



Commonwealth of Dominica  
MINISTRY OF FINANCE

## Financial Services Unit

Tel: (767) 266 3514 / 3559  
Fax: (767) 448 0054  
E-mail: [fsu@dominica.gov.dm](mailto:fsu@dominica.gov.dm)  
Website: [www.fsu.gov.dm](http://www.fsu.gov.dm)

5<sup>th</sup> Floor, Financial Centre  
Kennedy Avenue  
Roseau  
Commonwealth of  
Dominica

### Intermediary Conditions for Retention of License Checklist

Kindly complete the checklist and submit to the Financial Services Unit.  
In order to receive an approval to pay the license, all requirements must be met.

COMPANY UPDATED INFORMATION	
Agent/Broker name:	
Shareholder(s) Name with ownership%:	
Director(s) Name:	
Contact Person:	
Title:	
Authorized Insurer (s):	
Types of Insurance written:	

CHECKLIST		
	The Intermediary must...:	
<input type="checkbox"/>	1 Pay all outstanding fees of the previous and current year (license fee, sanctions) (If applicable)	
<input type="checkbox"/>	2 Have a Current Agency or Brokerage Agreement on file	
<input type="checkbox"/>	3 Have a valid/current professional indemnity insurance contract	
<input type="checkbox"/>	5 Notify the FSU of any changes to be effected in respect of its business registration, addresses, authorized insurer, shareholders, directors and/or senior staff	
<input type="checkbox"/>	6 Submit to the Unit within four (4) months of the end of its financial year its annual returns in the prescribed manner (Sec.95)	
<input type="checkbox"/>	7 Submit to the Unit within four (4) months of the end of its financial year its audited Financial Statements (Sec. 95.1))	
<input type="checkbox"/>	8 Conduct its business in a manner consistent with the interest of policyholders and the public,	
<input type="checkbox"/>	9 Not engage in any of the activities as described in Section 94 of the Act	
<input type="checkbox"/>	10 Pay its prescribed annual license fee (see below) on or before the 31 <sup>st</sup> day of January in each year upon written approval by the FSU.	



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	Company - Broker Company – Agent	EC\$2,500 EC\$2,500	
	Individual – Broker Individual - Agent	EC\$1,000 EC\$750	
	<b>ANTI-MONEY LAUNDERING/ COUNTER FINANCING OF TERRORISM (AML/CFT) REQUIREMENT</b>		
	The intermediary must:		
<input type="checkbox"/>	1	Have an updated AML/CFT policy in place. (Submit to Unit)	
<input type="checkbox"/>	2	Have an updated AML/CFT risk assessment (Submit to Unit)	
<input type="checkbox"/>	3	Have evidence of conducting ongoing customer due diligence on all customers	
<input type="checkbox"/>	4	Have trained individuals who uphold the Compliance function within the institution (Submit name & qualifications of individual)	
<input type="checkbox"/>	5	Provide AML/CFT training for staff and management. (Submit training log)	
<input type="checkbox"/>	6	Have identification and verification procedures for all new customers.	
<input type="checkbox"/>	7	Have policy and procedures in relation to maintaining CDD information up-to-date and to ensure that the customer identification documentation remains valid.	
<input type="checkbox"/>	8	Ensure that customer-facing and other relevant employees are in a position to identify potentially suspicious activity or transactions	
<input type="checkbox"/>	9	Conduct Enhanced CDD for high-risk customers and politically exposed persons	



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Date: .....

Signature: .....

Name: .....

Title: .....