

**Designated Non-Financial Business & Profession (DNFBP)  
Money Laundering Compliance Officer (MLCO)  
Fit and Proper Questionnaire**

**Purpose of this Form**

All DNFBPs, with the exception of a sole trader, must appoint an individual as its MLCO in accordance with Section 18A of the Money Laundering and Terrorism (Prevention) Act (MLTPA). The person selected by the DNFBP to perform the functions of MLCO must be approved as being fit and proper by the FIU. In selecting a MLCO, the DNFBP must ensure that:

- The proposed MLCO is of an appropriate level of seniority; and
- The individual has timely access to all records that are necessary or expedient for the purpose of performing his or her functions as MLCO.

In the case of a sole trader, he or she is the MLCO in respect of the DNFBP and does not need to fill out this form.

**Return completed application and attachments to:**

Financial Intelligence Unit  
Compliance Department  
4998 Coney Drive Plaza  
P.O. Box 2197  
Belize City, Belize

**Part A – Personal Details**

a) Full Name:

\_\_\_\_\_ (As stated on Identification Document)

b) Have you ever had your name changed? Yes  No

If, yes give the reason for the change: \_\_\_\_\_

Other names (Alias) used: \_\_\_\_\_

c) Date of Birth: \_\_\_\_\_ d) Country of Birth \_\_\_\_\_  
DD / MM/ YYYY

e) Citizenship: \_\_\_\_\_

f) Number and type of valid government issued picture identification: \_\_\_\_\_  
(E.g. Passport or Social Security Card) [Attach copy of ID]

g) Residential Address: \_\_\_\_\_

h) Mailing Address (If different from above):  
\_\_\_\_\_

i) Telephone No: Work: \_\_\_\_\_ Mobile : \_\_\_\_\_ Home: \_\_\_\_\_

j) Level of education:  
(E.g. Secondary, degree etc.) \_\_\_\_\_

k) Name of DNFBP:	
l) FIU Registration No:	
m) Nature of Business:	
n) Position held with entity:	
<b>PART B – Character, Reputation &amp; Financial Soundness</b>	
a) Have you ever been charged in Belize or elsewhere for any criminal offence, regulatory offence or criminal misconduct? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) Have you ever been convicted in Belize or elsewhere for any other offences? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
c) Have you ever been a principal officer of any entity that was charged or convicted of an offence? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
d) Have you at any time in Belize or elsewhere filed for or declared bankruptcy or are you or have your ever been subjected to any bankruptcy proceedings? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
e) Have you at any time failed to satisfy a judgment debt under a Court Order made in Belize or elsewhere? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
f) Have you ever been dismissed or compelled to resign from any office or employment? If yes, give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
g) Have you ever received any AML/CFT certification and/or compliance training? If yes, give details and attach evidence of certification and/or training obtained:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>PART C - Declaration</b>	

**I declare that:**

To the best of my knowledge and belief, all the information and supporting documents provided in respect of this application are true, correct and complete and there are no other facts or matters relevant to this application of which the FIU should be aware.

I agree that, if there is a material change in any information or documentation submitted in connection with the application or I discover that any such information or documentation is incomplete, inaccurate or misleading, I will, as soon as reasonably practicable, give the FIU written particulars of the change or of the incomplete, inaccurate or misleading information or documentation.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_