GUYANA

No. 2 of 2014

13

REGULATIONS

Made Under

THE MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

IN EXERCISE OF THE POWER CONFERRED UPON THE BANK BY SECTION 18 OF THE MONEY TRANSFER AGENCIES (LICENSING) ACT, THE BANK HEREBY MAKES THE FOLLOWING REGULATIONS:-

Citation.

These Regulations, which amend the Money Transfer Agencies (Licensing) Regulations 2009*, may be cited as the Money Transfer Agencies (Licensing) (Amendment) Regulations 2014.

Amendment of regulation 13 of the Principal Regulations.

- Regulation 13 of the Principal Regulations is hereby amended by the 2. insertion immediately after paragraph (b) of the following paragraph as paragraph (c) -
 - "(c) within seven days of the end of each calendar month the particulars as set out in Form 12."

Amendment of Schedule to the Principal Regulations.

3. The Schedule to the Principal Regulations is hereby amended by the insertion of Form 12 and the substitution for Forms 1, 2, 3, 4, 5, 6, 7, 8 and 9 of the following Forms -

*Regulations No. 5 of 2009

reg.3

SCHEDULE

FORMS

FORM 1

APPLICATION FOR LICENCE TO CONDUCT MONEY TRANSFER BUSINESS

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009) TOTTOX IN COLUMN AND ALL MANNERS ACCRECATE OF THE POST OF THE POST

Please indica	ate whether the app	ication is being submitted by:	
(a)	An individual or s	ole trader.	
(b)		(Liquesing), Kugulanuas 2009 f., pase heraton (Liquesing) (Amoutment) Benjanings20010	
(c)		er body corporate.	
		der Bessengen in Abenbener aufleier	1
Name of Ap	pplicant(s)	p edicile aven doyset dimen. As	
Registered	name of business		
Address of	registered business	ed noteringher out has a country to conjugate a special control of the conjugate and	
Business na number an registration			No. of Street,
Nature of	the business		
	ddress for g money transfer	Supplies No. 2 of Contractions	

(6	A partnersl	nip/firm
١,	1000		

Names of Partners	
Registered name of business	
Address of registered business	WARE THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE
Business name registration number and date of registration	Stagner texació se brializado
Nature of the business	
Intended address for conducting money transfer business	To a section of the s

(c) A company or other body corporate

Names of Directors	Name of the saver
Name of company	The section of the se
Registered address of company	
Place and Date of Incorporation	principal store in Octobras
Intended address for conducting money transfer business	

2. If the company is incorporated outside of Guyana:

Names of Directors	
Name of company	The state of the s
Registered address of company outside of Guyana	entary calls the entry of the e
Place and Date of Incorporation	
Date of registration as an external company in Guyana	
Nature of the business	The state of the s
Name of person appointed to be agent by power of attorney	Digitaria in anti-
Home address of agent	
Address of the company's principal office in Guyana	A CONTRACTOR OF THE CONTRACTOR

	and a state of the	incleditace ett in eas-do-Perior i
State particulars of h	ow the applicant proposes to finan-	ce the business (specify if own
A STATE OF THE PARTY OF THE PAR	ow the applicant proposes to finances, other sources, etc.)	ce the business (specify if own
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5. Provide name(s) and address(es) of agent(s) if any, who will carry out business on the applicant's behalf.

Name	Registered name of business or company	Address
	New Committee of the Co	

6. Certification and Undertaking

I certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to notify the Bank of Guyana forthwith of any material change in the particulars of this application.

Signature of Applicant(s)	Designation	Date
Section and the section of the secti		

Please	affix stan	np/seal h	nere

Sworn to at	Georgetown, Den	nerara.		
This	day of			

Before Me

A COMMISSIONER OF OATHS TO AFFIDAVITS

Personal Information Sheet

A se	parate sheet	must be comple	ted for each	Applicant/	Partner/	Director.
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1. Name

Surname	Given Names

2. Date of Birth

Day	Month	Year

3. Identification

Type (Passport/ National ID Card, etc.)	Date of Issue	Place of Issue	Nationality
The second second			

4. Home Address

300		
	A PART A CAMPAGE	

5. Contact Information

Telephone No.	Cell Phone No.	Email Address

6. Professional Qualifications

Particulars	Year Obtained	Name of Institution
(a) Academic Degree(s)	Prince set persile	The Ad American State of Sugar A
. Asmelo osvis		Sales grad
(b) Diploma(s)/ Certificate(s)		
		Hodistures 2
(c) Training Courses/ Seminars		The later of smooth 19-3
(d) Membership in Professional		
Organisations	Lands and	

7. Occupation/Employment. Start with current employer and go back for the last 10 years.

Name, address & business of employer	Position Held	Dates - From - To
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eignestion Date	id Analy	sta to emiteral

8. References. Please provide contact information for two individuals other than relatives who have personally known the applicant for at least three years.

Name	The bridge of the second secon
Trume.	
Occupation	
Address	
Telephone No. and email address	
Name	
Occupation	
Address	
Telephone No. and email address	

9. Certification and Undertaking

I certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to notify the Bank of Guyana forthwith of any material change in these particulars.

Signature of Applicant	Designation	Date
Control of the Contro	Ethioperage cogamination assessed in Progress	NET TO A TEMPORAR
Name of Applicant	The first section reliance supply of the month whose	
(use block letters)		

Please	affix	stamp/seal	here
		6	

Notes:

- 1. The completed form is to be submitted to the Governor, Bank of Guyana. No section of the form should be left blank. Place "Not Applicable" or "None" as the case may be. If the space provided is not adequate, the required information may be annexed. Reference shall be made in the pertinent section of the form by placing the words "Refer to Annex -----"
- 2. This application shall be accompanied by:
 - (a) A copy of the Certificate of Incorporation or valid Certificate of Business Registration.
 - (b) A copy of the Partnership Agreement, in the instance of a partnership arrangement.
 - (c) In the case of an external company copies of the Certificate of Registration and Power of Attorney.
 - (d) Valid Guyana Revenue Authority Tax Compliance Certificate and Tax Identification Number.
 - (e) Valid National Insurance Scheme Compliance.
 - (f) Recent Police Clearance of the Applicant/Partner/Director.
 - (g) A completed Personal Information Sheet (PIS) for each Applicant/Partner/Director and the agent appointed by the power of attorney.
 - (h) A statement from the applicant's banker, setting out the performance of past and present accounts.
 - (i) A business plan detailing the current money transfer activities, if any, of the applicant(s) and /or its proposed activities for which the licence is sought. Particulars of its financing, management structure, internal controls, subsidiary or affiliate relationships should be set out.
 - (i) Most recent financial statements.
 - (k) An application fee.
- 3. Items (d) and (e) shall be in the name of the applicant, along with the registered or incorporated business name, if applicable. The business name and business address must be consistent on all documents submitted. The documents required shall be submitted at the same time.

Form 2

CO-OPERATIVE REPUBLIC OF GUYANA

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)



LICENCE TO CARRY ON THE BUSINESS OF MONEY TRANSFER LICENCE No:

TO:

Trading As

whose registered address is at , Guyana, is hereby granted a licence under section 4 of the Money Transfer Agencies (Licensing) Act 2009 (No. 20 of 2009), to carry on in Guyana the business of money transfer for the period 1st January to 31st December -----, subject to the licensee complying with all the laws and conditions relating to the conduct of the said business.

Dated the day of

Governor Bank of Guyana

Form 3

APPLICATION FOR RENEWAL OF LICENCE

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

Name of Applicant(s)	
Home address of applicant(s)	
Registered name of business or company	
Intended address for conducting money transfer business	and the second s
a) Was this licence previously renewed? Yes	No No

Licence Number	Renewal Date

	for the renewal of the licence es, list the date(s) of refusal.		Yes No
Licence Number	Refusal Date	GLOTH BID SEE	
Provide name(s) and applicant's behalf.	address(es) of agent(s) if any, v	who will carry	out business on the
Name	Registered name of		Address
	Registered name of business or compan		Address
Certification and Un I certify that all informaccurate to the best of	business or compan	panying this for so undertake to	rm is complete and o notify the Bank of

Notes:

- 1. The Renewal Application shall be accompanied by:
 - (a) A copy of the Certificate of Incorporation or valid Certificate of Business Registration.
 - (b) A copy of the Partnership Agreement, in the instance of a partnership arrangement.
 - (c) In the case of an external company, copies of the Certificate of Registration and Power of Attorney.
 - (d) Valid Guyana Revenue Authority Tax Compliance Certificate
 - (e) Valid National Insurance Scheme Compliance.
 - (f) Most recent financial statements.
 - (g) The renewal fee.
- 2. Items (d) and (e) shall be in the name of the applicant, along with the registered or incorporated business name, if applicable. The business name and business address must be consistent on all documents submitted.
- 3. If the space provided on the form is insufficient, include the information on a separate sheet of paper and attach it to the application. Reference shall be made in the pertinent section of the form by placing the words "Refer to Annex -----"

Form 4

APPLICATION FOR APPROVAL TO MOVE LICENSED AGENCY TO PREMISES OTHER THAN PREMISES SPECIFIED IN LICENCE

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 0f 2009)

1.	Applicant's name and address in full.	The registered	name of the	business or	company	and
	address, must be included where appl	icable.				

Name of Applicant(s)	the professional and entered the second control of the second cont
Registered name of business or company	The same services with the same services of the sam
Address of the licensed business	
Intended address for the licensed business	

2. Number and date of current licence.

Date

State the reason(s) for changing	g to new premises.
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Signature of Applicant(s)	Designation	Date
	and a state of the state of	
	Office was publicated in the case	

Please affix stamp/seal here

Note: This application must be accompanied by the relevant fee.

Form 5

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR AGENT TO CONDUCT MONEY TRANSFER BUSINESS

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

1.	Ι,	
	the applicant, hereby apply behalf of the licencee	to be registered as a money transfer agent in Guyana, on
2.	Please indicate whether this	s application is being submitted by:
	(a) An individua	l or sole trader.
	(b) A partnership	/firm.
	(c) A company o	r other body corporate.
3.	(a) An individual or sole tra	der
N	ame of Applicant(s)	
R	egistered name of business	
A	ddress of registered business	
n	usiness name registration umber and date of egistration.	
N	ature of the business	
C	ntended address for onducting money transfer usiness	

(b) A partnership/firm

Names of Partners	
Registered name of business	
Address of registered business	carem se to came
Business name registration number and date of registration.	
Nature of the business	The particular and the particula
Intended address for conducting money transfer business	BLUKOSINO IKBISA VYILES

(c) A company or other body corporate

Names of Directors	PART OF STREET
Name of company	
Registered address of company	STATUTE OF THE PERSON OF THE P
Place and Date of Incorporation	
Intended address for conducting money transfer business	

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4. If the company is incorporated outside of Guyana:

Names of Directors	
Name of company	Legalitation and Legali
Registered Address of company outside of Guyana	The first of the second
Place and Date of Incorporation	2900 2000 (1900)
Date of registration as an external company in Guyana	TO SECURDADO DE PROPERTO DE PR
Nature of the business	
Name of person appointed to be agent by power of attorney	noneument of the second of the
Home address of agent	
Address of the company's principal office in Guyana	constitution of the second constitution of the s

5. State the reason(s) why the applicant wants to operate as a money transfer agent.

7. Certification and Undertaking

I hereby certify that the above information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to immediately notify the Bank of Guyana of any material change in the particulars of this application.

Signature of Applicant(s)	Designation	Date

Please affix stamp/seal here

6. State particulars of how the applifunds, borrowed funds, other sou	icant proposes to finance th arces, etc.)	ne business (specify if own
		They day and the same
	in signer	
Environment of the		
7. Certification and Undertaking		
I hereby certify that the above is complete and accurate to the b immediately notify the Bank of application.	est of my knowledge and	d belief. I also undertake to
Signature of Applicant(s)	Designation	Date
		7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
		Please affix stamp/seal here

Sworn to at Georgetown, Demerara,

This _____day of _

Before Me

A COMMISSIONER OF OATHS TO AFFIDAVITS

Personal Information Sheet

A separate sheet must be con	npleted for each	Applicant/Partn	er/Director.
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1. Name

Surname	Given Names

2. Date of Birth

Day	Month	Year	

3. Identification

Type (Passport/ National ID Card, etc.)	Date of Issue	Place of Issue	Nationality

4. Home Address

and the same and		
	 	 - Control of the Cont

5. Contact Information

Telephone No.	Cell Phone No.	Email Address

6. Professional Qualifications

Particulars	Year Obtained	Name of Institution
(e) Academic Degree(s)	produce tel para	BOWN SHIP SHIP HERVETON SHE!
Second Manage	A SALES	Amazino 8
(f) Diploma(s)/ Certificate(s)		
(g) Training Courses/ Seminars		GERMAN STATE
(h) Membership in Professional Organisations		

7. Occupation/Employment. Start with current employer and go back for the last 10 years.

Name, address & business of employer	Position Held	Dates From - To
Les ordinations in the Chargeston	er tajingas ini	
900800		SAA TO STORE

8. References. Please provide contact information for two individuals other than relatives who have personally known the applicant for at least three years.

Name	
Occupation	
Address	
Telephone No. and email address	
Name	
Occupation	
Address	
Telephone No. and email address	

9. Certification and Undertaking

I certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief. I also undertake to notify the Bank of Guyana forthwith of any material change in these particulars.

Signature of Applicant	Designation	Date
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Name of Applicant (use block letters)		

Please affix stamp/seal here

Notes:

- 1. The completed form is to be submitted to the Governor, Bank of Guyana. No section of the form should be left blank. Place "Not Applicable" or "None" as the case may be. If the space provided is not adequate, the required information may be annexed. Reference shall be made in the pertinent section of the form by placing the words "Refer to Annex
- 2. This application shall be accompanied by;
 - (a) A copy of the Certificate of Incorporation or valid Certificate of Business Registration.
 - (b) A copy of the Partnership Agreement, in the instance of a partnership arrangement.
 - (c) In the case of an external company, copies of the Certificate of Registration and Power of Attorney.
 - (d) Valid Guyana Revenue Authority Tax Compliance Certificate and Tax Identification Number.
 - (e) Valid National Insurance Scheme Compliance.
 - (f) Recent Police Clearance of the Applicant/Director/Partner.
 - (g) A completed Personal Information Sheet (PIS) for each Applicant/Partner/Director and the agent appointed by the power of attorney.
 - (h) Two letters of character reference, duly notarized, from individuals other than relatives who have personally known the applicant/director/partner for the last three years.
 - (i) A statement from the applicant's banker, duly setting out the performance of past and present accounts.
 - (i) A business plan detailing the current money transfer activities, if any of the applicant and or its proposed activities for which the certificate of registration is sought. Particulars of its financing, management structure, internal controls, subsidiary or affiliate relationships should be set out.
 - (k) Most recent financial statements.

- (1) A copy of the written agreement between the Licensee and the proposed money transfer agent.
- (m) An application fee.
- 3. Items (d) and (e) shall be in the name of the applicant, along with the registered or incorporated business name, if applicable. The business name and business address must be consistent on all documents submitted. The documents required, shall be presented at the same time.

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Form 6

CO-OPERATIVE REPUBLIC OF GUYANA

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)



CERTIFICATE OF REGISTRATION TO CONDUCT BUSINESS AS A MONEY TRANSFER AGENT ON BEHALF OF A LICENSEE

CERTIFICATE No:

TO:

Trading As

, Guyana, is hereby granted a whose registered address is at certificate of registration under section 8 of the Money Transfer Agencies (Licensing) Act 2009 (No. 20 of 2009), to carry on in Guyana the business of money transfer as a money transfer agent on behalf of licensee ----- who holds Licence No. ---- for the period 1st January to 31st December, ---- subject to the money transfer agent complying with all the laws and conditions relating to the conduct of the said business.

Dated the day of

> Governor Bank of Guyana

Form 7

APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

1.	Applicant's name and address in full.	The registered	name of the	e business (or company	and
	address, must be included where appl	icable.				

Name of Applicant(s)	
Home address of applicant	NOTACIBLE TO SEASIBILITY
Registered name of business or company	FIGURE STATE OF THE STATE OF TH
Intended address for conducting money transfer business	

				- processing	-
2.	(a) Was this cert	ification of registration	previously renewed?	Yes	No

(b) If the answer is yes, list the certificate of registration numbers and the renewal dates for the past three years, starting with the most recent registration.

Certificate of Registration Number	Renewal Date
allono el es su su	College of Four

Certificate of			
Registration Number	Refusal Date	e de see	
	A second of the	(KE) 46-25-2	
	Maria de la companya della companya de la companya de la companya della companya		ad laviana act
		Talkagi Sarawe	
I hereby certify that all info	ormation provided	is true to the best	of my knowledge and bel
I hereby certify that all info I further undertake to imm	ormation provided	is true to the best Bank of any mater	of my knowledge and bel rial change in the particul
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Notes:

- 1. This application shall be accompanied by:
 - (a) A copy of the Certificate of Incorporation or valid Certificate of Business Registration.
 - (b) A copy of the Partnership Agreement, in the instance of a partnership arrangement.
 - (c) In the case of an external company, copies of the Certificate of Registration and Power of Attorney.
 - (d) Valid Guyana Revenue Authority Tax Compliance Certificate
 - (e) Valid National Insurance Scheme Compliance.
 - (f) The renewal fee.
- Items (d) and (e) shall be in the name of the applicant, along with the registered or incorporated business name, if applicable. The business name and business address must be consistent on all documents submitted.

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Form 8

APPLICATION FOR APPROVAL TO CHANGE PREMISES FROM WHICH MONEY TRANSFER AGENT WILL OPERATE

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

1. Applicant's name and address in full. The registered name of the business or company and address, must be included where applicable.

Name of Applicant(s)	main a particular de la constitución de la constitu
Registered name of business or company	
Address of the licensed business	
Intended address for the licensed business	

2. Number and date of current certificate of registration.

Certificate of Registration Number	Date

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4.

	Signature of Applicant(s)	Signature of Applicant(s) Designation		
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Please affix stamp/seal here

Note: This application must be accompanied by the relevant fee.

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Form 9

EXCHANGE RATES AND APPLICABLE CHARGES

MONEY TRANSFER AGENCIES (LICENSING) ACT 2009 (No. 20 of 2009)

Name of Licensee/Agency	
Name of Agent	
Current Date	

Inbound Transactions	Exchange Rate	Charges
US\$		General Additions of
GBP		
EURO		
CDN\$		
Other		
BD\$		
TT\$		
EC\$		
J\$		
Other		

Outbound Transactions	Exchange Rate	Charges
US\$		The same of the sa
GBP AND STARTS	STATE OF	SECTION OF RAFES AND ADDR
EURO		USSEDNES ATTENDED ASSESSED.
CDN\$		2005 1a-00 to 10
Other		
BD\$	1 23	CHEST CHEST CHEST CHEST
TT\$		
EC\$		
J\$		The same states
Other		

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FORM 12

Monthly Report on Money Transfer Transactions by Licensee and Agents Money Transfer Agencies (Licensing) Act, 2009

Name of Licensee	
Address of Licensee	
Transactions for Month Ended	

No.	Name of Licensee and Agent	No. of Transactions		G\$ Value of	Transactions	US\$ Value of Transactions	
		Inbound	Outbound	Inbound	Outbound	Inbound	Outbound
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				COLUMN ST.			-
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Name of Office Signature of O			Date
Made this			
			Lawrence T. Williams, Governor, Bank of Guyana.