

**LICENSE RENEWAL APPLICATION**

**To be completed by International Banking Entities**

Please answer each question in print form or typewriting. If the space provided is not enough, please use a separate piece of paper and identify it properly. If the question is not applicable, please answer N/A in the space provided.

This form will be submitted together with the corresponding annual renewal payment. Such payment should be received by our Office **30 days prior to its due date, being its due date the license’s anniversary**.

|  |  |
| --- | --- |
| **Name of the entity:** | |
| **Employer Identification Number** |  |
|  |  |
| **Top management members:** |  |
| Have there been any changes in the entity’s management during the year? Please specify which they are, include names, positions and starting dates in such positions. |  |
| **Board of Directors** |  |
| Submit a list of all members of the Board of Directors. |  |
| **Entity’s unencumbered assets:** |  |
| 1. Actual balance |  |
| 1. What it consists of? (CD, bonds, other) |  |
| 1. When is its due date? (if applicable) |  |
| 1. Where is it deposited? |  |
| **Regulatory Capital** |  |
| 1. Total Capital |  |
| 1. Evidence that the entity maintains the capital required by the Commissioner pursuant to the provisions in article 5 of the Act 52; computed in accordance with generally accepted accounting principles. |  |
| **Business plans and strategies** |  |
| 1. Have there been any changes in these areas? Which are they? |  |
| 1. Are you planning on any changes in them? Which are they? |  |
| **Contact person** |  |
| To whom may we contact about any matters concerning the Entity? Please include name, position, e-mail address and phone number. |  |
| **Location and postal Address** |  |
| Which are the current physical and postal addresses? |  |
| **Employees** |  |
| How many persons are employed? |  |
| **General Accounting Information** | |
| Please submit a copy of the most recent financial information for the Entity (i.e. General Ledger) Interim financials information can be provided. | |
| **Compliance Statement on Bank Secrecy Act (“BSA/AML”)** | |
| Please include an Statement signed by the Chief Executive Officer of the institution; certifying compliance with the provisions of the BSA as may be applicable; in which states the following: | |
| 1. That the Entity has implemented the necessary and adequate policies and procedures to ensure compliance with the BSA/AML Act. | |
| 1. That management is responsible for the establishment, maintenance and compliance of the BSA/AML program. | |
| 1. That management has adopted the necessary policies and procedures to comply with the regulatory guidelines from OFAC, as applicable. | |