

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

Supplementary Information Sheet (Form SIS-2)

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 Employees <i>(including both full-time and part-time employees)</i>	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; Name of the licensed corporation(s): <input type="checkbox"/> No
Majority-owned by or related entity of an authorized institution (Note 2) under the Banking Ordinance (Cap.155)	<input type="checkbox"/> Yes; Name of the authorized institution(s): <input type="checkbox"/> No
Majority-owned by or related entity of an insurance company (Note 3)	<input type="checkbox"/> Yes; Name of the insurance company(ies): <input type="checkbox"/> No
Majority-owned by or related entity of an approved trustee (Note 4) under the Mandatory Provident Fund Schemes Ordinance (Cap. 485)	<input type="checkbox"/> Yes; 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; 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; Name of the listed company(ies): <input type="checkbox"/> No
Majority-owned by or related entity of a property developer	<input type="checkbox"/> Yes; Name of the property developer(s): <input type="checkbox"/> No

Section 3 : Operational Planning on Money Laundering and Terrorist Financing Risk Management and Control

<p>3.1</p>	<p>Would you / the partnership put in place adequate and appropriate policies, procedures and controls to comply with the anti-money laundering and counter-terrorist financing (AML/CTF) requirements, including but not limited to compliance management arrangements, ongoing employee training programme and independent audit function to test the AML/CTF system, to be evidenced by policy statement(s) or other written documents?</p> <p>If not, please explain:</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>3.2</p>	<p>(a) Before establishing business relationships with customers or before carrying out transactions for customers, would you / the partnership take customer due diligence (CDD) measures to identify and verify the identity of the customers and their beneficial owners?</p> <p>If not, please explain:</p> <hr/> <hr/> <hr/> <p>(b) Before establishing business relationships with customers or before carrying out transactions for customers, would you / the partnership obtain information on the purpose and intended nature of the business relationships established with you / the partnership?</p> <p>If not, please explain:</p> <hr/> <hr/> <hr/> <p>(c) Would you / the partnership conduct ongoing due diligence on the business relationship, including ensuring that the transactions being conducted are consistent with your / the partnership's knowledge of the customer, the customer's business and risk profile, including where necessary, the source of funds, and ensuring that documents, data or information collected under the CDD process is kept up-to-date and relevant, by undertaking reviews of existing records, particularly for higher risk categories of customers?</p> <p>If not, please explain:</p> <hr/> <hr/>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>

3.3	<p>(a) Would you / the partnership keep records of customers obtained through CDD measures throughout the continuance of the business relationships with the customers and for a period of at least 5 years after the end of business relationships?</p> <p>If not, please explain:</p> <p>_____</p> <p>_____</p> <p>(b) Would you / the partnership keep records of transactions for at least 5 years after the completion of transactions?</p> <p>If not, please explain:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4	<p>Would you / the partnership carry out enhanced CDD measures when dealing with situations which present a high risk of money laundering or terrorist financing (e.g. customers have not been physically present for identification purposes or where the customers or beneficial owners are politically-exposed persons (PEPs) or from high-risk jurisdictions or from countries for which this is called for by the Financial Action Task Force (FATF))^(Note 5)?</p> <p>If not, please explain:</p> <p>_____</p> <p>_____</p> <p>Would your / the partnership's approval be needed before establishing such business relationship?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5	<p>Would you / the partnership rely on third parties ("intermediaries") to carry out CDD measures or introduce business?</p> <p>If not, please skip 3.5(a), (b) and (c).</p> <p>If yes, :</p> <p>(a) Are the third parties financial institutions ^(Note 6), lawyers, accountants, trust or company service providers or estate agents?</p> <p>(b) Would the third parties consent in writing to be your / the partnership's intermediaries?</p> <p>If not, please explain:</p> <p>_____</p> <p>_____</p> <p>(c) Are you / the partnership satisfied that:</p> <p>(i) the intermediaries will carry out CDD measures to identify and verify the identity of the customers and their beneficial owners?</p> <p>If not, please explain:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<p>(ii) the intermediaries will on request provide a copy of any document, or a record of any data or information, obtained by the intermediaries in the course of carrying out CDD measures without delay?</p> <p>If not, please explain:</p> <hr/> <hr/> <p>(iii) the intermediaries will have measures in place for compliance with CDD and record-keeping requirements?</p> <p>If not, please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6	<p>Would you / the partnership put in place risk assessment systems or procedures to assess money laundering and terrorist financing risks prior to the launch or use of new products, practices and technologies?</p> <p>If not, please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.7	<p>Would you / the partnership put in place a system or procedures to submit suspicious transaction reports 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)?</p> <p>If not, please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.8	<p>Would you / the partnership provide staff with appropriate training on prevention and detection of money laundering and terrorist financing activities, including training to raise their awareness of business practices against money laundering or terrorist financing?</p> <p>If yes, how would the effectiveness of the training be monitored?</p> <hr/> <hr/> <p>If not, please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.9	<p>Would you / the partnership provide staff with policies or guidelines in relation to the conduct of CDD, criteria for identifying suspicious transactions, and relevant AML/CTF measures for reference?</p> <p>If not, please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.10	<p>Do you / the partnership have any foreign branches or majority-owned companies?</p> <p>If yes, would you / the partnership ensure that the branches and companies apply AML/CTF measures consistent with your / the partnership's programme?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.11	<p>Please describe how you / the partnership would establish an independent audit function to enable you / the partnership to carry out your / its responsibilities, including independent reviews of your / its AML/CTF systems.</p> <hr/> <hr/> <hr/> <hr/>		
3.12	<p>(a) Are you / the partnership operating as a financial group?</p> <p>If not, please skip 3.12(b).</p> <p>(b) If yes, would you / the partnership implement group-wide programmes against money laundering and terrorist financing, which should be applicable, and appropriate to, all branches and majority-owned companies of the financial group?</p> <p>If the answer to (b) is "No", please explain:</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4 : Disciplinary Actions

<p>Have</p> <ul style="list-style-type: none"> ● you / any of your partners; ● a company of which you / any of your partners is or was a director; or ● a company of which you / any of your partners is or was a principal shareholder 		
<p>ever been</p> <ul style="list-style-type: none"> ● refused or restricted, in Hong Kong or elsewhere, from the right to carry on any trade, business or profession for which a specific licence, registration or other authorisation is required by law? If so, please provide details <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ● censored, disciplined or disqualified by any professional or regulatory body in Hong Kong or elsewhere in relation to any trade, business or profession? If so, please provide details <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5 : Declaration

I hereby declare that:

- 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). ^(Note 7)**
- all the information provided in this form is complete, true and correct.**

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

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. High-risk jurisdictions include but are not limited to:
 - (a) those that have been identified by the FATF as jurisdictions with strategic AML/CTF deficiencies;
 - (b) countries subject to sanctions, embargos or similar measures issued by, for example, the United Nations;
 - (c) countries which are vulnerable to corruption; and
 - (d) countries that are believed to have strong links to terrorist activities.
6. Financial institutions include:
 - (a) authorized institutions;
 - (b) licensed corporations;
 - (c) authorized insurers;
 - (d) appointed insurance agents; and
 - (e) authorized insurance brokers.
7. The relevant lists are available at “Compliance > Anti-Money Laundering and Counter-Terrorist Financing” section of the website at www.cr.gov.hk. It is an offence for any person to make available any funds or other financial assets or economic resources to or for the benefit of relevant persons or relevant entities; or to deal with any funds, other financial assets or economic resources belonging to, owned or controlled by, such persons or entities, except under the authority of a licence granted by the Chief Executive.