**FORM FRC RF 1-1**



**FINANCIAL REPORTING CENTRE**

**APPLICATION FORM**

**NB:** (a) Please read the Registration Guidance provided on the portal before completing this form

(b) Please read the declaration in Section 13 below before completing this form.

(c) In case the space provided is inadequate, use additional paper.

* Type of Business ….............................................................................................................
* Name of Institution. ……………………………………………….……............................
* Physical Address of Head Office: L.R. No……............……..………................................

Street......................................... Building & Town/City ….................................................

* Postal Address and Postal Code....................………........…………………………. Telephone No........................................................................................................................
* KRA P.I.N. …...………………………………………….……..……....…………………..
* E-mail address………………………...………………………….…………………………
* Date and Country of Incorporation.........................…………………….....…......................
* **Particulars of Chief Executive Officer/Head of the institution/Managing partner (Or Person Holding Equivalent Position):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **I/D No. or**  **Passport No.** | **Nationality** | **KRA PIN No.** | **Postal and Physical Address** | **Telephone No.** | **Email Address** |
|  |  |  |  |  |  |  |

* **Particulars of Money Laundering Reporting Officer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **I/D No. or**  **Passport No.** | **Designation / Position Held** | **Postal and Physical Address** | **Telephone No.** | **Email Address** |
|  |  |  |  |  |  |

* **Particulars of**
* Directors:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Position Held** | **ID No. /**  **Passport No.** | **Nationality** | **Postal & Physical Address** | **E-mail Address** | **Telephone Contacts** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

* Ultimate Beneficial Owners

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **KRA PIN (**or equivalent if from another jurisdiction) | **ID No. /**  **Passport No.** | **Nationality** | **Postal & Physical Address** | **E-mail Address** | **Telephone Contacts** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

* Does the institution hold, or has it ever held any authority from a supervisory body to carry on any business activity in Kenya or elsewhere?
* If so tick the relevant regulator in table below also Attach Regulators License or authorization from the regulator.

|  |  |  |
| --- | --- | --- |
|  | Regulator | Tick as appropriate |
| 1 | Central Bank of Kenya; |  |
| 2 | Insurance Regulatory Authority; |  |
| 3 | Betting and Licensing Control Board; |  |
| 4 | Capital Markets Authority; |  |
| 5 | Institute of Certified Public Accountants of Kenya; |  |
| 6 | Estate Agents Registration Board; |  |
| 7 | Non-Governmental Organizations Co-ordination Board; |  |
| 8 | Retirement Benefits Authority |  |
| 9 | Others *(Explain in 11 (b) below )* |  |
| 10 | None *(Explain in 11 (b) below )* |  |

* If Others(No. 9) above provide name and Contact Details of Regulator/Supervisor

…………………………………………………………….. ………………………………

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………………………………………………………………………………………………

* If “**others or none(No. 9 or 10)**” above explain …………………………………..……………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………
* Does the institution have a secure ICT system that can support AML Functions?

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* **DECLARATION**

13.1 I am aware that it is an offence to knowingly or recklessly provide any information, which is false or misleading in connection with registration with FRC. I am also aware that omitting material information intentionally or unintentionally shall be construed to be an offence and may lead to rejection of my application.

13.2 I certify that the information given above is complete and accurate to the best of my knowledge, and that there are no other facts relevant to this application of which FRC should be aware.

13.3 I undertake to inform FRC of any changes material to the applications which arise while the application is under consideration.

13.4 I certify that the capital invested in the institution is not from proceeds of crime.

*CEO’s Full Name:*............................................................................................................................

*Title:*…………..................................................................................................................................

*Dated at:.*……………………………………………………………………………….………..…

*This: .*……..…………………….…*Day of …………………*……....…..… 20……….……….…….

**SIGNED**.....………....................................................................................................... **(CEO)**

**(This declaration should be signed by the CEO of the institution and dated *in the presence of* the witness named below)**

**WITNESSED BEFORE ME:**

**COMMISSIONER FOR OATHS/MAGISTRATE/NOTARY PUBLIC**

Name: ..............................................................................................................................................

Signature...........................................................................................................................................

Address: …………………...............................................................................................................

**Date and Stamp**……………………….……………………………………………

**N.B.** *The information given in response to this Form shall be kept confidential by the FRC and used only for the FRC’s purposes except in cases provided for by law.*