FAS
CPA & CONSULTANTS

9000 SW 137 Av Suite 224, Miami FL 33186
www.fascpaconsultants.com
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Financial Service Provider order form

1	The Entity			
a	Would you like us to register a New Zealand entity? (Please circle/highlight one)		YES	NO
b	If yes, please tick/highlight one of the following structures *(if "No" go to 1d)*			
	☐	Limited Liability Company (please complete Company Order form)		
	☐	Look Through Company (please complete company Order form)		
	☐	Limited Partnership (please complete Partnership Order form)		
	Please, give three names, in order of preference	1		
		2		
		3		

c	Please fill out this section if you would like us to register an existing entity as an FSP	
	Entity name:	
	Trading name:	
	Registration No (if any)	
	Country of incorporation	
	Date of incorporation	
	Business address:	
	Director(s) name(s):	
☐	I attach a certified copy of Certificate of incorporation	
☐	I attach a Certificate of Good standing issued within three months from the date of the order	

2	Financial Services
	Please indicate by ticking/highlighting the financial services you are going to provide:

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YES ☐	Financial Adviser Service
YES ☐	Brokering Service
YES ☐	Acting as a deposit taker
YES ☐	Keeping, investing and managing money, securities and investment portfolios on behalf of third parties
YES ☐	Providing credit under a credit contract
YES ☐	Operating a money or value transfer service
YES ☐	Issuing and managing means of payment
YES ☐	Giving financial guarantees
YES ☐	Changing foreign currency
YES ☐	Participating in an offer of securities to the public as either an issuer of the securities or as a promoter
YES ☐	Acting in any one of the following capacities in respect of securities offered to the public: (i) As a trustee (ii) As a unit trustee (iii) As a superannuation trustee (iv) As a manager
YES ☐	Entering into or trading on an exchange, in an over-the-counter market or otherwise, the following on behalf of another person: (i) money market instruments (including cheques, bills, certificates of deposits); (ii) foreign exchange (including forward foreign exchange contracts); derivative products including, but not limited to, futures and options; (iii) exchange rate and interest rate instruments, including products such as swaps and forward rule agreements; (iv) transferable securities; other negotiable instruments and financial assets

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3	**FSP Business**	
	Briefly describe the company business, which country the company will operate, its main operation, what the target audience for your business is:	
4	**New Zealand Registered Address for FSP**	
	YES / **NO** (circle/ highlight one)	I already have a serviced office for my FSP *(Yes go to 4a)*
	YES / NO (circle/ highlight one)	Please provide a serviced office for my FSP *(Yes go to 4b)*
a	**Details of Serviced office**	
	Address (Physical)	
	Tel Number	
	Contact Person	
	Position:	
b	**Additional Contact address**	
i	**YES** / NO (circle/ highlight one)	I would like to use the registered office address as my additional Contact Address *(Yes, go to 5, if No go to 4b(ii))*
ii	YES / **NO** (circle/ highlight one)	I would like to provide my own additional Contact Address *(Yes go to 4c)*
c	**Details of Additional Contact Address**	
	Address (Physical)	
	Tel Number	
	Contact Person	
	Position:	

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5	**Director(s), Controlling Owner, Senior Manager:**	
a	**Director(s) (if more than two please continue on a Separate Sheet):**	
	Surname:	
	First name:	
	Date of Birth:	
	Residential Address:	
	Nationality:	
	Passport No:	
	Occupation:	
	Email:	
	Tel No:	Fax No:
	YES / NO (circle/ highlight one)	I have enclosed Certified ID and Certified Proof of Residence documents for this Director.
	Director(s)	
	Surname:	
	First name:	
	Date of Birth:	
	Residential Address:	
	Nationality:	
	Passport No:	
	Occupation:	
	Email:	
	Tel No:	Fax No:
	YES / NO (circle/ highlight one)	I have enclosed Certified ID and Certified Proof of Residence documents for this Director.

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b	**Controlling Owner**	
	Surname:	
	First name:	
	Middle name(s):	
	Date of Birth:	
	Residential Address:	
	Nationality:	
	Passport No:	
	Occupation:	
	IRD number:	
	Email:	
	Tel No:	Fax No:
	YES / NO (circle/ highlight one)	I have enclosed Certified ID and Certified Proof of Residence documents for the Controlling Owner.
c	**Senior Manager**	
	Surname:	
	First name:	
	Middle name(s):	
	Date of Birth:	
	Residential Address:	
	Nationality:	
	Passport No:	
	Occupation:	
	IRD number:	
	Email:	
	Tel No:	Fax No:
	YES / NO (circle/ highlight one)	I have enclosed Certified ID and Certified Proof of Residence documents for the Senior Manager.

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6	Dispute Resolution Scheme (DRS)	
	Will your FSP provide services to retail customers?	YES / **NO** (circle/ highlight one)
	If yes, it is mandatory to register to become members of a Government approved Dispute Resolution Scheme. Please tick/highlight one of the following approved DRS schemes:	
	☐	Financial Services Complaints Limited
	☐	Insurance & Savings Ombudsman
	☐	Financial Dispute Resolution Scheme

7	Declaration	
	I/We declare and affirm that the above and additional information provided is true and accurate and that the assets to be introduced into the FSP are from lawful sources and are not deemed to be illegal or immoral either in their country of origin or my/our country of residence /citizenship. I/We also confirm I/we will provide further due diligence information to FAS CPA & Consultants if requested.	
a	Full Name:	
	Passport No:	
	Signature:	
b	Full Name:	
	Passport No:	
	Signature:	