



CENTRALE BANK VAN ARUBA

REGISTRATION FORM

FACTORING COMPANIES

&

ACCOMPANYING GUIDANCE NOTES

J.E. Irausquin Boulevard 8 P.O. Box 18 Oranjestad Aruba

www.cbaruba.org

INTRODUCTION

On June 1, 2011 the State Ordinance for the Prevention and Combating of Money Laundering and Terrorist Financing (*Landsverordening voorkoming en bestrijding witwassen en terrorismefinanciering*, AB 2011, no. 28) (AML/CFT State Ordinance) entered into force and thereby replaced the State Ordinance on the Identification when Providing Services (AB 1995 no. 86) and the State Ordinance on the Reporting obligation of Unusual Transactions (AB 1996 no. 85).

AML/CFT STATE ORDINANCE

The AML/CFT State Ordinance contains, inter alia, customer due diligence, reporting and record keeping requirements, directed at financial service providers, and designated non-financial service providers.

REGISTRATION OBLIGATION

Pursuant to article 50, first paragraph, of the AML/CFT State Ordinance, factoring companies, which engage in activities as described in article 1, first paragraph, subsection 2 of the AML/CFT State Ordinance, must register with the CBA via the registration form provided by the CBA.

CONTINUING OBLIGATION TO REPORT CHANGES

Pursuant to article 50, fourth paragraph, of the AML/CFT State Ordinance, the CBA is to be informed on an on-going basis of any changes to information previously submitted on the registration form. This obligation lies with the management of each factoring company.

COMMUNICATION WITH THE FACTORING COMPANY

The CBA will communicate with the contact person mentioned on this registration form.

GENERAL POINTS

Incomplete registration forms will be returned to the factoring company concerned.

All questions contained in the registration form must be answered completely. All responses should be typed or written in black or blue ink.

After completing the registration form, please submit it to the CBA, by registered mail or e-mail (integrityregistration@cbaruba.org).

If you have any further questions concerning the completion of this form, you can contact the Integrity Supervision Department of the CBA at integrityregistration@cbaruba.org.



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All questions must be answered.

**Please refer to the Guidance Notes to aid completion of this
Registration Form**

All responses should be **typed** or written in **black or blue ink**.

Any attachments should be clearly referenced to the relevant question(s) and signed by the factoring company completing the registration form, as confirmation that they are complete and accurate.

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CENTRALE BANK VAN ARUBA

1. Name of the factoring company:

2. Address of the factoring company:

3. Telephone and facsimile number of the factoring company:

4. E-mail address of the factoring company:

5. Registration number at the Chamber of Commerce Aruba of the factoring company:

6. Name and address of the persons who manage the factoring company and decide on its policy:

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7. Name, telephone number, e-mail address and mobile number of the contact person within the factoring company:

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I declare to be authorised to represent the factoring company named under 1 on page 4 of this registration form.

Signed:

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Date:

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Name (BLOCK CAPITALS):

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Position:

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