



**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 Institution.....

Address.....

..... ZIP Code.....

Telephone Number/s.....

Fax Number/s.....

E-mail address of Compliance Officer (CO).....

General responsibilities of CO.....

.....

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**Authorization**

This is to authorize \_\_\_\_\_ and \_\_\_\_\_ whose signature/s appear below, to be the compliance/contact officer/representative and 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.

(Primary)

(Alternate)

Signature.....

Name (Print).....

Position.....

Date Signed.....

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

**For AMLCS' Use Only**

Date Received:	Received by:	Approved by:

Covered Institution Code:.....

Reference Number.....