



ANTI-MONEY LAUNDERING COUNCIL

[FORM 2]

APPLICATION FOR AUTHORIZATION TO MAKE ASSETS OR FINANCIAL SERVICES AVAILABLE TO A DESIGNATED INDIVIDUAL OR ENTITY

The following information is required in order to assess your application for authorization to make assets or financial services available.

DETAILS OF APPLICANT

Applicant/Company Name:	
Applicant's Postal Address:	
Applicant's Permanent Address (if different):	
Contact individual's Name:	
Telephone number:	Fax No.
Email address:	Mobile No.

Applicant's relationship to the designated individual (if not designated individual themselves):

DETAILS OF FROZEN ASSET(S)

Describe the frozen asset(s) or financial service(s) to be made available:

Notes:

OFFICE USE ONLY

Date Received:

Application number:

Required fields:

Fields yet to complete:

Processing Officer:

Employment number:
