



ANTI-MONEY LAUNDERING COUNCIL SECRETARIAT

5/F EDPC Building Bangko Sentral ng Pilipinas Complex
Malate, Manila

Registration Form

Company Details

Supervising Agency: BSP IC SEC
Industry Type
Name of Covered Person ¹
Address.....
.....
..... ZIP Code.....
Telephone Number/s.....
Fax Number/s.....
E-mail address of Compliance Officer (CO).....
General responsibilities of CO.....
.....
.....

Authorization

This is to authorize _____ (Compliance Officer)
and _____ (Alternate) whose signature/s appear
below, to send in electronic form, Covered/Suspicious Transaction Reports to the
ANTI-MONEY LAUNDERING COUNCIL SECRETARIAT. It is my responsibility to
immediately inform AMLC in writing of any such change and/or modification
covering this authorization.

(Compliance Officer)

(Alternate)

Signature.....
Name (Print).....
Designation
Date Signed.....

Signature of President/Authorized Officer.....
(name & designation)

For AMLCS' Use Only

Date Received:	Received by:

Covered Person Code:.....

¹ The phrase covered institution was changed to covered person as per R.A. 10365