



THEMIS Registration Form

Name of Entity:					
Are you registering a new Entity on THEMIS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amended name of Entity : (if name change is required)		
Telephone No (Switchboard):			Place Incorporated:		
Registration No:			Date Incorporated:		
Main Postal Address:					

Full Name:			THEMIS Username (if known):		
Position (e.g. MLRO/NO):			Date of Birth (dd/mm/yyyy):		
Access Start Date (new user):			Access End Date: (if being removed)		
Telephone No (Direct Dial):			Email:		
THEMIS Status (choose one):	NEW USER: Has <u>never</u> had a THEMIS account <input type="checkbox"/>	PREVIOUS USER: Old account details require reactivating, updating and linking to this entity <input type="checkbox"/>	CURRENT USER: Has active account, requesting new link to this entity <input type="checkbox"/>	CURRENT USER: Account is active and linked to this entity, user details to be: Amended <input type="checkbox"/> Retained <input type="checkbox"/>	TO REMOVE: User no longer requires access for this entity <input type="checkbox"/>

Full Name:			THEMIS Username (if known):		
Position (e.g. MLRO/NO):			Date of Birth (dd/mm/yyyy):		
Access Start Date (new user):			Access End Date: (if being removed)		
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I authorise the above individual(s) to use THEMIS on behalf of this entity. I have read and understood the guidance notes (see separate sheet).					
Signed: (Authorised Signatory)			Date Submitted:		
Print Name:			Email:		
If an email acknowledgement of the receipt and processing of this form is required, please mark this box:					<input type="checkbox"/>

Please return this form to the Financial Intelligence Unit at the contact details below. Scanned copies of the signed form are acceptable.

All information is processed in accordance with the Data Protection (Bailiwick of Guernsey) Law 2017.