

GUYANA

No. 2 of 2014

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:-**

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| Citation. | 1. 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. | 2. Regulation 13 of the Principal Regulations is hereby amended by the 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

SCHEDULE

FORMS

FORM 1

APPLICATION FOR LICENCE
TO CONDUCT MONEY TRANSFER BUSINESS

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

1. Please indicate whether the application is being submitted by:

- (a) An individual or sole trader.
- (b) A partnership/firm.
- (c) A company or other body corporate.

(a) An individual or sole trader

Name of Applicant(s)	
Registered name of business	
Address of registered business	
Business name registration number and date of registration	
Nature of the business	
Intended address for conducting money transfer business	

(b) A partnership/firm

Names of Partners	
Registered name of business	
Address of registered business	
Business name registration number and date of registration	
Nature of the business	
Intended address for conducting money transfer business	

(c) A company or other body corporate

Names of Directors	
Name of company	
Registered address of company	
Place and Date of Incorporation	
Intended address for conducting money transfer business	

2. If the company is incorporated outside of Guyana:

Names of Directors	
Name of company	
Registered address of company outside of Guyana	
Place and Date of Incorporation	
Date of registration as an external company in Guyana	
Nature of the business	
Name of person appointed to be agent by power of attorney	
Home address of agent	
Address of the company's principal office in Guyana	

3. State the reason(s) why the applicant wants to operate as a licensed agency.

4. State particulars of how the applicant proposes to finance the business (specify if own funds, borrowed funds, other sources, etc.)

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

(b) A partnership/firm

Names of Partners	
Registered name of business	
Address of registered business	
Business name registration number and date of registration	
Nature of the business	
Intended address for conducting money transfer business	

(c) A company or other body corporate

Names of Directors	
Name of company	
Registered address of company	
Place and Date of Incorporation	
Intended address for conducting money transfer business	

Personal Information Sheet

A separate sheet must be completed for each Applicant/Partner/Director.

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

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5. Contact information

Telephone No.	Cell Phone No.	Email Address

6. Professional Qualifications

Particulars	Year Obtained	Name of Institution
(a) Academic Degree(s)		
(b) Diploma(s)/ Certificate(s)		
(c) Training Courses/ Seminars		
(d) 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

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
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/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.
 - (j) 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

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 4

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

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)	
Registered name of business or company	
Address of the licensed business	
Intended address for the licensed business	

2. Number and date of current licence.

Licence Number	Date

3. State the reason(s) for changing to new premises.

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4.

Signature of Applicant(s)	Designation	Date

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

1. I, _____
the applicant, hereby apply to be registered as a money transfer agent in Guyana, on
behalf of the licensee _____.
2. Please indicate whether this application is being submitted by:
- (a) An individual or sole trader.
- (b) A partnership/firm.
- (c) A company or other body corporate.
3. (a) An individual or sole trader

Name of Applicant(s)	
Registered name of business	
Address of registered business	
Business name registration number and date of registration.	
Nature of the business	
Intended address for conducting money transfer business	

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.
 - (j) 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. Documents required shall be submitted at the same time.

(b) A partnership/firm

Names of Partners	
Registered name of business	
Address of registered business	
Business name registration number and date of registration.	
Nature of the business	
Intended address for conducting money transfer business	

(c) A company or other body corporate

Names of Directors	
Name of company	
Registered address of company	
Place and Date of Incorporation	
Intended address for conducting money transfer business	

4. If the company is incorporated outside of Guyana:

Names of Directors	
Name of company	
Registered Address of company outside of Guyana	
Place and Date of Incorporation	
Date of registration as an external company in Guyana	
Nature of the business	
Name of person appointed to be agent by power of attorney	
Home address of agent	
Address of the company's principal office in Guyana	

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

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6. State particulars of how the applicant proposes to finance the business (specify if own funds, borrowed funds, other sources, etc.)

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

Sworn to at Georgetown, Demerara,

This _____ day of _____, _____

Before Me

A COMMISSIONER OF OATHS TO AFFIDAVITS

Personal Information Sheet

A separate sheet must be completed for each Applicant/Partner/Director.

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

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5. Contact Information

Telephone No.	Cell Phone No.	Email Address

6. Professional Qualifications

Particulars	Year Obtained	Name of Institution
(e) Academic Degree(s)		
(f) Diploma(s)/ Certificate(s)		
(g) Training Courses/ Seminars		
(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

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
Name of Applicant <i>(use block letters)</i>		

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.
 - (j) 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.

(l) 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.

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

whose registered address is at _____, Guyana, is hereby granted a 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 business or company and address, must be included where applicable.

Name of Applicant(s)	
Home address of applicant	
Registered name of business or company	
Intended address for conducting money transfer business	

2. (a) Was this certification 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

3. (a) Was an application for the renewal of the certificate of registration ever refused?
Yes No

(b) If the answer is yes, list the date(s) of refusal.

Certificate of Registration Number	Refusal Date

4. Certification and Undertaking

I hereby certify that all information provided is true to the best of my knowledge and belief.
I further undertake to immediately notify the Bank of any material change in the particulars of this application.

Signature of Applicant(s)	Designation	Date

Please affix stamp/seal here

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.

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.

reg. 10

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)	
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

3. State reason(s) for changing to new premises.

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4.

Signature of Applicant(s)	Designation	Date

Please affix stamp/seal here

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

reg. 11

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	

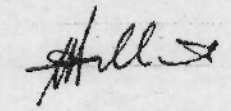
Inbound Transactions	Exchange Rate	Charges
US\$		
GBP		
EURO		
CDN\$		
Other		
BD\$		
TT\$		
EC\$		
J\$		
Other		

Outbound Transactions	Exchange Rate	Charges
US\$		
GBP		
EURO		
CDN\$		
Other		
BD\$		
TT\$		
EC\$		
J\$		
Other		

Name of Officer Date

Signature of Officer

Made this day of January, 2014.



Lawrence T. Williams,
Governor,
Bank of Guyana.