



FORM: Money Service Business/Foreign Money Services Business Registration

INSTRUCTIONS

Please use this form to register your Money Services Business (MSB) and/or Foreign Money Services Business (FMSB). Please ensure all required sections of the form are complete before submission. Once submitted to FINTRAC, an officer will review and validate your initial form. The officer will be in contact if there is a need to clarify any information. If your form is accepted, FINTRAC will provide you with an MSB Registration number via email.

In order to comply with your obligations under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act ([PCMLTFA or Act](#)) your business must be registered with FINTRAC before starting your operations. For more information regarding your obligations as a Money Services Business and/or Foreign Money Services Business, please refer to the official guidance on [FINTRAC's website](#).

Please note that if this form is not completed within two weeks of receipt, your registration form will be closed and you will need to resubmit. As well, this registration application cannot be processed unless the applicant submits all the applying and relevant information requested in the form.

PART 1 - APPLICANT INFORMATION: PERSON SUBMITTING FORM

Last name of the person submitting the form:	First name of the person submitting the form:
Position/relationship with entity: <ul style="list-style-type: none">• Owner/Operator• Employee• Consultant or Other 3rd Party<ul style="list-style-type: none">○ NOTE: If consultant or 3rd party, please submit an authorization form with your application	
Address of the person submitting the form:	
Telephone number of the person submitting the form:	Alternative phone number of the person submitting the form:
Email address of the person submitting the form:	
Date of submission of application, notification or clarification (yyyy-mm-dd):	
Preferred language of correspondence: <ul style="list-style-type: none">• English• French	



PART 2 - APPLICANT INFORMATION: INDIVIDUAL OR ENTITY TO BE REGISTERED

Section 2a: Applicant's Information	
Legal name:	
Operating names:	
If the applicant is an individual, then enter the full legal name of the individual:	
Last name:	First name:
Business address:	
Business telephone number:	Alternative phone number:
Applicant's email address:	
Place of business mailing address:	
Applicant's URL:	
Confirm your business structure: <div><div><input type="radio"/> Sole proprietorship <div><input type="radio"/> Please Fill out Section 2a & 2b</div></div><div><input type="radio"/> Partnership <div><input type="radio"/> Please Fill out Section 2a & 2b</div></div></div> <div><div><input type="radio"/> Corporation <div><input type="radio"/> Please Fill out Section 2a & 2c</div></div><div><input type="radio"/> Other entity: _____ <div><input type="radio"/> Please Fill out Section 2a & 2c</div></div></div>	



For more information on what qualifies as a place of business please see [here](#).¹ If you do not have a place of business in Canada, but offer one activity referred to in [paragraphs 5\(h\), \(h.1\) and 5\(l\) of the Act](#)², your business classifies as a Foreign Money Services Business.

What Money Services Business services do you offer?³ For more information on the types of activities or services that Money Services Business engage in please see [here](#).

Money Services Business Activities or Services	Do you offer this activity or service? (Y/N)	If yes, what is your estimated annual volume of transactions?
Foreign exchange dealing		\$
Remitting funds or transmitting funds by any means or through any person, entity or electronic funds transfer network		\$
Issuing or redeeming money orders, traveller's cheques or other similar negotiable instruments except for cheques payable to a named person or entity		\$
Dealing in virtual currencies		\$
Crowdfunding		\$
Armoured Car Services		\$
Payment Services (PSP)		\$
Section 2b: If applicant is a person or partnership		
<u>Legal name of person1:</u>	Date of birth(yyyy-mm-dd):	Place of birth:
% Controlling interest of business:	Country of residence:	
Phone number:	Email address:	
<u>Legal name of person2:</u>	Date of birth(yyyy-mm-dd):	Place of birth:
% Controlling interest of business:	Country of residence:	

¹ <https://fintrac-canafe.canada.ca/msb-esm/msb-eng#x2>

² <https://laws-lois.justice.gc.ca/eng/acts/P-24.501/page-1.html#h-398214>

³ <https://fintrac-canafe.canada.ca/msb-esm/msb-eng#x1>



Phone number:	Email address:
Section 2c: If applicant is a corporation or any entity other than a corporation	
<p>In a separate document, please provide the legal name, date of birth (yyyy-mm-dd), place of birth, place of residence, phone number and email address of your:</p> <ul style="list-style-type: none">• Chief Executive Officer (CEO) / President• Directors; and• Every person who owns or controls, directly or indirectly, 20% or more of its shares <p>Documents attached:</p> <p><input type="radio"/> Yes, document name: _____</p> <p><input type="radio"/> No</p>	
<p>1. In a separate document, for every corporation that owns or controls, directly or indirectly, 20% or more of your shares, please provide their:</p> <ul style="list-style-type: none">• Name• Incorporation number• Jurisdiction; and• Country of incorporation <p>Documents attached:</p> <p><input type="radio"/> Yes, document name: _____</p> <p><input type="radio"/> No</p>	
<p>2. In a separate document, for every entity other than a corporation that owns or controls, directly or indirectly, 20% or more of your shares, please provide their:</p> <ul style="list-style-type: none">• Name• Registration number• Jurisdiction; and• Country of registration <p>Documents attached:</p> <p><input type="radio"/> Yes, document name: _____</p> <p><input type="radio"/> No</p>	



PART 3 - FMSB INFORMATION

If the applying entity qualifies as a Foreign Money Service Business, please note that this application cannot be processed unless the following information is submitted.

If applicant is a Foreign Money Services Business, please include the following information regarding the person who resides in Canada and who is authorized to accept, on applicant's behalf, notices that are served or caused to be served by FINTRAC:

Name:

Email address:

Telephone number:

Address (in Canada):

FMSB Criminal Record Check:

INSTRUCTIONS – In a separate document, please provide a written confirmation that sets out the any criminal convictions of the business owners; or if applicant is an entity, records of criminal convictions of applicant's Chief Executive Officer (CEO), president, directors and persons who own or control, directly or indirectly, 20% or more of entity or shares of entity.

If no convictions exist, please provide a written attestation that states a criminal record check was performed and no records were found for the applicant, and its owners and leaders.

If the record or attestation is in a language other than English or French, please include the following information:

- a) Country, political subdivision or territory and city from which document originated
- b) Language in which document made
- c) Name of provincial organization in Canada that issued translator's certification and name of translator

Documents attached:

- ☐ Yes, document name: _____
- ☐ No



PART 4 – OTHER REQUIRED INFORMATION (FOR ALL MSBs AND FMSBs)

A. Financial Services

INSTRUCTIONS – In a separate document, please provide a list of every financial entity, and every entity outside Canada that provides financial services, with which applicant maintains an account for the purposes of providing services referred to in paragraph 5(h) or (h.1) of the Act. Please include the following information:

- a) Name of financial entity
- b) Address of financial entity
- c) Account number(s)
- d) Branch number or transit number

Documents attached:

- ☐ Yes, document name: _____
- ☐ No

B. Use of Other MSB/FMSB Service Providers

INSTRUCTIONS – In a separate document, please provide a list of the following:

- Names of other MSBs/FMSBs used by the applicant to conduct transactions
- Their business address
- Their FINTRAC issued MSB Registration Numbers

Documents attached:

- ☐ Yes, document name: _____
- ☐ No

C. Confirmation of Compliance Program

INSTRUCTIONS – Please confirm the following information with respect to your operations:

1. Date on which your business began providing MSB Services:

2. Name of designated compliance officer:

Email address:

Telephone number:

Address:

3. Language in which records of applicant are kept under the Act:

4. Whether MSB or FMSB services or activity is carried out, in a dwelling-house:

- ☐ Yes
- ☐ No



5. Number of persons employed by applicant for purposes of services or activities (at time of application for registration or renewal of registration):

6. Is the compliance officer also your entity's authorized MSB registration administrator?

- ☐ Yes
- ☐ No

If no, please provide the following information as to the person authorized to make changes to your MSB registration on behalf of your entity:

Name of MSB administrator:

Title:

Address:

Email address:

Telephone number:

7. Have you previously submitted application for registration?

- ☐ No
- ☐ Yes – If so, please provide:
 - ☐ The date of previous application _____ and
 - ☐ Any previously assigned MSB number: _____

PART 5 - INFORMATION WITH RESPECT TO APPLICANT'S AGENTS OR MANDATARIES AND BRANCHES

INSTRUCTIONS – In a separate document, please provide an updated list of all your agents, including the following required information set out in Part C of Schedule 1 of the Proceeds of Crime (Money Laundering) and Terrorist Financing Registration Regulations with respect to Applicant's Agents or Mandataries and Branches⁴:

- Name and operating name of every agent or mandatary
- Address, email address and telephone number of every agent or mandatary and branch
- Every service or activity that is provided or carried out by agent or mandatary or branch
- Relationship to applicant (whether agent or mandatary or branch)

Documents attached:

- ☐ Yes, document name: _____
- ☐ No

⁴ <https://fintrac-canafe.canada.ca/guidance-directives/glossary-glossaire/1-eng>



Additional Information (OPTIONAL) - If there is any additional voluntary information you wish to provide FINTRAC pertaining to your business or your MSB registration application, please use the box below:

INTERNAL USE

Information provided:

- ☐ Part 1
- ☐ Part 2
- ☐ Part 3
- ☐ Part 4
- ☐ Part 5

Date of Review:

Officer Name:

Number of Attachments:

Internal Reference Number: