



GFSO Registration Form for Designated Non-Financial Business Professions (DNFBPs)

Version 20.03.2026

This registration form must be submitted by all Designated Non-Financial Business Professions (“**DNFBP**”) in order to register with the Gelephu Financial Services Office (“**GFSO**”) for the purpose of complying with the GFSO Anti-Money Laundering and Sanctions Rulebook (“**AML Rulebook**”).

Please note:

- Please use appendices if necessary and submit attachments if required.
- Please type all dates in the DD/MM/YY format, unless otherwise required.
- Please define any acronyms used.
- Questions are to be answered in detail.
- If a question within an application section is not applicable, please state “N/A” and explain so.
- Answers must be typed in electronic format.



Section 1 General Information About the Applicant

Legal Name of the DNFBP		
Type of Legal Entity	• Company • Partnership • Sole Proprietorship • Branch • Other (please specify):	
Contact Details	Telephone number:	
	Email Address:	
	Website address:	

Section 2 Ownership Structure of the Applicant

2.1 For Controllers that are **Non-Natural Persons**, please provide the information in the table below for any Controller owning or controlling 25% or more of the DNFBP:

Name of Entity	Place of incorporation or registration	Date of incorporation or registration	Registered office address

2.2 For Controllers that are **Natural Persons**, for each individual owning or controlling 25% or more of the business, please complete the table below and **provide their passport copy**. The Applicant is required to complete this duplicated table for each Natural Person (copy and paste the table for each person):

Name of individual:	
Shareholding details:	
Direct or Indirect Shareholder:	
Effective date of shareholding (MM/YYYY):	
Effective % of shareholding in Applicant:	
Personal Details:	
Date of Birth (DD/MM/YYYY):	
Nationality:	



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Country of residence:	
Passport number:	

2.3 Provide an Organization Chart of the DNPFB.

Section 3 Scope of Business Activities Being Applied For

3.1 Please select the applicable business category for which registration is being applied for:

Sl.No.	Business	Tick
1	Real Estate developer or agent which carries out transactions with a customer involving the buying or selling of real property	
2	Dealer in Precious Metals/Stones	
3	Dealer in any saleable items of a price equal to or greater than \$15000	
4	Law Firm, Notary firm or other independent legal business	
5	Accounting firm, Audit Firm, insolvency firm or taxation consulting firm	
6	Trust or Company Service Provider	
8	Other (Specify): _____	

3.2 Provide a description of the business services that the Applicant intends to offer in, or from, GMC:

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3.3 Provide a description of the Applicant's target market, including the geographical areas where the services will be offered and also the target customer base.

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Section 4 Anti Money Laundering / Counter-Terrorist Financing (“AML/CFT”)

4.1 Provide details below of the Applicant’s Money Laundering Reporting Officer (“**MLRO**”) and **provide their CV and passport copy.**

Name of the Individual		
Passport number		
Job Title		
Contact Details	Mobile:	
	Email:	

4.2 Describe the DNFPB’s AML/CFT program to prevent money laundering and terrorist financing:

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4.3 Provide a copy of the AML/CFT policies and procedures for your GMC business.

4.4 Provide a copy of the Business Risk Assessment for your proposed business in GMC as required by Chapter 6 of the AML Rulebook.

4.5 Describe the Customer Due Diligence (CDD) procedures your business applies when establishing a business relationship or conducting transactions with customers as required by Chapter 8 of the AML Rulebook.

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4.6 Describe the Enhanced Customer Due Diligence procedures your business applies when dealing with high risk customers as required by Section 8.4.1 of the AML Rulebook

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4.7 Describe the controls your business will have to ensure it complies with sanctions or other international obligations as required by Chapter 11 of the AML Rulebook.

4.8 Provide details on AML/CFT training you will provide to your staff including board members and senior management as required by Chapter 13 of the AML Rulebook.



Section 5 Fit and Proper Questionnaire

If the Applicant answers “Yes” to any of the questions in this section, please provide a detailed explanation. If necessary, attach separate documentation.

An affirmative response to any of the following questions will not necessarily impair the GFSO’s assessment of an Applicant’s fitness and propriety. However, deliberately withholding information or providing false or misleading information may affect the success of an application.

5.1 Has the Applicant, any member of its Group or any proposed member of its Board been made aware, whether formally or informally, that it is the subject of a current or pending investigation, review or disciplinary procedure by any regulatory authority, professional body, financial services’ regulator, self-regulatory organisation, regulated exchange, clearing house, government body, agency, or any other officially instigated inquiry? If “Yes”, please provide full details:

5.2 Has the Applicant, any member of its Group, any proposed member of its Board, or any of its proposed Controlled Persons been convicted or found guilty by any court of a competent jurisdiction of any criminal offence in the last 10 years? If “Yes”, please provide full details:

5.3 Has the Applicant, any member of its Group or any proposed member of its Board been the subject of disciplinary procedures by a government body or agency or any Financial Services Regulator, self-regulatory organisation, or other professional body in the last ten years? If “Yes”, provide full details:

5.4 Has the Applicant, any member of its Group or any proposed member of its Board contravened any provision of financial services legislation or of rules, regulations, statements of principle, or codes of practice made under it or made by a self-regulatory organisation, financial services regulator, regulated exchange, or clearing house in the last 10 years? If “Yes”, please provide full details:

5.5 Has the Applicant, any member of its Group or any proposed member of its Board been refused, or had a restriction placed on, the right to carry on a trade, business, or profession requiring a license,



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registration, or other permission in the last 10 years? If “Yes”, please provide full details:

5.6 Has the Applicant, any member of its Group or any proposed member of its Board received an adverse finding or an agreed settlement in a civil action by any court or tribunal of competent jurisdiction in the last ten years? If “Yes”, please provide full details:

5.7 Has the Applicant, any member of its Group or any proposed member of its Board been censured, disciplined, publicly criticised, or the subject of any investigation or enquiry by any regulatory authority, financial services regulator, or officially appointed inquiry in the last ten years? If “Yes”, please provide full details:



Section 6 Declaration

I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form, the supplements and documents attached, as well as any applicable supporting documents, is complete and correct. I understand that it is an offence under [FSA 2025](#), Article 221 – Misleading the Regulator to knowingly or recklessly provide to the GFSO any information which is false, misleading or deceptive, or to conceal information where the concealment of such information is likely to mislead or deceive the GFSO.

I declare my understanding that the GFSO may request more detailed information (including but not limited to, personal, educational, employment, and financial information) should it be deemed necessary to adequately assess the fitness and probity of the firm or any person connected to the firm. I consent to the GFSO contacting any previous employers, educational institutions, professional organisations, or any other organisation, to verify any information contained in this form.

I confirm that I have the authority to make this application, to declare as specified above and sign this form for, or on behalf of, the Applicant. I also confirm that I have the authority to give the consent specified above.

I understand that any personal data provided to the GFSO will be used to discharge its regulatory functions and powers, and other relevant rules or regulations, and may be disclosed to third parties for those purposes.

I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the GFSO.

Authorised signatory of the Applicant:

Date:

*Name and title of the above authorised
signatory of the Applicant:*