



DUE DILIGENCE/ANTI-MONEY LAUNDERING QUESTIONNAIRE LISTED BUSINESSES

Name of Business: _____

How to complete this questionnaire : All of the questions should be completed by marking the appropriate box and / or providing the requested details. The individual who completes the questionnaire should sign - off the form and state his or her name, position within the organisation and contact details in the appropriate spaces at the end of the questionnaire.

Section A - Details

A1. Business Contact and other Basic Details

1.1 Contact Details		
Full legal name:		
Full address of registered office:	Street Details:	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">City :</td> <td style="border: none;">Country:</td> </tr> </table>	City :
City :	Country:	
Full mailing address (if different to above):	Street details:	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">City:</td> <td style="border: none;">Country :</td> </tr> </table>	City:
City:	Country :	
Address of principal place of business (if different to above):	Street details:	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">City :</td> <td style="border: none;">Country :</td> </tr> </table>	City :
City :	Country :	
Number of years in business :		
Country of incorporation and/or registration and date of incorporation/establishment:		
Phone (Main):		
Phone (Alternative):		
Fax:		
Email:		
Website:		

A2. Legal Form, Regulatory status and Other Details

2.1 What is the legal form of your Business ?	
<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company
<input type="checkbox"/> State Owned Company	<input type="checkbox"/> Sole Trader
<input type="checkbox"/> Other (please provide full details):	

2.2 Are you Regulated?	
Does your business have a supervisory body such as an association or government agency that oversees your business? If yes, please state the name of the supervisory body below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you required to be registered with that supervisory body? If yes, please attach proof of registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.3 External Audit Details	
Are you Audited :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, by whom :	
Date of Last External Audit :	

2.4 Nature of Business and Other Information – Please specify the nature of your operations, including information on number of staff employed, and if a member of a Group, please provide organizational structure (subsidiaries and affiliates).

2.5 Registration with the Financial Intelligence Unit (FIU)	
Have you registered with the FIU? Please annex proof of registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

A3. Ownership

Specify below all owners, significant/controlling shareholders of your Business (including beneficial owners of shares that are not natural persons (e.g. companies, foundations, trusts etc.) i.e.:			
<ul style="list-style-type: none"> those persons holding more than 10% of the available voting rights in the company. any other person/ shareholder that exerts significant influence / control over the business (regardless of size of interest) 			
Name	Address of each person	Size of interest	Comments

A4. Anti Money Laundering (AML) Controls and Assessment

4.1 AML overview	
Is your Business subject to AML laws/regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your entity is a member of a Group of companies does the Ultimate Parent entity require that all members of its Group apply common internal standards of AML controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Business have written policies and procedures in place to combat money laundering and terrorist financing, that are in compliance with applicable local laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Business identified a member of staff responsible for overseeing these policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Business have policies regarding reporting of suspicious activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Business train staff/agents on AML policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the frequency of AML training for staff?	
What is the frequency of testing for AML compliance by internal auditors?	
Does your Business apply enhanced due diligence policies and procedures in connection with higher risk clients e.g. <i>politically exposed persons</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B

CERTIFICATION
<p>I HEREBY CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION HEREIN IS CORRECT, ACCURATE AND REFLECTIVE OF MY INSTITUTION'S ANTI-MONEY LAUNDERING PROGRAM.</p> <p>Print Name:</p> <p>Title:</p> <p>Signature:</p> <p>Date:</p>

* A Politically Exposed Person (PEP) shall be considered as an individual **who is or has been** entrusted with a prominent public function both locally and/or in a foreign country, any member of the PEP's immediate family and any close associate of the PEP. A "senior political figure" is a senior official in the executive, legislative, administrative, military, judicial branches of a government (whether elected or not), a senior official of a major political party, or a senior executive of a government-owned corporation. Any business or other entity that has been formed by, or for the benefit of the PEP's "immediate family" (i.e., parents, siblings, spouse, children, and in-laws). "Close associate" is a person who is widely and publicly known to maintain an unusually close relationship with the PEP, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the PEP.