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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA106: Limited Company Service Providers Application Form** |
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| **High Level Guidelines** |
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| 1. General

This form, **AA106:** Limited Company Service Providers **Application Form** (‘Application’), shall be duly filled in by the person wishing to obtain registration under Article 3 of the Company Service Providers Act (Chapter 529 of the Laws of Malta). In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any respect either prior to or subsequent to registration.The Applicant shall note that it is a criminal offence, under Article15 of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.The Applicant is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.The Applicant shall not tamper with, or modify in any manner, this Application or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the Applicant further information/ documentation.1. Definitions

For the purposes of this Application, the definitions identified below should be read in conjunction with the provisions of the Act and other respective national or European regulatory frameworks or other binding regulation as may be applicable.In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.

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| **‘Act’** | means the Company Service Providers Act (Chapter 529 of the Laws of Malta)  |
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| **‘Applicant’** | means a person applying to for authorisation under Article 3 of the Act |
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| **‘Authority’**  | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta)  |
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| **Limited Company Service Provider’**  | shall for the purpose of this Application, mean Registration as set out in Article 3 of the Act  |
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| **‘Registered Person’** | means a Limited Company Service Provider registered by the Authority in accordance with this Act. |
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| **‘Primary Business Address’** | shall for the purpose of this Application, mean the Applicant’s head office / operational address  |
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| **‘Regulatory framework’** | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable |
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1. Instructions

The Applicant is required to complete all the respective sections under all the three parts of the Application, as follows:* + Part 1 – Applicant Details
	+ Part 2 – Activity & Method of Operations
	+ Part 3 – Declaration Form

Applicants are to note that further instructions in relation to the Application may be found on the Guidelines to the Authorisation Forms ([link](https://www.mfsa.mt/wp-content/uploads/2021/05/AG01-Applications-Guidelines.pdf)). It is noted that the Application should reflect the Applicant’s structure and method of operations at time of registration.Following submission of the Application via the LH Portal, the Declaration Form (Part 3 of this Application) should be printed and sent, originally signed, to the Authority. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority. Further instructions can be found in the Declaration Form itself.The originally signed declaration is to be sent to the Authority at the following address:Head – Company Service Providers SupervisionMalta Financial Services AuthorityTriq L-Imdina, Zone 1Central Business District, BirkirkaraCBD 1010In order for the Application Form to be considered complete, the Applicant is required to have submitted, along with a duly filled Application Form, all the required documentation as identified within this Form, including the original signed declarations and the application fee.Please instruct your bankers to transfer full amount due to the MFSA account. Any bank charges are to be incurred by the Applicant.1. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>. 1. Disclaimer

It is noted that the submission of this Application and/or its determination of ‘completeness’ shall not be construed that the Applicant is an approved Limited Company Service Provider. Furthermore, the Applicant is referred to Article 4(A) of the MFSA Act, wherein the granting of an approval to provide CSP services as a Limited Company Service Provider is a concession and a revocable privilege, and no holder thereof shall be deemed to have acquired any vested rights therein or thereunder. |

| * 1. Applicant Details
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|  | **Applicant – General and Identification Details**  |
|  | **Identification & Contact Details**  |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Date of Birth | Enter date |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |
|  | MFSA PQ Code | Enter text |
|  | Business Email Address | Enter text |
|  | Business Direct Number | Enter text |
|  | **Addresses** |
|  | **Registered Address***- Indicate registered address as indicated on the Identification Document.* |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | Indicate whether the applicant will be sharing office with third parties at this address | Select item |
|  | If answered “yes” in 1.2.1.7, provide details on the measures that the applicant will take to ensure confidentiality and segregation of all documents pertaining to its clients and activities.  |
|  | Enter text |
|  | **Primary Business Address** |
|  | Is the Primary Business Address different than the Registered Address?*If ‘Yes’, indicate the Primary Business Address:* | Select item |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | Indicate whether the applicant will be sharing office with third parties at this address | Select item |
|  | If answered “yes” in 1.2.2.8, provide details on the measures that the applicant will take to ensure confidentiality and segregation of all documents pertaining to its clients and activities.  |
|  | Enter text |
|  | **Other Names and Logos** |
|  | Does / did the Applicant have / intend to have different names/aliases/trade names *(‘Other Names’)*? | Select item |
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| Other Name | Enter text |
| State | Select item |
| If ‘C*urrent’ or ‘Proposed’:* Explain why the Applicant is utilising or intends to utilise this Other Name | Enter text |
| If ‘*Past*’: Explain why the Applicant was utilising this Other Name and why was it discontinued | Enter text |
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*(Add multiple as applicable)* |
|  | **Representation** *Indicate the details of any external representatives of the Applicant and their contact details, as applicable.* |
|  | **External Representative** |
|  | Is the Applicant represented by an external party?*If ‘Yes’: Indicate the details of the external representative:*  | Select item |
|  | Representative Entity Name *(if applicable)* | Enter text |
|  | Position | Enter text |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Representative’s Business Email Address | Enter text |
|  | Representative’s Business Direct Number | Enter text |
|  | **Online Presence***Indicate whether the Applicant has a website and/or other online presence on the following Social media platforms and, if so, provide links, as applicable.**The Applicant is to note that the Authority will not approve the content available on the website or material uploaded on the social media platforms, if any.* |
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|  | Confirmation | Link to Website/Account |
| Website | Select item | Enter text |
| LinkedIn | Select item | Enter text |
| Instagram | Select item | Enter text |
| Facebook | Select item | Enter text |
| Twitter | Select item | Enter text |
| Telegram | Select item | Enter text |
| Medium | Select item | Enter text |
| Other | Enter text |  | Enter text |
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*(Add multiple as applicable)* |

| **PART 2**1. Business Model, Strategy and Activity
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|  | **Rationale** |
|  | Explain the Applicant’s rationale for this application and the rationale for applying for registration in Malta |
|  | Enter text |
|  | **Business Model** |
|  | Provide a description of the Applicant’s proposed business model and a description of how the scope of this application aligns with the proposed activities. |
|  | Enter text |
|  | **Proposed Other Activity** |
|  | Does the Applicant intend to provide other services, other than the provision of directorship and/or company secretary services? | Select item |
|  | If ‘*Yes*’: Provide a detailed description of the other services and activities, and the procedures to be applied in the provision of the other services and activities mentioned in this application. |
|  | Enter text |

| **PART 2**1. Operational Arrangements
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|  | **Internal Control Framework** |
|  | **Record Keeping**  |
|  | Provide a description of the Applicant’s record-keeping practices, including an overview of the type of information collected from clients, the medium in which records are maintained and whether there are any implemented access control. |
|  | Enter text |
|  |  Provide details of the type of digital record-keeping solutions being used and how do these solutions ensure data security?  |
|  | Enter text |
|  | Provide Details of the type of Back-Up Arrangements being used by the Applicant in relation to record keeping |
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| * 1. Back-up Arrangement
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| Back-up Location | Select item | If ‘*Other’*: Specify Back-up Location | Enter text |
| If ‘*Cloud based’*: Indicate Service Provider | Enter text | Country / Jurisdiction | Select country |
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 *(add multiple as applicable)* |
| 2.2 | **Resource Sharing** |
| 2.2.1 | **Confirmation** |
| 2.2.1.1 | Does the Applicant intend to share resources with other third parties, through Support Services Arrangements? | Select item |
| 2.2.2 | **Resource Sharing Arrangement** *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question P1-2.5.1.1.* |
| 2.2.2.1 |

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| * 1. Resource Sharing Agreement
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| Name of Entity | Enter text | Relationship | Select item |
| Provide a description of the resources being shared | Enter text |
| Explain how the Applicant will maintain independence | Enter text |
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*(Add multiple as applicable)* |

| **PART 2**1. Risk
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|  | **Risk Management Framework** |
|  | Provide an outline of the Applicant’s anticipated risks including, but not limited to, AML/CFT risk. |
|  | Enter text |

| **PART 2**1. Conduct
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|  | **Marketing Strategy** |
|  | Provide an overview of the Applicant’s marketing strategy |
|  | Enter text |
|  | **Client Base** |
|  | Provide detailed information of the type of clients to be targeted including the industry sectors in which they operate and the main jurisdictions in which they are expected to be based.  |
|  | Enter text |
|  | **Source of Business** |
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| Source of Business | Confirmation | Expected percentage of revenue |
| Direct Marketing | Select item | Enter text % |
| Branch Offices  | Select item | Enter text % |
| Third-party Intermediaries | Select item | Enter text % |
| Investment Advisors | Select item | Enter text % |
| Introducers | Select item | Enter text % |
| Distributors | Select item | Enter text % |
| Agents | Select item | Enter text % |
| Other | Enter text |  | Enter text % |
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*(Add multiple as applicable)* |
|  | **Online Platform** |
|  | Does the Applicant intend to make use of a website/platform/application to market, source and/or provide the activity? | Select item |
|  | If ‘*Yes*’: Indicate the purpose of the online platform | Select item |
|  | If the online platform will be used to ‘carry out an activity’: Provide a detailed outline of how the service will be offered on-line. |
|  | Enter text |

| **PART 2**1. Prudential
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|  | **Minimum Working Capital** |
|  | **Attachment | Minimum Working Capital Declaration** Submit evidence that the Applicant holds the minimum capital stipulated within the CSP Rulebook. Such evidence should also be accompanied by a declaration wherein the Applicant confirms that he/she shall maintain the minimum working capital requirement for as long as he/she remains registered. |

| **PART 2**1. Anti-Money Laundering & Counter Financing of Terrorism
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|  | **AML & CFT Function** |
|  | **AML & CFT Function** |
|  | Provide an overview of the onboarding and the ongoing monitoring practices adopted by the Applicant, including but not limited to a description of the resources the Applicant intends to make use of.  |
|  | Enter text |
|  | **Third-Party Outsourcing** |
|  | Does the Applicant intend to outsource any aspect/s of its AML/CFT obligations to a Third-Party Outsourcing Provider/s in line with the FIAU Implementing Procedures? | Select item |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. |
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| * 1. Third-Party Outsourcing Provider
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| Name of Third-Party Outsourcing Provider | Enter text |
| Registration number*(if applicable)* | Enter text |
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*(Add multiple as applicable)* |
|  | **Attachment | MFSA Annex – AX03** |
|  | **AML & CFT Framework** |
|  | **Onboarding and Ongoing Monitoring**  |
|  | The Applicant is requested to provide an overview of which clients / industry sectors / jurisdictions shall fall immediately outside the Applicant’s risk appetite |
|  | Enter text |
|  | Provide a brief overview of the practices adopted with respect to Enhanced Due Diligence (‘EDD’). This should also include details of the instances that would trigger EDD |
|  | Enter text |
|  | Explain the type of payment screening that will be carried out by the Applicant to ensure that funds are coming from legitimate sources |
|  | Enter text |

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| **PART 3****Declaration Form** |
| *Following submission of the Application, this Declaration Form should be printed and sent, originally signed, to the attention of* ***Authorisations, Company Service Providers Supervision Function, MFSA****. It is to be noted that only this form should be sent physically to the Authority and that should the Applicant submit the entire Application, only the version submitted via the LH Portal shall be maintained and used for the purposes of the MFSA’s authorisation processes.**This Declaration Form is to be signed by the individual.* |
| The undersigned, declares that:1. Application Submission and Registration Requirements
	1. the Applicant has resolved to apply as a Limited Company Service Provider with the MFSA for the activities provided for within this Application;
	2. the Applicant is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable; and
	3. If and when approval to act as a Limited Company Service Provider is granted, the Applicant must ensure to be in adherence with the obligations stipulated under point 1 (b) above.
	4. The Applicant undertakes to adhere to the records keeping obligations emanating from the Rulebook applicable to Limited Company Service Provider under the Company Service Providers Act.
2. Information Provided to Authority
	1. the information given in answer to the questions within the Application is complete and accurate to the best of my knowledge, information and belief and that there are no other facts relevant to this Application of which the Authority should be aware;
	2. the Applicant has not tampered with, or modified in any manner, this Application or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this Application;
	3. there are no inconsistencies between the provisions of the documents submitted with this Application (where applicable) and the information given in answer to the questions within the Application;
	4. the MFSA will be notified immediately if the information given in answer to the questions within the Application changes and/or affects the completeness or accuracy the Application either prior to or subsequent to registration should this be granted; and
	5. this Declaration Form corresponds to the Application submitted to the Authority via the LH Portal bearing the following ID:

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| **Application ID***This ID is provided automatically by the MFSA through the LH Portal and is not required for the on-line submission of the Application. In this respect, following submission of this Application via the LH Portal the Application ID will be available on the submission page and also within the acknowledgement email.*  | Enter text |

* 1. the following documentation as indicated in the below have been submitted together with this Application:

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| Checklist of Documentation to be Submitted with the Application |
|  | Application Fee | Select item |
|  | Legal Opinion (if applicable) | Select item |
|  | Logo/s (if applicable)  | Enter number of submissions |
|  | MFSA Annex – AX03 | Enter number of submissions |
|  | Minimum Capital Declaration and relative supporting evidence | Enter number of submissions |
|  | Personal Questionnaire | Enter number of submissions |

1. Representatives and Disclosure
	1. the MFSA is hereby being authorised to contact the external representatives, if any, provided by the Applicant under Section 1 of Part 1 of this Application;
	2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; and
	3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I rescind this authority in writing.
2. Privacy Notice
	1. I have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[1]](#footnote-2) and the terms and conditions included therein.

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| Signature  |  |  |
| Name  | Enter text | Surname | Enter text |
| Position | Enter text |
| Date  | Enter date |
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1. For further information visit: <https://www.mfsa.mt/privacy-notice/> [↑](#footnote-ref-2)