

**APPLICATION BY AN INDIVIDUAL FOR A MONEY LENDERS LICENCE  
FOR A SOLE PROPRIETOR OR FOR A PARTNERSHIP**

***Supplementary Information Sheet (Form SIS-2)*** (Note 1)

**Section 1 : Basic Information**

Name of the applicant	
Intended Business Name	
Business Registration Number <i>(please provide the first 8 digits)</i>	
Contact person <i>(mainly for the information completed on this form)</i>	Name : Telephone No. : Email Address :
Email address	
Website address	
Number of staff (including sole proprietor / partners, and any full-time and part-time staff who participate in daily operation of the sole proprietorship / the partnership business)	Full time:                      Part-time:

**Section 2 : Intended Business**

Total amount of capital	
Intended nature of money lending business	<input type="checkbox"/> Personal loans <input type="checkbox"/> Corporate loans <input type="checkbox"/> Intra-conglomerate loans <input type="checkbox"/> Other lending business (please specify)
Intended major types of customer loans	<input type="checkbox"/> Unsecured personal loans <input type="checkbox"/> Other unsecured loans <input type="checkbox"/> Secured loans (excluding property mortgage loan) <input type="checkbox"/> Property mortgage loans <input type="checkbox"/> Others (please specify)
Intended source of funding	<input type="checkbox"/> Bank borrowings <input type="checkbox"/> Funds from proprietor / partners <input type="checkbox"/> Debt instruments <input type="checkbox"/> Intra-conglomerate borrowings <input type="checkbox"/> Other liabilities (please specify)
Forecast business volume (Projected loan size)	
Majority-owned by or related entity of a licensed corporation under the Securities and Futures Ordinance (Cap. 571) ("SFO")	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the licensed corporation(s): <input type="checkbox"/> No

Majority-owned by or related entity of an authorized institution <sup>(Note 2)</sup> under the Banking Ordinance (Cap.155)	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the authorized institution(s):  <input type="checkbox"/> No
Majority-owned by or related entity of an insurance company <sup>(Note 3)</sup>	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the insurance company(ies):  <input type="checkbox"/> No
Majority-owned by or related entity of an approved trustee <sup>(Note 4)</sup> under the Mandatory Provident Fund Schemes Ordinance (Cap. 485)	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the approved trustee(s):  <input type="checkbox"/> No
Majority-owned by or related entity of an overseas banking group, or other overseas financial institution group	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the group(s):  Assets consolidated into the group(s): HK\$ _____  <input type="checkbox"/> No
Majority-owned by or related entity of a listed company or overseas listed company	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the listed company(ies):  <input type="checkbox"/> No
Majority-owned by or related entity of a property developer	<input type="checkbox"/> Yes, majority-owned by <input type="checkbox"/> Yes, related entity of Name of the property developer(s):  <input type="checkbox"/> No

**Section 3 : Operational Planning on Anti-Money Laundering and Counter-Financing of Terrorism Requirements**

<b><i>Risk-based Approach</i></b>			
3.1	<p>(a) Would you / the partnership conduct an institutional money laundering and/or terrorist financing (“ML/TF”) risk assessment to identify, assess and understand your / the partnership’s ML/TF risks in relation to:</p> <p>(i) your / the partnership’s customers;</p> <p>(ii) the countries or jurisdictions your / the partnership’s customers are from or in;</p> <p>(iii) the countries or jurisdictions you / the partnership has operations in; and</p> <p>(iv) the products, services, transactions and delivery channels of you / the partnership?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>(b) Would you / the partnership conduct your / the partnership’s institutional ML/TF risk assessment every 2 years and upon trigger events which are material to your / the partnership’s business and risk exposure?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2	<p>Would you / the partnership undertake risk assessment to identify, assess and understand the ML/TF risks prior to the launch of new products, new business practices, or the use of new or developing technologies for both new and pre-existing products, and take appropriate measures to manage and mitigate the risks identified?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.3	<p>Would you / the partnership conduct customer risk assessment to determine the extent of customer due diligence (“CDD”) and ongoing monitoring measures to be applied, and keep the relevant documents and records?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>AML/CFT Systems</b>			
3.4	<p>Would you / the partnership put in place adequate and proper policies, procedures and controls (“Systems”) to comply with the anti-money laundering and counter-financing of terrorism (“AML/CFT”) requirements, which include but not limited to compliance management arrangements, an independent audit function, employee screening procedures and ongoing employee training programme?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes,</p> <p>(a) Would you / the partnership keep any documents or records showing the putting in place of adequate and proper AML/CFT Systems?</p> <p>If not, please explain:</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5	<p>Would you / the partnership appoint a compliance officer (“CO”) and a money laundering reporting officer (“MLRO”)?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes,</p> <p>(a) Would you / the partnership keep any documents or records showing the appointment of the CO and the MLRO?</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

	If not, please explain:		
	(b) Would you / the partnership keep any documents or records showing the responsibilities of the CO and the MLRO?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6	Would you / the partnership establish an independent audit function which regularly reviews the:  (a) adequacy of your / the partnership's AML/CFT Systems, ML/TF risk assessment framework and application of risk-based approach;  (b) effectiveness of suspicious transaction reporting systems;  (c) effectiveness of the compliance function; and  (d) level of awareness of staff having AML/CFT responsibilities?  If yes, who would perform the independent audit function and how often would the independent review be conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, please explain:		
3.7	Would you / the partnership put in place adequate and appropriate screening procedures in order to ensure high standards when hiring employees?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Customer Due Diligence</b>			
3.8	Would you / the partnership carry out CDD measures in relation to each customer in the following circumstances:		
	(a) before establishing a business relationship with the customer;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) before carrying out for the customer an occasional transaction involving an amount equal to or above HK\$120,000 or an equivalent amount in any other currency, whether the transaction is carried out in a single operation or in several operations that appear to you / the partnership to be linked;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) when you / the partnership suspect that the customer or the customer's account is involved in ML/TF; and	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) when you / the partnership doubts the veracity or adequacy of any information previously obtained for the purpose of identifying the customer or for the purpose of verifying the customer's identity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not for any of the above items, please explain:		
3.9	In respect of each customer, would you / the partnership carry out the following CDD measures?		
	(a) identify the customer and verify the customer's identity using documents, data or information provided by a reliable and independent source;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) where there is a beneficial owner in relation to the customer, identify and take reasonable measures to verify the beneficial owner's identity so that you / the partnership is satisfied that you / the partnership knows who the beneficial owner is, including, in the case of a legal person or trust, measures to enable you / the partnership to understand the ownership and control structure of the legal person or trust;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) obtain information on the purpose and intended nature of the business relationship (if any) established with you / the partnership unless the purpose and intended nature are obvious; and	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) if a person purports to act on behalf of the customer: (i) identify the person and take reasonable measures to verify the person's identity using documents, data or information provided by a reliable and independent source; and (ii) verify the person's authority to act on behalf of the customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	If not for any of the above items, please explain:		
<b>Enhanced Due Diligence and Additional Measures</b> <small>(Note 5)</small>			
3.10	Would you / the partnership apply enhanced due diligence (“EDD”) measures in relation to a business relationship or transaction to mitigate and manage the high ML/TF risks in:		
	(a) a situation that by its nature may present a high ML/TF risk taking into account the potentially higher risk factors referred to in paragraph 4.9.5 of the Guideline on Anti-Money Laundering and Counter-Financing of Terrorism (for Licensed Money Lenders) (“Guideline”);	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) a situation specified by the Registrar of Money Lenders (“Registrar”) in a notice in writing given to you / the partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not for any of the above items, please explain:		
3.11	Would you / the partnership establish and maintain effective procedures for determining whether a customer or its beneficial owner is a non-Hong Kong politically exposed person (“PEP”) <small>(Note 6)</small> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, please explain:		
3.12	(a) Would you / the partnership, when you / the partnership knows that a customer or a beneficial owner of a customer is a non-Hong Kong PEP, apply all the EDD measures set out in paragraph 4.9.10 of the Guideline in the following situations:		
	(i) before establishing a business relationship with a customer who is or whose beneficial owner is a non-Hong Kong PEP; and	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(ii) before continuing an existing business relationship where the customer or the beneficial owner is subsequently found to be a non-Hong Kong PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not for any of the above items, please explain:		

	<p>(b) Would you / the partnership conduct enhanced ongoing monitoring of a business relationship with a customer if the customer or the beneficial owner of the customer is a non-Hong Kong PEP as required in paragraph 4.9.11 of the Guideline?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.13	<p>Would you / the partnership take reasonable measures to determine whether a customer or a beneficial owner of a customer is a Hong Kong PEP or an international organisation PEP?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.14	<p>(a) Would you / the partnership apply all the EDD measures set out in paragraph 4.9.10 of the Guideline in the following situations:</p>		
	<p>(i) before establishing a high risk business relationship with a customer who is or whose beneficial owner is a Hong Kong PEP or an international organisation PEP <sup>(Note 6)</sup>;</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>(ii) when continuing an existing business relationship with a customer who is or whose beneficial owner is a Hong Kong PEP or an international organisation PEP where the relationship subsequently becomes high risk; and</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>(iii) when continuing an existing high risk business relationship where you / the partnership subsequently knows that the customer or the beneficial owner of the customer is a Hong Kong PEP or an international organisation PEP.</p> <p>If not for any of the above items, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



	<p>(b) Would you / the partnership conduct enhanced ongoing monitoring of a business relationship with a customer if the customer or the beneficial owner of the customer is a Hong Kong PEP or an international organisation PEP as referred to in paragraph 4.9.18 of the Guideline?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.15	<p>Would you / the partnership obtain approval from your / the partnership's senior management to establish a business relationship that presents a high ML/TF risk, or continue an existing business relationship where the relationship subsequently presents a high ML/TF risk?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.16	<p>Would you / the partnership carry out additional measures to mitigate the risk associated with customers not physically present for identification purposes?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Reliance on CDD performed by Intermediaries</i></b>			
3.17	<p>Would you / the partnership rely upon any intermediary to perform any part of the CDD measures?</p> <p>If not, please skip 3.17(a), (b), (c) and (d).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>(a) In respect of each intermediary, would you / the partnership obtain written confirmation from the intermediary that the intermediary agrees to act as your / the partnership's intermediary and perform which part of the CDD measures?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>(b) In respect of each intermediary, are you / the partnership satisfied that the intermediary will on request provide a copy of any document, or a record of any data or information, obtained by the intermediary in the course of carrying out CDD measures without delay?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(c) Would any of the intermediaries be a domestic intermediary?</p> <p>If not, please skip 3.17(c)(i) and (ii).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes,</p> <p>(i) In respect of each domestic intermediary, is the intermediary an intermediary financial institution <sup>(Note 7)</sup>, an accounting professional <sup>(Note 8)</sup>, an estate agent <sup>(Note 9)</sup>, a legal professional <sup>(Note 10)</sup> or a trust or company service provider (“TCSP”) licensee <sup>(Note 11)</sup>?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(ii) In respect of each domestic intermediary being an accounting professional, an estate agent, a legal professional or a TCSP licensee, are you / the partnership satisfied that the domestic intermediary has adequate procedures in place to prevent ML/TF and is required to comply with the relevant requirements set out in Schedule 2 to the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615) (“AMLO”) with respect to the customer?</p> <p>If not for any of the above items, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(d) Would any of the intermediaries be an overseas intermediary?</p> <p>If not, please skip 3.17(d)(i), (ii), (iii) and (iv).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes,</p> <p>(i) In respect of each overseas intermediary, does the intermediary fall into one of the following categories of businesses or professions:</p> <ul style="list-style-type: none"> <li>an institution that carries on a business similar to that carried on by an intermediary financial institution;</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<ul style="list-style-type: none"> <li>• a lawyer or a notary public;</li> <li>• an auditor, or professional accountant, or a tax advisor;</li> <li>• a trust or company service provider;</li> <li>• a trust company carrying on trust business; and</li> <li>• a person who carries on a business similar to that carried on by an estate agent?</li> </ul>		
	(ii) In respect of each overseas intermediary, is the intermediary required under the law of the jurisdiction concerned to be registered or licensed or is regulated under the law of that jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iii) In respect of each overseas intermediary, does the intermediary have measures in place to ensure compliance with requirements similar to those imposed under Schedule 2 to the AMLO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iv) In respect of each overseas intermediary, is the intermediary supervised for compliance with those requirements by an authority in that jurisdiction that performs functions similar to those of any of the relevant authorities or the regulatory bodies (as may be applicable) as defined in the AMLO?  If not for any of the above items, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Ongoing Monitoring</b>			
3.18	Would you / the partnership conduct ongoing CDD by reviewing from time to time documents, data and information relating to the customers that have been obtained by you / the partnership for the purpose of complying with the requirements set out in Part 2 of Schedule 2 to the AMLO to ensure that they are up-to-date and relevant?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.19	Would you / the partnership conduct an annual review at a minimum, or more frequent reviews if deemed necessary, of all customers that present high ML/TF risks to ensure the CDD information retained remains up-to-date and relevant?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.20	<p>Would you / the partnership conduct appropriate scrutiny of transactions carried out for each customer to ensure that they are consistent with your / the partnership's knowledge of the customer, the customers' business, risk profile and source of funds?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.21	<p>Would you / the partnership take measures to identify transactions that (i) are complex, unusually large in amount or of an unusual pattern; and (ii) have no apparent economic or lawful purpose, and examine the background and purposes of those transactions and set out the findings in writing?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Terrorist Financing, Financial Sanctions and Proliferation Financing</i></b>			
3.22	<p>Would you / the partnership implement an effective screening mechanism to screen your / the partnership's customers and the beneficial owners of the customers against the current relevant list(s) of terrorist and sanction designations at the establishment of the relationship and against all new and any updated list(s) as soon as practicable?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>If yes,</p> <p>(a) Would you / the partnership, using a risk-based approach, extend such screening requirements to the connected parties (as defined in paragraph 4.3.19 of the Guideline) of the customers and the persons purporting to act on behalf of the customers?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	(b) Would you / the partnership keep the relevant screening records?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Suspicious Transaction Reports</b>			
3.23	Would you / the partnership implement appropriate AML/CFT Systems to fulfill your / the partnership's statutory reporting obligation to report suspicious transactions to the Joint Financial Intelligence Unit as required under the Organized and Serious Crimes Ordinance (Cap. 455), Drug Trafficking (Recovery of Proceeds) Ordinance (Cap. 405) and United Nations (Anti-Terrorism Measures) Ordinance (Cap. 575)?  If not, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Record-keeping</b>			
3.24	Would you / the partnership keep the following documents and records of customers throughout the continuance of the business relationships with each customer and for a period of at least 5 years beginning on the date on which the business relationship ends:		
	(a) the original or a copy of the documents, and a record of the data and information, obtained in the course of identifying and, where applicable, verifying the identity of the customer and/or beneficial owner of the customer and/or beneficiary and/or persons who purport to act on behalf of the customer and/or other connected parties to the customer;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) other documents and records obtained throughout the CDD and ongoing monitoring progress (including simplified due diligence and EDD);	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) where applicable, the original or a copy of the documents, and a record of the data and information, on the purpose and intended nature of the business relationship;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) the original or a copy of the records and documents relating to the customer's account and business correspondence with the customer and any beneficial owner of the customer; and	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<p>(e) the results of any analysis undertaken (e.g. inquiries to establish the background and purposes of transactions that are complex, unusually large in amount or of unusual pattern, and have no apparent economic or lawful purpose)?</p> <p>If not for any of the above items, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.25	<p>Would you / the partnership keep the original or a copy of the documents, and a record of the data and information, obtained in connection with each transaction you / the partnership carry out for a period of at least 5 years beginning on the date on which the transaction is completed?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Staff Training</b>			
3.26	<p>Would you / the partnership provide your / the partnership's staff with adequate training so that they are adequately trained to implement your / the partnership's AML/CFT Systems?</p> <p>If yes, how would the effectiveness of the training be monitored?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, please explain:		
3.27	<p>Would the staff be made aware of:</p> <p>(a) your / the partnership's obligations and their own role in relation to your / the partnership's compliance with the CDD and record-keeping requirements under the Guideline;</p> <p>(b) your / the partnership's and their own personal statutory obligations relating to suspicious transactions reporting;</p> <p>(c) any other statutory and regulatory obligations that concern you / the</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<p>partnership and themselves in relation to AML/CFT;</p> <p>(d) your / the partnership's policies and procedures relating to AML/CFT; and</p> <p>(e) any new and emerging techniques, methods and trends in ML/TF to the extent that such information is needed to carry out their particular roles in you / the partnership with respect to AML/CFT?</p> <p>If not, please explain:</p>		
3.28	<p>Would you / the partnership maintain records for a minimum of 3 years of who have been trained, when the staff received the training and the type of the training provided?</p> <p>If not, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Section 4 : Disciplinary Actions

<p>Have</p> <ul style="list-style-type: none"> <li>• you / any of your partners;</li> <li>• a company of which you / any of your partners is or was a director; or</li> <li>• a company of which you / any of your partners is or was a principal shareholder</li> </ul> <p>ever been</p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>	<p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>
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#### Section 5 : Declaration

**I hereby declare that:**

- (1) **I / any of my partners would not have any business relationship with any relevant person or relevant entity (as defined under the United Nations Sanctions Ordinance (Cap. 537) or any subsidiary legislation thereunder) which is subject to financial sanctions or any terrorist or terrorist associate as defined under the United Nations (Anti-Terrorism Measures) Ordinance (Cap. 575). <sup>(Note 12)</sup>**
- (2) **all the information provided in this form is complete, true and correct.**

Signature	
Name of the Applicant	
Date	(day / month / year)



## Note

1. Please use a separate sheet to continue if there is insufficient space provided for your answer.
2. Authorized institutions, as defined under the Banking Ordinance (Cap. 155), include banks, restricted licence banks and deposit-taking companies.
3. Insurance companies refer to companies specified under section 6(1) of the Insurance Ordinance (Cap. 41).
4. Approved trustee has the meaning given in section 2(1) of the Mandatory Provident Fund Schemes Ordinance (Cap. 485).
5. Please refer to Chapters 4 and 5 of the latest Guideline for the additional measures or enhanced due diligence measures in respect of the situations.
6. Please refer to Chapter 4 of the latest Guideline for the definition of different types of PEPs.
7. An intermediary financial institution means a financial institution as defined in the AMLO that is:
  - (a) an authorized institution;
  - (b) a licensed corporation;
  - (c) an authorized insurer;
  - (d) a licensed individual insurance agent;
  - (e) a licensed insurance agency; or
  - (f) a licensed insurance broker company.
8. An accounting professional means:
  - (a) a certified public accountant as defined by section 2(1) of the Professional Accountants Ordinance (Cap. 50), or a certified public accountant (practising) as defined by section 2(1) of the Accounting and Financial Reporting Council Ordinance (Cap. 588);
  - (b) a corporate practice as defined by section 2(1) of the Accounting and Financial Reporting Council Ordinance (Cap. 588); or
  - (c) a CPA firm as defined by section 2(1) of the Accounting and Financial Reporting Council Ordinance (Cap. 588).
9. An estate agent means:
  - (a) a licensed estate agent as defined by section 2(1) of the Estate Agents Ordinance (Cap. 511); or
  - (b) a licensed salesperson as defined by section 2(1) of the Estate Agents Ordinance (Cap. 511).
10. A legal professional means:
  - (a) a solicitor as defined by section 2(1) of the Legal Practitioners Ordinance (Cap. 159); or
  - (b) a foreign lawyer as defined by section 2(1) of the Legal Practitioners Ordinance (Cap. 159).
11. A TCSP licensee means:
  - (a) a person who holds a licence granted under section 53G or renewed under section 53K of the AMLO; or
  - (b) a deemed licensee as defined by section 53ZQ(5) of the AMLO.
12. The relevant lists are available at “Compliance > Anti-Money Laundering and Counter-Financing of Terrorism” section of the website at [www.cr.gov.hk](http://www.cr.gov.hk). Except under the authority of a licence granted by the Chief Executive, it is an offence:
  - (a) to make available, directly or indirectly, any funds, or other financial assets, or economic resources, to, or for the benefit of,
    - (i) designated person or entities;
    - (ii) persons or entities acting on behalf of or at the direction of the designated persons or entities mentioned in (i); or
    - (iii) entities owned or controlled by any persons or entities mentioned in (i) or (ii); or
  - (b) to deal with, directly or indirectly, any funds or other financial assets, or economic resources belonging to, or owned or controlled by, such persons or entities falling within (a) above.