

# **CENTRAL BANK OF THE GAMBIA**



## **APPLICATION FOR AUTHORISATION TO OPERATE A BUREAU DE CHANGE**

UNDER THE CENTRAL BANK OF THE GAMBIA ACT, 2005

**CENTRAL BANK OF THE GAMBIA****APPLICATION FOR AUTHORISATION TO OPERATE A  
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***Applicant*****NOTES ON COMPLETION**

Please use **black ink** and **block capitals** or **typescript** for all responses.

All questions must be completed before the application can be considered. If a question does not apply, please write **not applicable** or **none** as appropriate.

If you are unable to submit any of the documentation requested below please give an explanation. Please ensure that any sheets are clearly marked with the name of your organisation.

Further information or clarification may be requested (having regard to the replies furnished) for the purpose of considering and evaluating an application.

The following documentation should be submitted with your application form:

- Certificate of Incorporation
- Memorandum and Articles of Association
- A completed questionnaire on each Director/Shareholder
- A Certified Opening Statement of affairs

A brief business plan outlining the applicant's expected activities for the next six months should also be submitted with each application.

**PARTICULARS OF THE APPLICANT**

1. Full name of the applicant.

2. Legal status of the applicant (e.g. limited company incorporated in The Gambia, branch of a company incorporated outside The Gambia).

3. Name under which the applicant will provide foreign exchange services as a bureau de change if different from 1 above.

4. Address of the applicant's registered office.

**Telephone #:** **Facsimile #:**

5. Address of the applicant's head office if different from 4 above.

**Telephone #:** **Facsimile #:**

6. Address of principal place of business, if different from 5 above.

<b>Telephone #:</b>	<b>Facsimile #:</b>

7. Expected date of commencement of business.

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8. Please list the places of business which the applicant maintains in The Gambia together with the names of the managers in those offices.

Address	Manager's Name

9. Does the applicant maintain any places of business outside The Gambia.

YES

NO

If YES, please list the addresses together with the names of the managers in these offices.

Address	Manager's Name

10. Has there been any period in the applicant's history when it was dormant or engaged in other activities?

YES

NO

If YES, please give full details below.

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11. Give the name and address of the applicant's principal bank and the account number of the accounts held by the applicant.

Name & Address	Account No (s)

12. Does the applicant have accounts with any other bank?

YES

NO

If YES, list their names, addresses and account numbers below.

Name & Address	Account No (s)

13. Give the name, address and telephone number of the applicant's auditors or accountants and the date of their appointment.

Name & Address:
Telephone #:
Date of appointment:

14. Give the date of the applicant's accounting year end or proposed year end.

15. Give the name and address of the applicant's solicitors or legal advisers, the date of their appointment and the applicant's contact at that firm.

Name & Address:
Telephone #:
Contact name:
Date of appointment:

16. List the names of shareholders and their status.

<b>Name of shareholder</b>	<b>Status</b>	<b>% of shareholdings</b>

## CENTRAL BANK OF THE GAMBIA ACT 2005

### DECLARATION

The applicant applies for authorisation to operate a bureau de change under the Central Bank of The Gambia Act, 2005, on the basis of information supplied with this application and any additional information supplied to the Bank in the course of the application.

The applicant acknowledges that the Bank may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law.

I/we warrant and I/we truthfully and fully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of my/our application.

I/we warrant and I/we promptly notify the Bank of any changes in the information which may come to light in the period during which my/our application is being considered and, my/our application is accepted, thereafter.

Dated this	day of	201
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Signed:	Position
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Signed:	Position
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For and on behalf of:

*(Please print name of your firm)*

**Note: It is an offence under the Central Bank of The Gambia Act, 2005 to knowingly or recklessly provide false or misleading statements in relation to an application for authorisation.**