Form 7

(Regulations 4, 14, 15 and 25)

AML/CFT/PF RISK ASSESSMENT FORM FOR AN OPERATOR LICENCE, SEZ ENTERPRISE LICENCE AND SINGLE ZONE LICENCE

SECTION 1 – GENERAL INFORMATION

This section is to be completed by all applicants

1. Name of Applicant
2. Legal Status, select as appropriate
Public Body ¹ Private Body Public-private partnership
3. Office Number
4. Email Address
5. Certified copies of the following documents are to be submitted:
 (a) Certificate of Incorporation (b) Articles of Incorporation (c) Company By-Laws (d) Certificate of Registration of External Company (e) Name and address of local agent, where applicable (f) Most recent Annual Return (g) Most recent Return of Beneficial Interest in the Shares of a Company (h) Partnership Agreement, where applicable (i) Public-Private Partnership Agreement, where applicable
6. Primary address where business operations will be carried out
7. Number of Employees currently in the Applicant's employ
8. Applicant's Total Asset size at end of last financial year

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A Public Body is:

- (a) a Ministry or a department or division of a Ministry;
- (b) the Tobago House of Assembly, or a division of the Tobago House of Assembly;
- (c) a Municipal Corporation established under the Municipal Corporations Act;
- (d) a Regional Health Authority established under the Regional Health Authorities Act;
- (e) a statutory body, responsibility for which is assigned to a Minister of Government;
- (f) a State-controlled enterprise;
- (g) a body corporate or unincorporated entity
 - i. in relation to any function which it exercises on behalf of the State; or
 - ii. which is established by virtue of the President's prerogative, by a Minister of Government in his capacity as such or by another public authority; or
- (h) a body corporate or unincorporated entity in relation to any function, project, scheme or arrangement which involves the use by it, of public money.

SECTION 2 - KEY PERSONNEL

This section is to be completed by all applicants

9. Details of Directors

Name	Address	Occupation	Nationality

10. Details of Partners

Name	Address	Occupation	Nationality

11. Principal Officers

Name	Address	Position	Nationality

12. Are any of the directors, principal officers or partners listed above a politically exposed person?²

□ Yes □ No

If yes, provide details

Please provide copies of one of the following valid picture identification documents for each of the directors, partners and officers listed above: Bio-data page of passport, national identification card or driver's licence.

² A politically exposed person would include current holders of the following positions or persons who have previously held such positions: Head of State, Head of Government, Ministers of Government, Senior Politicians, Senior Government Officials, Senior Military Officials, Judicial Officers, Senior Executives of State-Owned Corporations and Senior Political Party Officials.

Additional information attached

This section is to be completed by all applicants

13. Name and registered address of Applicant's parent company (if applicable) 14. Name, registered address and location of operations of Applicant's branches and/or subsidiaries operating outside of Trinidad and Tobago (if applicable) **Registered Address** Location of operations Name

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15. Relationship of branch Applicant (if applicable)	nes/subsidiaries outside of Trinidad and Tobago	o to the Applicant and percentage owned by th
Name	Branch/Subsidiary/Other	Percentage owned
Additional inform	l nation attached	I
16. Operations of the App (if applicable)	licant's branches/subsidiaries in another Speci	al Economic Zone (SEZ) or Free Trade Zone (FTZ
Name	Branch/Subsidiary/Other	SEZ/FTZ location
Additional inform	nation attached	

17. Name,	registered	address	and locat	on of	operations	of A	Applicant's	branches	and/or	subsidiaries	operating	within
Trinidad aı	nd Tobago (if applica	ble)									

Name	Reg	stered Address	Location of o	perations
Additional information	attached			
	lattachea			
3. Relationship of brar pplicant (if applicable)	ches/subsidiaries	within Trinidad and Tobag	to the Applicant and	percentage owned by the
Name		Branch/Subsidiary/Oth	ner	Percentage
				owned

SECTION 4 – OPERATIONAL INFORMATION

This section is to be completed by all applicants

19. Type of License(s) for which the Applicant has applied

Activity	Percentage of Total Asse
Manufacturing	
Maritime Services	
Aviation Services	
Fishing and Fish Processing	
Agriculture and Agro Processing	
Information and Communications Technology	
Creative Industries	
Financial Services	
Medical Tourism Services	
Renewable Energy	
Logistics and Distribution	
Business Process Outsourcing	
Other (please state)	

21. Activities performed by the Applicant and percentage of Revenue applicable to each activity in relation to Total Revenue received in last financial year:

Activity	Percentage of Total Revenue
Manufacturing	%
Maritime Services	%
Aviation Services	%
Fishing and Fish Processing	%
Agriculture and Agro Processing	%
Information and Communications Technology	%
Creative Industries	%
Financial Services	%
Medical Tourism Services	%
Renewable Energy	%
Logistics and Distribution	%
Business Process Outsourcing	%
Other (please state)	%
2. Date of the Applicant's last Audited Financial Statement	
B. Applicant's Total Assets at date of last Audited Financial Statement	
Applicant's Gross Income at date of last Audited Financial Statement	

	on of Applicant's current or intende	eu customer/client	שמשב	
Location			ercentage of Total ustomers/clients	
Domestic (within Trinidad and Tobag	go)		9	
International			%	
26. Estimated geographical distribution International trade	on of Applicant's total revenue/inte	ended total revenue	e derived from Domestic and	
Location		P	ercentage of Total Revenue	
Domestic (within Trinidad and Tobago)			%	
International	nal		ç	
27 Current (Intended jurisdictions to	which Applicant's goods will be ex	ported and importe	d	
27. Current/intended jurisdictions to			-	
Jurisdiction		e of Exports	Percentage of Imports	
		e of Exports %		
		•	Percentage of Imports	
		%	Percentage of Imports	
-		%	Percentage of Imports	

Additional information attached (please attach any additional jurisdictions and percentage of imports and exports on a separate sheet)

28. Current/Intended jurisdictions to which Applicant's services will be exported and imported

Jurisdiction	Percentage of Exports	Percentage of Imports
	%	0
	%	9
	%	ç
	%	ç
	%	9

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ravellers' Cheque redit Facility Repayment /ire Transfers irtual Assets	9
redit Facility Repayment /ire Transfers irtual Assets	9
/ire Transfers irtual Assets	
irtual Assets	0
	, ,
ther [Money Orders, Bearer Bonds, Internet)	9
	9
 Does the Applicant have systems in place to record, monitor and/or store custor Yes No Does the Applicant have systems in place to record and store customer/client id Yes No 	
. If answered "Yes" to questions 30 or 31 above, please provide a brief summary o r and/or store customer transaction or identification information.	of the methods used to record, mor

34. If answered "Yes" to questions 30 or 31 above, does the Applicant have measures in place to ensure the security and confidentiality of the information stored?

Yes No

The following documents are to be provided:

- (a) Financial projections, bank statements, or any other financing and or contractual arrangements of the applicant;
- (b) Where applicable, an affidavit verifying the source of funds other than from the business activities of the applicant; and
- (c) A reference from a banker or a reputable firm of lawyers or accountants.

SECTION 5 - TARGETED FINANCIAL SANCTIONS AND PROLIFERATION FINANCING

This section should only be completed by applicants who intend to provide Financial Services as their core business

35. Is the Applicant and/or any of its subsidiaries, counterparties, directors or officers the subject of any economic or other financial sanctions imposed by the United Nations?

Yes No

(please click here to access the UN Sanctions List)

36. If answered "Yes" to the above, please list the name of the jurisdiction/individual or entity that is the subject of the economic or financial sanction

Jurisdiction/individual/entity

Additional information attached (please list any additional jurisdictions and sanctions in a separate sheet)

37. Is the Applicant and/or any of its subsidiaries or counterparties engaged in transactions, investments, business or other dealings that directly or indirectly involve or benefit any jurisdiction/entity/individual that is subject to a financial sanction/s imposed by the United Nations?

Yes No

(please click here to access the UN Sanctions List)

38. If answered "Yes" to the above, please list the sanctioned jurisdictions and the number of transactions conducted.:

Jurisdiction	1	Number of transactions over last financial year
Add	itional information attached (please list any additional jur	isdictions and sanctions in a separate sheet)
39. Does the Applicant have measures in place to screen its clients/customers against domestic or international lists for targeted financial sanctions?		
Yes	No	
40. Does the	e Applicant trade in or intend to trade in any of the follow	ing types of controlled or dual use items?
Yes No	Nuclear Materials - Nuclear Reactor - Pressure Tubes - Zi	rconium Metal Tubes - Steam generators
Yes No	Special Materials - Protective and detection equipment lead glass	t - Body armour and components - High-density
Yes No		
Yes No	Electronics - Microcomputers - Microcircuits - Microwave Amplifiers - Oscillator - High-speed pulse generators	
Yes No	No Computers - Electronic Computers - Hybrid Computers - Analogue Computers	
Yes No	Telecommunications - Telecommunication systems - Electronically steerable antennae - Interception & Jamming equipment	

No	Sensors - Acoustic systems - Optical sensors - Scanning cameras - Imaging cameras - Optical equipment
	Navigations & Avionics - Accelerometers - Gyros - Inertial measurement equipment - Global Navigation Satellite Systems

No	National Controlled Commodities - Armoured components and technologies
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Yes |

Yes |

41. If answered "Yes" to any of the above, does the Applicant have authorization to conduct such trade?

Yes (Please attach copy of authorisation attached)

No

42. Has the Applicant conducted transactions with entities or individuals based in any of the countries listed by the Financial Action Task Force (FATF) as High-risk and other monitored jurisdictions (See list on FIUTT's website https://fiu. gov.tt/about-us/publications/fatf-statements/) within its last financial year?

Yes No

43. If answered "Yes" to question 42 above, please state the countries involved and number of transactions conducted.

High Risk or Other Monitored Jurisdiction	Number of transactions over last financial yea
Additional information attached (please list any c	additional countries and transactions in a separate sheet)

SECTION 6- GENERAL ML/TF/PF RISKS

This section is to be completed by all applicants

44. Please indicate whether the Applicant reviews the Money Laundering, Terrorist Financing or Proliferation Financing Risks of the following:

The Applicant's customers/clients (including Politically Exposed Persons or High Risk customers)	Yes	No
The Applicant's products, services and activities (including those of its subsidiaries and branches)	Yes	No
The geographic location of the Applicant's counterparties, subsidiaries and branches (e.g. crime hot spots or high risk jurisdictions)	Yes	No
The Applicant's mechanisms used to engage with customers (e.g. use of interme- diaries, delivery channels, technologies)	Yes	No

45. Where the Applicant reviews the risks identified in question 44 above, please indicate the percentage of customers/ clients which fall into the following categories:

Risk Level	Percentage
High Risk	%
Medium Risk	%
Low Risk	%

46. Where the Applicant conducts reviews of the risks identified in question 45 above, please indicate whether these risks are reviewed at least annually.

Yes No

47. Has the Applicant conducted transactions with/does the Applicant intend to conduct transactions with individuals regarded as Politically Exposed Persons?

Yes No

48. If answered "Yes" to question 47 above, please indicate the number of Politically Exposed Persons with whom transactions have been conducted or are intended to be conducted.

SECTION 7 – FINANCIAL SECTOR AML/CFT/CPF COMPLIANCE

This section is to be completed by all applicants

49. Is the Applicant registered with a financial sector regu	latory body in Trinidad and Tobago or elsewhere?
Yes	
No	
50. If answered yes to the above, please state the name a	nd location of the financial sector regulator
Regulatory Body	Location
Additional information attached (please list any additional regulators and jurisdictions in a separate sheet)	

51. Is the Applicant	required to comply with the AML/CFT/CPF laws of any jurisdiction outside of Trinidad and Tobago?
Yes	No

52. If answered "Yes" to question 51 above, please list the jurisdictions to which question 51 applies.

53. Has the Applicant ever been subject to regulatory action by a financial sector regulator (either within Trinidad and Tobago or outside of Trinidad and Tobago) for non-compliance with AML/CFT/CPF laws?

Yes No

54. If answered "Yes" to question 53 above, please state the Regulatory Bodies to which question 53 applies.

SECTION 8- ATTESTATION

I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment. Declared to at in By This day of , Before me, Commissioner of Affidavits

Signature:	
Signature.	
Name in Block Letters:	
Position:	
Date:	
Official Seal/Stamp:	
official Scaly Stamp.	
Name in Block Letters: Position: Date: Official Seal/Stamp:	

FORM 8

(Regulations 6, 16, 17, and 24)

DECLARATION OF CONSENT TO ENTRY OF INSPECTORS

TO: The Trinidad and Tobago Special Economic Zones Authority

Name of Applicant: _____

Presented by:

Pursuant to our application for *an Operator Licence/an SEZ Enterprise Licence/a Single Zone Enterprise Licence,

١,

(Name in block Letters)

,of

(Address)

(Occupation and Nationality)

do solemnly and sincerely declare that in the event that the said *Operator Licence/SEZ Enterprise Licence/Single Zone Enterprise Licence is granted, we hereby consent to the entry of inspectors on any of the premises specified in the *Operator Licence/SEZ Enterprise Licence/Single Zone Enterprise Licence during working hours or such other times as the premises are open to the public or otherwise in use by the applicant, for the purposes of the exercise of their powers under the provisions of the Trinidad and Tobago Special Economic Zones Act, 2022.

(*Delete if not applicable)

Sworn to at)

.....)

Commissioner of Affidavits