

PROFESSIONAL INTERMEDIARY ¹ QUESTIONNAIRE ON ANTI MONEYLAUNDERING AND COUNTERACTING TERRORIST FINANCING PROCEDURES

According to the provisions of the Prevention and Suppression of Money Laundering Activities Law 188(I) of 2007 and the Central Bank of Cyprus' Directive I / we

Name:

Profession / Type of organization:

Number of years in profession:

Country of operation:

Contact details:

Number of employees:

Declare that we uphold the following procedures in relation to the prevention and suppression of money laundering and terrorist financing activities.

A. Regulatory environment and internal procedures

1. Has the country in which you operate enacted laws for the purpose of preventing money laundering and terrorist financing in accordance with FATF 40 + 9 Recommendations and the EU Directives? YES NO
If YES, please list the title(s) of the relevant Law(s) and year(s) of enactment.
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2. Are you personally/your firm² subject to mandatory professional registration, recognized by law? YES NO
If YES, please name the pertinent authority/ professional body **and** whether you hold a valid practicing certificate/licence/certificate of professional registration.
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3. Has the pertinent authority/professional body issued any guidance notes/directives/instructions for the prevention of money laundering? YES NO

¹ Lawyers, accountants and trust and company service providers and others as per Section 67 of the Law and Section 4.12 of the Central Bank of Cyprus' Directive

² Complete as applicable

4. Is your organisation subject to regulation/supervision by any authority /professional body in your country with regard to your compliance with the requirements of the Laws mentioned in A1 above, and the guidance notes/directives/instructions issued by your supervisory authority mentioned in A.3. above? YES NO

If YES, please name the pertinent authority/ professional body.

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5. Have you taken steps to implement the abovementioned law/guidance notes/directives/instructions? YES NO

6. Have you established any written procedures/policies within your firm/organization for preventing money laundering and terrorist financing? YES NO

If YES, please submit a copy.

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7. Have you appointed a Money Laundering Compliance (Reporting) Officer? YES NO

If YES, please state name, position and contact details.

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B. Customer Identification and Record Keeping Procedures

1. Do you have specific procedures in place for the identification of your clients including the beneficial owner(s) signatories and registered shareholders? YES NO

If YES please give details and enclose a copy (if applicable).

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2. What kind of identification documents do you require for legal persons (incorporation documents, certificate of good standing etc)? YES NO

(if you need additional space please attach a list)

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3. What kind of identification documents do you require for physical persons (Personal IDs, International Passports, etc)? (if you need additional space please attach a list)

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4. Do you require submission of original identification documents?
If not, do you rely on identification documents provided by other professional intermediaries in Cyprus or abroad? Please explain.
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5. Do you require proof of residential address? YES NO
If YES, please specify (e.g. recent utility bill)
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6. Do you require proof of occupation? YES NO
If YES, please specify (e.g. employer's confirmation, employment contract, etc)
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7. Do you meet your clients in person prior to introducing them to a Bank? YES NO
8. Do you require bank or other references for prospective customers? YES NO
If other please specify
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9. Do you apply record – keeping procedures (i.e. maintain copies of identification documents) in accordance with the law or regulations issued under such law? YES NO

C. Customer Acceptance Procedures

1. Do you construct a customer profile (i.e. ownership structure, type and nature of business activities etc) before initiating a business relationship? YES NO
2. Do you review potential customers' annual accounts? (Audited or Un-audited?) YES NO
3. Do you obtain information about their source of wealth and origin of funds? YES NO

D. Business Associates Evaluation Procedures

1. Do you rely on business associates in Cyprus or abroad for customer identification purposes? YES NO
2. If yes please state in which country your business associate(s) is/are located and his/her/their type of professional activities:

COUNTRY	TYPE OF PR. ACTIVITIES
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3. Do you require that your business associates apply equivalent customer identification and due diligence standards? YES NO

If YES please provide details.
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E. Training

1. Do you provide training to your employees with regard to systems and procedures for the prevention of money laundering and terrorist financing? YES NO

If YES please give details:
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F. Reporting Procedures

1. Do you have documented procedures for internal reporting of suspicious transactions to the Money Laundering Compliance (Reporting) Officer and externally to an appropriate law enforcement authority? YES NO

If YES please give details and enclose a copy (if applicable).
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G. Enclosures

The following documentation is enclosed:

- (a) Copy of valid practicing certificate/licence/certificate of professional registration (A.2.)

- (b) Copy of written procedures/policies for preventing money laundering (A.6.)

- (c) Copy of written procedures/policies for the identification of customers including beneficial owner(s) signatories and registered shareholders (B.1.)

- (d) List of kinds of identification (B2. and B.3.)

- (e) Copy of written procedures for reporting suspicious transactions (F.1.)

I am/We are aware of my/our legal obligation to apply adequate and appropriate systems and procedures for preventing Money Laundering and Terrorist Financing in accordance with the provisions of the Prevention and Suppression of Money Laundering Activities Law 188(I) of 2007 and all amendments of this law thereafter.

Signature:

Date: __/__/__

Name and position:

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Signature:

Date: __/__/__

Name and position:

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For and on behalf
Name of Legal Entity:

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