Form M7

Agent Licence

under Article 10(9)
of the Maltese Citizenship Act, Cap. 188
and Relative Subsidiary Legislation

GVERN TA' MALTA

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PLEASE READ THE FOLLOWING EXPLANATORY NOTES CAREFULLY BEFORE COMPLETING THIS FORM

Agents shall be approved and licensed by Community Malta Agency (the Agency) thereby authorising them to submit prospective applications under the Granting of Citizenship for Exceptional Services Regulations (S.L. 188.06) and Agents (Licences) Regulations (S.L. 188.05).

Potential applicants need to make use of the services of an Agent who is authorised and trained to guide them through the whole application process.

A person shall be qualified to apply for a license to act as an Agent for the purpose of these Regulations, if he is a public accountant or auditor, a lawyer, or a financial advisor duly licensed by the Malta Financial Services Authority, after attending training organised by the Agency and satisfying such other conditions and requirements as may be set out in the guidelines issued by the Agency from time to time.

Agents shall abide by the conditions of their licence and the Agency may grant or refuse a licence to an applicant to act as an Agent. The Agency shall also be entitled to suspend and revoke the licence if the Agent appears to have acted in an unethical or unprofessional manner, committed a serious breach of guidelines, codes of conduct or codes of ethics issued by the Agency from time to time.

The license shall be subject to renewal every year, and the Agency may refuse to renew such license. Both the application for the licence and the renewal thereof shall be subject to such annual fee as provided in the First Schedule of S.L. 188.05.

Details of the Agents will be publicly accessible and regularly updated for consultation on the Agency's website. The details shall include the name, contact details and other relevant particulars.

Aġenzija Komunità Malta
Mediterranean Conference Centre,
Old Hospital Street, Valletta, Malta. VLT 1645
T: +356 21 225 232 E: info@komunita.gov.mt
W: www.komunita.gov.mt

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Licensing Requirements

In order to become an Agents, applicants must fulfil the following requirements and conditions

1. have a clean police conduct certificate issued by the Commissioner of Police in accordance with the Conduct Certificates Ordinance in the thereunder prescribed Form A or its equivalent;
2. satisfies the due diligence process carried out in respect of such person by the Agency;
3. completes the training programme mentioned in these Regulations;
4. is a resident of Malta;
5. be certified, or in the case of a legal person have a representative thereof who is certified, as an Authorised Registered Mandatory (ARM) by the International Tax Unit at the Malta Financial Services Authority. The ARM certificate is needed for both the individual applying to become an Agent and also for the office/entity/law firm in case here applications are submitted on behalf of an office/entity/law firm.
6. hold a Professional Indemnity Insurance policy with a reputable insurance company acceptable to the Agency, with a cover of not less than one million euro (€1,000,000) or such higher figure as the Agency may determine from time to time;
7. be able to demonstrate to the Agency that he, or in the case of a legal person, that the group of which it forms part, has unrestricted access to a recognised, reputable due diligence database, and in either case, be able to provide the Agency, upon request, with the results of their due diligence procedures;
8. submit an application form together with all requested documentation and information that the Agency may request;
9. undertake to provide any documentation or information as may be requested by the Agency from time to time;
10. provide the Agency a fixed address and an email address where any notifications under these Regulations shall be sent, and update them in case of any change thereto; a notification by the Agency to such fixed address or the email address so provided shall be deemed to have been validly affected.

Licensing Fees

A Licensing Fee applies for all applications, as per the following schedule of fees:

Schedule of Fees	
Application fee for Approved Agent Licence	Euro 5,000
Renewal fee, payable annually	Euro 5,000

1. Please complete this form in BLOCK letters. All fields are compulsory and are to be completed in English.
2. Please post or hand deliver the original completed application form, and original or certified copies of the supporting documents to: Community Malta Agency, Mediterranean Conference Centre, Old Hospital Street, Valletta VLT1645 Malta.
3. If the application form or the required documents received are not in order, the application will be returned.

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For the Licenced Individual, please provide certified copies of the following documents:

a. Photo and data page of current valid passport / ID card (which must display personal data, signature and photograph)
b. Proof of residence dated within the last 6 months such as; a utility bill, a bank statement, mortgage statement or correspondence from a government department.
c. Confirmation of membership to a professional body, professional status and designation.
d. A clean police conduct certificate issued by the Commissioner of Police in accordance with the Conduct Certificates Ordinance in the thereunder prescribed Form A or its equivalent.

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Section A: Licenced Individual

A1. Title and full legal surname, as it appears on your passport ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ……	
A2. Full legal first and middle names, as they appear on your passport	
A3. Place of birth	**A4. Country of birth**
A5. Date of birth D D M M Y Y Y Y	**A6. Gender** ☐ *Male* ☐ *Female*

A7. Passport details	
Issuing country	
Passport number	
Place of issue	
Date of issue	
Date of expiration	

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A8. Principal Residential Addresses (last 3 years)		**A9. Registered Office Address**
A10. Email Address	**A11. Contact Number**	**A12. Website Address**
A13. Professional Association		**A14. Professional Qualifications Held**
A15. Signature and date		

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Section B: Company Information

B1. Company name	**B2. Date of incorporation / registration or formal constitution** D D M M Y Y Y Y
B3. Trading names utilised	**B4. Type** (e.g. private limited company / Civil Partnership)
B5. Official identification number. Civil Partnerships, Tax Identification number	**B6. Country of incorporation**
B7. Registered office address	**B8. Mailing address (if different)**
B9 Principal place of business/operations (if different)	
B10. Nature of activities and jurisdictional sphere – Please provide a sufficient description of the type of business undertaken and the jurisdictions in which the business operates	

B11. Web address – Please list all business websites and <u>any</u> domain names registered or intended for use in relation to SL188.06
B12. Email addresses

<u>Where the Licensed Individual (in section A) represents and/or is employed by a corporate entity then please provide the following certified documents:</u>

a) A Certificate of Incorporation.
b) A letter on headed paper authorising the Licensed Individual to act and represent the company/partnership outlined in Section B. The letter should be signed and authorized by senior officers with the capacity to commit the company/partnership.

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Section C: Directors/Partners Information

C1. Full Name	**C2. Date of birth**
C3. Nationality	**C4. Passport Number**
C5. Principal Residential Address	**C6. Previous Residential Address** *(if less than 3 years)*
C7. Position held	**C8. Time in Current Role**
I consent the Agency the right to verify any information about me and may carry out due diligence exercises for the purposes of this application, entailing that the Agency may disclose to third parties the personal information collected and obtain from public sources, government bodies and/or private agencies further information, credit reports, criminal records and/or any other kind of records deemed necessary, about me.	**C9. Signature**

(Please photocopy this page should you require additional Directors/Partners/Principals to be included)

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Section D: Shareholder/Beneficial Ownership Information (where ownership of 25% or above is held)

Where shareholdings are held outside of personal names, please provide ownership structure details

D1. Full Name	**D2. Date of Birth**
D3. Nationality	**D4. Passport Number**
D5. Principal Residential Address	**D6. Previous Residential Address** (if less than 3 years)
D7. Position held	**D8. Percentage Shareholding**

(Please photocopy this page should you require additional Shareholders/ Beneficial Owners to be included)

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For the Individuals detailed in Sections C & D, please provide certified true copies of the following; documents:

a) Photo and data page of current valid passport (which must display personal data, signature and photograph)
b) Proof of residence dated within the last 6 months such as; a utility bill, a bank statement, mortgage statement or correspondence from a government department.
c) A clean police conduct certificate issued by the Commissioner of Police in accordance with the Conduct Certificates Ordinance in the thereunder prescribed Form A or its equivalent.

Certification of Documents

Document certification must be certified to be a true copy of the original by a duly warranted lawyer, notary public, commissioner for oaths, Maltese consular or diplomatic officer, in accordance with such guidelines as the Agency may issue from time to time.

The certifier should provide their full name, date, capacity in which the person is acting, residential or business address, telephone number and e-mail address.

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Data Protection

Community Malta Agency (the Agency) includes its Agents, as defined in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations, and any other third-party representatives that they may engage as approved by the Agency, in any stage of the processing of this application.

For the purposes of Data Protection Act (Cap. 586), the Agency is the data controller for the processing of personal data in respect of this application.

Agents and any other third-party representatives engaged by them are the processors for the Agency.

The Agency hereby declares that all processing of personal data with respect to this application is made in accordance with the Data Protection Act (Cap. 586), the Maltese Citizenship Act (Cap. 188), subsidiary legislation and any other law and regulation to which the Agency may be subject. All personal data is treated with the strictest confidence and all security safeguards will be applied.

Such personal data will be processed for the purpose of the application for naturalisation as a citizen of Malta, before and after the granting of this application. The processing operations may include the following:

a. verifying the identity of the applicant and the corporate entity which they represent and/or are employed by. Where a corporate entity exists identification and due diligence will be undertaken on the principals / directors / partners and shareholders where a holding of 25% or above exists;
b. carrying out due diligence checks both before and after the granting of this application, to comply with statutory requirements and obligations in Malta and abroad, in relation to anti-money laundering and also the countering of the financing of terrorism;
c. disclosing personal data to government bodies and authorities as required by law; and
d. complying with any other legal obligation to which the Agency may be subject.

The Agency will ensure that all rights of the data subject emanating from the Data Protection Act (Cap. 586) will be afforded to individuals concerned in this application, and as stipulated in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations.

Data protection obligations become effective upon the submission of the full application to the Agency. Prior to that all dealings with the client remain the sole responsibility of the Agent.

However, the Agency will be requesting information for statistical purposes which will consist mainly of:

- Number of current enquiries
- Number of enquiries rejected
- Nationality and Country of Origin of applicants

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I declare that:

- I/We have read and understood all the requirements in this form and that the information supplied on or with this form, and any attachments, are true, correct and up to date in every detail;
- I/We am aware that further to the definition of Community Malta Agency (the Agency) under the Data Protection Section of this form, the Agency includes its Agents as defined in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations and any other third-party representatives that they may engage as approved by the Agency;
- I/We understand that the Agency reserves the right to verify any information about me/us, and therefore authorise the Agency to conduct due diligence exercises with third parties and local or foreign law enforcement and police authorities for the purposes of this application both prior to and following the granting of such application;
- I/We am also aware that in the course of such verification process, the Agency may:
    - disclose to third parties any personal information about me; and
    - obtain from public sources, government bodies and/or private agencies further information, credit reports, criminal records and/or any other kind of records deemed necessary, about me;

  and to this effect I hereby release the Agency and its third parties from any responsibility and/or liability.
- I/We undertake to protect the integrity of the Regulations and agree to abide by the operating conditions as issued by the Agency and accept responsibility for the conduct and practices undertaken by sub-agents. This commitment includes any marketing and/or dissemination of information by myself and/or any sub agents contracted by myself or the corporate entity which I represent.
- I/We agree to provide the Agency with the details of all intended referral sub agents who must be approved by the Agency. The Agency will maintain a register of all referral sub agents registered by Agents. A signed letter should be submitted by the Agent requesting the approval of the Agency of the referral sub agent. The following information should be provided; Company name and trading style, trading address, beneficial ownership details and background and experience of the company and/or principals concerned.
- I/we acknowledge that failing to disclose all referral sources/sub agents, i.e. accepting referrals from undisclosed parties, will lead to the revocation of my/our licence as an Agent.
- Upon request, I/We undertake to provide the Agency with information on any applications where the applicant has completed and submitted the prescribed forms and I/We and/or the corporate entity that I/We represent have decided not to proceed with the application.
- I/We undertake to complete the whole of the application process on behalf of prospective applicants to the full and rightful conclusion.
- I/We understand that the Agency has a right to visit and inspect all documentation and correspondence relative to the Regulations for both the agent and the corporate entity that they represent.
- I/We undertake to meet all regulatory requirements to include, but not limited to Anti Money Laundering and Counter Terrorist Financing.

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Where an applicant is representing a corporate entity, the declaration below must be countersigned by a duly authorised signatory as well.

Signed by Applicant	**Signed by Director / Partner / Principal**
Date	**Date**
Full Name and Position	**Full Name and Position**

Please note: If an Agent leaves the place of employment to set up his/her own business, he/she will lose his/her accreditation and would have to reapply to become an Agent. However, his former employer would still retain the Accreditation and would be allowed to nominate another employee as a replacement for accreditation, subject for approval by the Agency.

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