, Legal Affairs, Customer Support, Secretariat and other operational areas

Accounting areas: Finance, Accounting, Bookkeeping, Administration, Auditing and other accounting areas

Other areas: Technical services, Security, Cleaning, Messengers and others

1. **Breakdown per jurisdiction**

Employees employed at the institution working on the islands of the former Netherlands Antilles countries, in Aruba and in other foreign countries should be reported in this section