

Financial Service Providers Enrolment form



Internal Affairs
Te Tari Taiwhenua

Please complete this form to inform the Department of Internal Affairs (the Department) of your business details and how or if you are captured under the Anti Money Laundering and Countering Financing of Terrorism Act 2009 (the AML/CFT Act).

Please send the completed form to: amlcft@dia.govt.nz

Business Legal Name:

Abbreviated Name:

Company Number:

NZBN:

FSP registration number (if you have one):

Website:

Trading Name (if different):

Physical Address:

Postal Address:

Compliance Officer Name:

Compliance Officer Phone Number:

Compliance Officer Email Address:

Captured activity start date:

Please identify all the sectors in which you carry out activities in the ordinary course of your business. If you select more than one, please state your primary sector.

Registered on the Financial Service Providers Register and carry out more than one financial service? **Complete both table A and B**

Unsure which sector you belong to? **Complete table B only**

A. Financial Services Sectors

Issuers of Securities

Peer-to-peer Lenders

Licensed Supervisors

Online Marketplace

Derivative Issuers and Dealers

Registered Bank

DIMS Providers

Non-Bank Deposit Taker (NBDTs)

Fund Managers

Life Insurers (non-exempt)

Client Money or Property Service Providers

Bank's Designated Business Group (DBG) member

Financial Advice Providers

NBDT's DBG members

Equity Crowdfunding Platforms

Debt Collection

Money Remittance

Factoring

Currency Exchange

Financial Leasing

Payment Providers

Payroll Remittance

Non-Bank Non-Deposit Taking Lenders

Safe Deposit Boxes

Non-Bank Credit Cards

Virtual Asset Provider

Stored Value Cards

Tax Pooling

Cash Transport

Primary Sector:

Please use the space below if there is additional information you think may be of relevance.