



HM TREASURY

The Financial Crime Team
HM Treasury
1 Horse Guards Road
London SW1A 2HQ
Telephone: 020 7270 4300

Email: ctact@hmtreasury.gsi.gov.uk
Website: www.hm-treasury.gov.uk

LICENCE APPLICATION

(Please refer to the Interpretive Note on the restrictions published at http://www.hm-treasury.gov.uk/fin_crime_policy.htm before submitting a licence application.)

Explanatory Note

This application form is intended for UK financial or credit institutions, or their customers, who wish to receive a payment from Bank Mellat or IRISL under a contract that was in existence on 12 October 2009.

If you are a UK financial or credit institution, or a customer of a UK financial or credit institution, and you want to make a payment to Bank Mellat or IRISL under a contract that was in existence on 12 October 2009 you can make this payment under General Licence 2 (published on HM Treasury's website at http://www.hm-treasury.gov.uk/fin_crime_policy.htm). If the payment you wish to make to Bank Mellat or IRISL does not meet the terms of General Licence 2, you should contact HM Treasury on **020 7270 4300** for further guidance.

Please complete Section 1 below and Sections 2, or 3 as applicable.

The completed application form should be submitted to the Financial Crime Team at the above address either by email, fax or post. Please also provide any additional information in support of your application, such as copies of letters of credit, invoices etc. In order to aid efficient processing, licence application should be clearly marked as such, for example, with 'CT Act licensing' in the subject line of an application sent by email.

Section 1 – Details of Applicant

Date of application	
Name of Applicant (Individual / Company Name/Financial Institution)	
Nature of business of the company to receive payment	
Address	
Contact Name	
Telephone number	
Email address	
Note - Financial institutions completing this application on behalf of customers should contact the company to obtain the following details:	
Full names of all the company directors and their positions	



<p>Does the company own or have a 50% or greater interest in another company (i.e. have immediate subsidiaries)?</p> <p>If so, please provide name and address details of these companies.</p>	
<p>Is the company a subsidiary of another company?</p> <p>If so please provide name and address details of your parent(s) companies.</p>	

Section 2 - Supplementary Information

<p>Designated person involved in the transaction or business relationship (Delete as appropriate)</p>	<p>Bank Mellat</p> <p>IRISL</p>
<p>Details of the business relationship and/or transaction subject to the licence application. To include:</p> <p>the nature of the business relationship, contractual arrangement or transaction</p> <p>the date the business relationship started or the date of any contractual arrangements</p> <p>all parties to any contractual arrangements. Where this includes companies located outside the UK (other than the designated person), please include their name, contact name, address, directors and principals.</p> <p>details of any goods or services provided under the contract or business relationship</p>	

Section 3 – Letters of Credit To be completed by applicants who hold or are involved in letters of credit with designated entities.

Issuing Bank							
Advising Bank							
Letter of credit number(s) (Please provide copies of letters of credit)							
Amount							
Date of contract							
Date of expiry							
Did the company apply for an export licence for the goods referred to in the letter of credit?				Yes		No	
				Please mark the appropriate box			
Export licence number							
Export licence issued by	UK		Other EU country		Outside EU		
	Please mark the appropriate box						
Exporter of goods							
Importer of goods							
Goods covered by letter of credit							
Place of origin							
Goods Assessment							
Value of goods							

I certify that the information provided by me

..... [BLOCK CAPITALS]

on behalf of [BLOCK CAPITALS] [*Your company (if applicable)*]

is true to the best of my knowledge and belief and (in the case of companies) that I am a duly authorised officer of the company.

Signed:

On behalf of (if applicable):

Date:

Thank you for your cooperation in completing the form. When completed please return to:

CT Act Licensing
Financial Crime
HM Treasury
1 Horse Guards Road
LONDON SW1A 2HQ