



# REGISTRATION FORM

*Financial service providers conducting activities as described in article 1,  
first paragraph, subparagraph 4 of the AML/CFT State Ordinance*

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ACCOMPANYING GUIDANCE NOTES

**J.E. Irausquin Boulevard 8 P.O. Box 18 Oranjestad Aruba**  
**[www.cbaruba.org](http://www.cbaruba.org)**

## **INTRODUCTION**

On June 1, 2011, the State Ordinance for the Prevention and Combating of Money Laundering and Terrorist Financing (*Landsverordening voorkoming en bestrijding witwassen en terrorismefinanciering* (AB 2011, no. 28) (AML/CFT State Ordinance) entered into force and thereby replaced the State Ordinance on the Identification when Providing Services (AB 1995 no. 86) and the State Ordinance on the Reporting obligation of Unusual Transactions (AB 1996 no. 85).

On September 8, 2021, the amendment of the AML/CFT State Ordinance came into effect and it extended the scope of article 1, first paragraph.

## **AML/CFT STATE ORDINANCE**

The AML/CFT State Ordinance contains, inter alia, customer due diligence, reporting and record keeping requirements, directed at financial service providers, and designated non-financial service providers.

## **REGISTRATION OBLIGATION**

Pursuant to article 50, first paragraph, of the AML/CFT State Ordinance, financial service providers, which engage in activities as described in article 1, first paragraph, subparagraph 4 of the AML/CFT State Ordinance, must register with the CBA via the registration form provided by the CBA.

## **CONTINUING OBLIGATION TO REPORT CHANGES**

Pursuant to article 50, fourth paragraph, of the AML/CFT State Ordinance, the CBA is to be informed on an on-going basis of any changes to information previously submitted on the registration form. This obligation lies with the management of each financial service provider.

## **COMMUNICATION WITH THE FINANCIAL SERVICE PROVIDER**

The CBA will communicate with the contact person mentioned on this registration form.

## **GENERAL POINTS**

Incomplete registration forms will be returned to the financial service provider concerned and will be considered not submitted.

All questions contained in the registration form must be answered completely. All responses should be typed or written in black or blue ink.

After completing the registration form, please submit it to the CBA via e-mail ([integrityregistration@cbaruba.org](mailto:integrityregistration@cbaruba.org)).

If you have any further questions concerning the completion of this form, you can contact the Integrity Supervision Department of the CBA via the aforementioned e-mail.



# REGISTRATION FORM

**Financial service providers conducting activities as described in article 1, first paragraph, subparagraph 4 of the AML/CFT State Ordinance**

**All questions must be answered completely.**

**Please refer to the Guidance Notes to aid completion of this  
Registration Form**

All responses should be **typed** or written in **black or blue ink**.

Any attachments should be clearly referenced to the relevant question(s) and signed by the financial service provider completing the registration form, as confirmation that they are complete and accurate.

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**CENTRALE BANK VAN ARUBA**

**1. Name of the Service Provider:**

**2. Address of the Service Provider:**

**3. Telephone number of the Service Provider:**

**4. E-mail address of the Service Provider:**

**5. Registration number at the Chamber of Commerce Aruba of the Service Provider:**

- 6. Name and address of the persons who manage the Service Provider and decide on its policy:**

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- 7. Name, telephone number, e-mail address and mobile number of the contact person within the Service Provider:**

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**I declare to be authorised to represent the Service Provider named under 1 on page 4 of this registration form.**

**Signed:**

**Date:**

**Name (BLOCK CAPITALS):**

**Position:**
