APPLICATION FOR SUPERVISION UNDER THE MONEY LAUNDERING REGULATIONS

Notes on completing the application form

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<td>1.</td>
<td>Guidance notes are given at the back of the form. General guidance throughout the form is in italics.</td>
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<td>2.</td>
<td>References to anti-money laundering (AML) legislation and MLR refer to The Money Laundering Regulations 2007, as amended by the Money Laundering (Amendment) Regulations 2012.</td>
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<td>3.</td>
<td>If you have any questions concerning the completion of this form, you should contact the Regulatory Authorisations Department (+44 (0) 131 347 0282) for advice.</td>
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Please email completed form to regulatoryauthorisations@icas.com or send to:

Regulatory Authorisations
ICAS
CA House
21 Haymarket Yards
Edinburgh, EH12 5BH
1. Firm Details

Firm Name:

CIPFA Firm Number *(if known)*:

2. Type of Practice

Sole practitioner ☐ Partnership (or Limited Liability Partnership) ☐ (Please tick one)

Corporate Practice ☐

Please give the approximate year in which the firm was established:

Latest Accounting Reference Date *(dd/mm/yyyy)*:

Gross Practice Income (£’000):

Approximate Number of Clients:

Please provide a short description of the nature of the work undertaken by the firm. *Refer to guidance notes at end.*

3. Principal Office

Address *(including postcode)*:

Practice Web Address:

Telephone Number: E-mail:

Contact Partner Name:

Contact Partner E-mail Address (if different from above):
4. **Other Offices (if different from Principal Office)** Please provide details of all offices. Additional sheets should be completed where necessary.

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<tr>
<th>Address (including postcode):</th>
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<tr>
<td>Telephone Number:</td>
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<tr>
<td>Is this a market day office?</td>
<td>Yes ☐ No ☐</td>
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<th>Address (including postcode):</th>
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<tr>
<td>Is this a market day office?</td>
<td>Yes ☐ No ☐</td>
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5. **Trading Names**

Does the firm use any trading names which are different to the name provided in Section 1? Yes ☐ No ☐

If so, please provide details here:
Trading Names:

6. **Principals – Sole Practitioner/Partners/Directors/Members** Please provide details of all principals. Additional sheets should be completed where necessary.

<table>
<thead>
<tr>
<th>Professional body</th>
<th>Member Number</th>
<th>Full name and designatory letters</th>
<th>Date of Birth</th>
<th>Year appointed</th>
<th>Office</th>
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7. Shareholders (corporate practices only) Please provide details of all shareholders. Additional sheets should be completed where necessary.

<table>
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<tr>
<th>Member/Firm No.</th>
<th>Full Name</th>
<th>Post Code</th>
<th>% of shares</th>
<th>% voting rights (if applicable)</th>
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8. Anti-Money Laundering

8.1 Is this firm currently registered under the Money Laundering Regulations 2007? Yes ☐ No ☐

   If so, please confirm
   Current Supervisor:
   Period of registration:

8.2 Has the firm previously been registered with any other supervisors under the Money Laundering Regulations 2007? Yes ☐ No ☐

   If so, Please confirm
   Previous Supervisor(s):
   Period of registration(s) ?:

8.3 Has the firm ever had a compliance review undertaken by an AML supervisor? Yes ☐ No ☐

   If so, when was the most recent visit?:
   Please provide brief details of the key findings from the visit.
   Please confirm if action has been taken to address these findings? Yes ☐ No ☐

8.4 Who is the firm’s Money Laundering Reporting Officer (MLRO)?:

   If this person is not a principal of the firm, please provide details of their role within the firm:
8.5 Does the firm have in place appropriate Anti Money Laundering (AML) policies and procedures to comply with AML legislation and requirements?  
Yes ☐  No ☐

If NO, please provide an explanatory statement below

If YES:
Are these procedures adequately tailored and documented?  
Yes ☐  No ☐

If No; Please provide an explanatory statement below

8.6 Are Client Due Diligence procedures and risk assessments carried out and documented for all clients?  
Yes ☐  No ☐

If NO, please provide an explanatory statement below:

8.7 Has the firm provided regular, appropriate training to principals and staff on the AML legislation and requirements and are adequate training resources, including up to date training material and guidance available?  
Yes ☐  No ☐

If NO, please provide an explanatory statement below:

8.8 Does the firm undertake or perform any of the following:

- Trust and Company Formation Services  
  Yes ☐  No ☐

- Acting as a Nominee Director/Trustee  
  Yes ☐  No ☐

- Registered office address  
  Yes ☐  No ☐
9. Eligibility

A sole practitioner or a sole director of a corporate practice should answer these questions in a personal capacity as well as on behalf of the firm. The questions relate to all principals and previous practices.

The questions should be answered “Yes” or “No”, but a “Yes” answer will need further explanation in the box at the end of this section.

(Please tick one)

<table>
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<tr>
<th>Financial Integrity and Reliability</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>In the last ten years, has the firm or any principal of the firm or any shareholder made any compromise or arrangement with its creditors, or otherwise failed to satisfy creditors in full?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<th>Civil Liabilities</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>In the last five years has the firm or any principal of the firm or any shareholder been the subject of any civil action relating to its professional or business activities which resulted in a finding against it by a court, or a settlement being agreed?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<th>Good Reputation and Character</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>In the last ten years, has the firm or any principal of the firm or any shareholder been:</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Refused/restricted from carrying on any trade, business or profession for which a specific licence, registration or other authority is required?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Refused entry to any professional body or trade association, or decided not to continue with an application?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Reprimanded, warned about conduct, disciplined, or publicly criticised by any professional or regulatory body?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Made the subject of a court order at the instigation of any professional or regulatory body?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Investigated on allegations of misconduct or malpractice in connection with its professional or business activities which resulted in a formal complaint being proved but no disciplinary order being made?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Convicted of, or been the subject of, charges pending in relation to an indictable offence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Convicted of, or been the subject of, charges pending in relation to any other criminal offence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disqualified by the court, at any time, from being a director of a company under the Company Director’s Disqualification Act 1986, or given an undertaking not to be a director?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please provide explanatory information for any yes answers:
10. Licence Fee

A cheque for the amount of £ is enclosed as payment of the application fee. Alternatively, once the application is approved, you may arrange payment with the ICAS Finance Department (0131 347 0299).

11. Completion Checklist

Before returning the completed application form, please go through this checklist:

(1) check that you have answered all questions (or explain the reasons for not responding)
(2) keep a copy of this form for your records
(3) any additional sheets are included with the form
(4) the form is signed and submitted to the address below.

Your application will be acknowledged by email on receipt at ICAS.
Please contact the ICAS Authorisations Department if you would like an update on the progress of your application (0131 347 0282 or regulatoryauthorisations@icas.com)

12. Signatures

Should this application be approved:

(1) I undertake that this firm agrees to be bound by and will at all times comply with the Money Laundering Regulations and the CCAB Anti-Money Laundering Guidance For The Accountancy Sector ("CCAB Guidance");
(2) I undertake that the firm will deal with ICAS, its officers, staff, members of its Council, Regulation Board or Committees, or staff of the Public Disciplinary Scheme in an open and cooperative manner and be bound by any regulatory decisions, subject to the rights of review and appeal.
(3) I undertake to inform ICAS promptly about anything concerning the firm that the Regulations and CCAB Guidance require or any other changes within the practice;
(4) I undertake that none of ICAS, its officers, staff, members of its Council, Regulation Board or Committees, or staff of the Public Disciplinary Scheme can be held liable in damages for anything done or not done in dealing with any of the functions connected with the granting of registration or enforcing the terms and conditions of audit registration or the monitoring of compliance with those terms and in any respect, unless the act or omission is shown to have been in bad faith; and
(5) I acknowledge that this firm is not ICAS AML registered until formal notification of registration is received from ICAS.

I certify that, to the best of my knowledge and belief, the information provided in support of this application is true and accurate. I acknowledge that ICAS will rely on the information in order to assess the present application for AML supervision.

Signed: Date(DD/MM/YY):
(Contact Principal)
Name (in BLOCK CAPITALS):

Signed: Date(DD/MM/YY):
Name (in BLOCK CAPITALS):

Data Protection

If you wish to receive emails and notifications from ICAS or authorised third parties about events, products and services then please tick the box □
GUIDANCE FOR THE AML SUPERVISION APPLICATION

Section 2 – Nature of work undertaken

Please detail the type of activities undertaken by the firm. This information will enable ICAS to assess the nature of the work being undertaken by the practice on a day to day basis.

Examples include:
- general practice (accounts preparation, tax compliance and payroll etc);
- tax consultancy; corporate finance;
- other consultancy;
- Investment Business;
- opinion work such as Independent Examinations for charities;
- quasi-Finance Director work.

Please note this list is not exhaustive and is designed to act as a prompt only.

Section 3 – Principal Office

The principal office is the office to which all communications will be sent.

Section 4 – Other Offices

In this section, details should be inserted of all additional offices of this firm, including the so called “market day” offices which are not used as permanently occupied trading offices.

Section 5 – Trading names

The trading name question refers to situations where a firm trades under more than one name but with the same owners. Please note this does not include instances where, for example, the partnership structure is different from that of the applicant firm.

Section 6 – Principals

Please provide details of professional membership for each principal. You may adopt the recognised abbreviations for chartered accountancy bodies (i.e CIPFA, ICAEW, ICAS, ICAI, ACCA, CIMA). If a principal is a member of any other Supervisory Authority or professional body please provide details. If a principal is not a member of any professional body, please leave the first column blank and complete all other details.

The year appointed should refer to the approximate year each individual became a principal in the firm or its predecessor. If you are a sole practitioner, give the year in which you began to practice as such.

Office information should include the location of the office from which each principal normally practices.

Section 8 – AML

The role of the Money Laundering Reporting Officer (MLRO) carries significant responsibility and should be undertaken by an appropriately experienced individual. Although there is no prescribed level of seniority, one of the principals of an accounting firm, or similar in other businesses, is likely to be suitable, or another senior and skilled person with sufficient authority to enable decisions to be taken independently. If the MLRO in the firm is not a principal, please explain who undertakes this role and how the principals are satisfied that the individual has the appropriate skills and authority.
In relation to the Registered Office Address, please only indicate Yes where no other services are provided for the client, and the firm acts solely as a Registered Office address.