

**RISK BASED APPROACH QUESTIONNAIRE FOR THE
NON-REGULATED SERVICE PROVIDERS (NRSPS) SECTOR**



This questionnaire is designed to obtain information on Non-Regulated Service Providers (NRSPs) within St. Vincent and the Grenadines in order to determine the Money Laundering and Terrorist Financing risk they may be exposed to and aid in the development of a Risk-based Approach to the supervision of the sector. Therefore kindly complete each section and attach any additional documents where necessary.

SECTION I- ENTITY INFORMATION

1. Full name of your entity:
2. Registered Address of your entity:
3. Mailing Address (if different):
4. Nature of Business: Real Estate Agent () Car dealer() Attorney/ Notary() Casino() Accountant/Auditor() Jeweler() Other(specify)_____
5. Legal status of entity: Company () Firm () Partnership () Sole Trader () Other(specify) _____
6. If a company, provide the date of registration and attach a copy of the Certificate of Incorporation:
7. If a business, provide the date of registration and attach a copy of the certificate of registration:
8. If a Value Added Tax approved entity, provide date of registration and VAT Number and attach a copy of the certificate of registration:
9. Type of premises occupied by your entity (select all that are applicable): Commercial () Residential() Rental () Owner() Other (specify)_____
10. Contact Information for entity: Telephone _____ Cellular: _____ Fax _____ E-mail _____ Website _____
11. Does your entity have any other branches or subsidiaries either in Saint Vincent and the Grenadines or elsewhere? Yes () No () a. If yes, state the name of branch and the relevant address: b. If yes, state type of premises occupied by the subsidiary (select all that are applicable): Commercial () Residential() Rental () Owner () Other (specify)_____

12. Who are the beneficial owners¹ of the entity?

Name	Address	Percentage of Interest Held	Nationality	Two Forms of Identification	Contact Information

13. What are the types of activities and percentage (%) of annual activities performed by your entity (estimate where necessary and complete all that are applicable)

Type of Activity	% of Annual Activity
Buying Real Estate	
Selling Real Estate	
Selling of leasing new or used motor vehicles	
Deals and trades in goods including precious metals and stones	
Manages client money, securities or other assets	
Manages bank, savings or securities accounts	
Creation, operation or management of legal persons or arrangements	
Buying and selling of business entities	
Organisation of contributions to be used for the creation, operation or management of a company.	
Provides gambling services (including internet gambling)	
Operates a casino or common gaming house	
Other	

14. Please provide a brief description of the nature of activities/ services selected above in (13):

15. What is the name and address of your entity's primary bank?

16. What is the name and address of your entity's secondary bank (if applicable)?

17. What are the accepted methods of payment of your entity and what percentage (%) of your business activity accounts for each method selected, annually?

Payment Methods	% of Annual Business Activity
Cash	
Cheque	
Credit Card	
Debit Card	
Wire Transfers	
Other (specify)	

18. For cash transactions, please select which currency/currencies below applies and the annual percentage (%) of transactions attributed to each currency selected:

Currency	% of Annual Transactions
Eastern Caribbean Dollar (XCD)	
United States Dollar (USD)	
British Pound Sterling (GBP)	
European Currency (EURO)	
Barbadian Dollar (BDOS)	
Trinidad and Tobago Dollar (TTD)	
Other (please specify)	

19. Does your entity offer electronic transaction services such as top-up of play cards, account transfers, opening accounts online, online payments etc.) Yes () No ()

a. If yes, please state which transaction are conducted and the annual frequency of such:

20. What percentage of the following constitute your client base (tick all that are applicable)?

Politically Exposed Persons² (Domestic / Foreign) _____ Non-Residents _____
Residents _____ Prominent Members of International Organisations _____
Foreign Based Businesses _____ Legal Entities and Arrangements (Companies, Trusts etc.) _____
Other(specify) _____

21. Where is your largest customer base from? (indicate annual percentage (%) for each applicable)

Saint Vincent and the Grenadines _____ Trinidad & Tobago _____ Barbados _____
Jamaica _____ Europe (state which) _____ United Kingdom _____
United States of America _____ Other (specify) _____

22. Indicate the number of staff employed by your entity (attach organisational chart if available):

23. What is the average period of employment? (years or months):

24. What is the procedure for recruitment/ hiring?

SECTION II- COMPLIANCE/ REPORTING OFFICER INFORMATION

1. Has your entity appointed a Compliance Officer or Reporting Officer? Yes () No ()

² Politically exposed persons are persons who have been entrusted with prominent functions by a foreign country, domestically or by an international organization such as Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials, directors, deputy directors etc.

2. If you answered yes to “1” above, please state the name of the Compliance or Reporting Officer:
3. Who does the compliance or reporting officer report to?
4. What AML/CFT training has the Compliance or Reporting Officer received regarding detecting suspicious transactions relevant to your entity’s operations?
5. What are the duties of the Compliance or Reporting Officer? (Tick all that are applicable) Implementing the Compliance Programme () Reporting SARs to the FIU () Establishing and maintaining policies, procedures, processes and controls () Operational oversight of the entity’s compliance functions () Receiving and considering internal ML/TF disclosures () Acting as the point of contact to the FIU () Submitting annual compliance reports to the FIU () Training of directors and staff in AML/CFT () Submitting quarterly reports for SAR percentage to the FIU () Monitoring of clients, business relationships and transactions () Other (please state) _____
6. How long has your compliance or reporting officer held this position?
7. Is there an alternate compliance or reporting officer or an individual who fulfils the role in the absence of the appointed compliance or reporting officer? Yes () No()
8. If yes to “7” above, please state the name of the indivial or individuals?
9. When was the compliance officer and/or alternate compliance officer last trained in AML/CFT?

SECTION III- COMPLIANCE POLICIES AND PROCEDURES INFORMATION

1. Has your entity developed and implemented an AML/CFT compliance programme? Yes () No()

2. If yes to “1” above, how often is your AML/CFT Programme updated?
3. If no to “1” above, explain why:
4. Was an internal risk based assessment conducted prior to the development and implementation of your AML/CFT compliance programme? Yes() No() If yes, was the FIU informed of the assessment results? Yes () No()
5. Who has approved your compliance programme that entails your policies and procedures?
6. How does your entity monitor changes to your AML/CFT obligations? Newspapers () Television() Seminars () Training Sessions () FIU Website () Official Gazette() Other websites() Other (specify)_____
7. Does your entity cross-reference the names of the following with any list of designated individuals, entities or countries published by the FIU or any other entity such as the United Nations? Clients / Customers () Staff/Employees () Beneficial owners() Potential Clients / Customers () Relevant third parties ()
8. If yes to “6” above, which lists are referenced and how often: OFAC () UNSC() FIU() EU () UK() LexisNexis() World check() OneSource() Other please specify_____
Frequency:_____
9. How often are transaction records reviewed for suspicious patterns of activity?

SECTION IV- CLIENT IDENTIFICATION INFORMATION

1. Do you conduct customer due diligence such as :
a. Identifying who the client or customer is. Yes () No ()

- b. Verifying the identity of the customer/client using documents such as Identification Cards etc. Yes () No ()
- c. Determining whether the customer or client is acting for a third party and if so, identifying the third party
Yes () No ()
- d. Verifying the source of funds of the client or customer. Yes () No ()

2. Which due diligence measures are implemented for customers or potential customers?

Simplified Due Diligence () Enhanced due Diligence () Customer Due Diligence ()

Please explain _____

3. What information does the entity collect from customers? (select all that are relevant)

Name () Address () Registered office Address () Proof of Address ()

Date of Birth () Place of Birth () Nationality () Nature and Place of Business ()

Source of funds () Date of incorporation () Name and information of Directors ()

Beneficial Owner Information () Other (specify) _____

4. What types of documents are used to verify the information specified in “3” above?

ID () Passport () Driver’s License () Utility Bill () Bank Statement ()

Incorporation Documents () Other (specify) _____

5. Has your entity conducted Enhanced Due Diligence on any client or potential client within the last year?

Yes () No ()

If yes to “3” above, kindly provide examples by way of the Enhanced Due Diligence Records.

6. What category of client contributes most to your enhanced due diligence procedures (please state percentages or actual numbers)?

Politically Exposed Persons (PEPs) () Relatives of PEPs () Associates of PEPs ()

Prominent Member of International Organisation () Legal Entities and Arrangements (e.g. companies or trusts) ()

Other (specify) _____

SECTION V-AML/CFT COMPLIANCE TRAINING

<p>1. Has AML/CFT training been provided for all members of staff? Yes() No()</p> <p>(a) If no, please state who training has been provided for:</p> <p>(b) If yes, please state when was the most recent training provided and a brief description of what it entailed:</p>
<p>2. How often is training provided?</p>
<p>3. Who is responsible for conducting AML/CFT training?</p>
<p>4. What is the mode of training? Classroom() Seminar() Online()</p> <p>Other (specify) _____</p>
<p>5. Who ensures that staff is following the AML/CFT Procedures?</p>
<p>6. Who do employees submit internal suspicious activity reports to?</p>
<p>7. Are any tests administered to confirm and ensure staff's understanding of the AML/CFT procedures and obligations? Yes() No()</p> <p>(a) If yes, please state what testing procedures are used:</p>
<p>8. Who do staff refer unusual or large transactions to for approval before they are accepted?</p>
<p>9. Who ensures that staff are aware of the duty not to disclose to the customer that they have to or intent to report a suspicious activity to the Compliance Officer?</p>

SECTION VI- RECORD KEEPING

<p>1. Does your entity have a system in place to record or monitor client details and transactions? Yes() No()</p> <p>(a) If yes, please describe what this system entails:</p>

2. What documents or information are recorded/monitored and stored?
3. Where is your storage system located?
4. How long are documents/information stored for?

SECTION VII- REPORTING

1. Describe the systems in place to identify and report suspicious transactions related to ML/TF activities:
2. How many suspicious activities were reported to the CO within the last fiscal year?
3. How many suspicious activities were reported to the FIU within the last fiscal year?
4. How many cash transactions over EC\$10,000.00 were conducted in the last fiscal year?
5. How many source of funds were completed within the last fiscal year? Kindly attach samples of completed forms

SECTION VIII-REVIEW OF COMPLIANCE POLICIES AND PROCEDURES

1. Has your entity's AML/CFT policies and procedures been effective? Yes () No
(a) If yes please described how it has been effective?
(b) If no, please explain why not?

2. Has an assessment of your entity's AML/CFT policies and procedures been conducted? Yes() No()		
(a) If yes, please state who conducted the assessment?		
(b) If yes, what was the date of the assessment?		
(c) If yes, what was the result of the last assessment?		
3. Was the FIU informed of the assessment?	Yes()	No()
4. How often are your compliance policies and procedures reviewed or assessed?		

SECTION IX- OVERSIGHT BY THE BOARD OF DIRECTORS/SENIOR MANAGEMENT

1. Is the Compliance Programme approved by the Board of Directors or Senior management? Yes () No()		
2. Has the Board of Directors or Senior Management received AML/CFT Training? Yes() No()		
3. How frequent are board meetings held and are they recorded by way of minutes or other means?		

I declare that to the best of my knowledge and belief all of the information which I have provided in this questionnaire is correct.

Name: _____

Signature: _____

Position: _____

Date: _____ day of _____ 20_____

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